

**AN EVALUATION OF MALE PARTICIPATION
IN FAMILY PLANNING ACTIVITIES**

**A CASE STUDY OF KARAMBAINI SUB-LOCATION
OF LIMURU DIVISION, KIAMBU DISTRICT - KENYA**

BY

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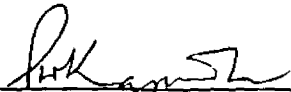
DECLARATION

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



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This Thesis has been submitted with my approval as a University Supervisor.



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DEDICATION

DEDICATED TO

MY HUSBAND, ZACHARIA MUTURI

AND

OUR SON, DESTY MUCHIRI

ACKNOWLEDGEMENT

First and foremost, I thank the Department of Sociology for awarding me the scholarship which enabled me to undertake the M.A Programme. Special thanks to my supervisors, Drs. Chitere, Kariuki and Mburugu whose close supervision, positive criticisms and encouragement shaped this work to its present state.

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GOD BLESS YOU.

ABSTRACT

This study evaluates male involvement in Family planning activities. This evaluation was done through the testing of four main hypotheses based on the socio - cultural factors thought to influence male involvement in family planning.

The study sample is composed of 198 adult males living in Karambaini sub-location, Limuru division of Kiambu District. Systematic sampling was used in selecting the respondents.

The key instrument of data collection was the interview schedule, but other methods such as available data, key informants and simple observation were also used.

Descriptive statistics such as mean, mode, range and median were used in presenting data pertaining to the background information of the respondents and the research site. In relating independent to dependent variables, higher level of data analysis such as contingency coefficient have been applied.

The findings of the study show that majority of the respondents in this study were poor but they were not very traditional-oriented. Male respondents show a high level of awareness of family planning methods but the actual adoption of these methods is found to be low.

It is found that the relationship between leadership and use of modern contraceptives is weak and insignificant, suggesting that promotive activities have to be intensified in involving leaders in family planning. It is also found that respondents' level of education does not influence their use of family planning methods but it influences use of modern methods by their wives. Similarly, the respondents' annual family income does not significantly influence the use of family planning.

It is shown that use of modern family planning methods does not conflict with traditional cultural values, suggesting that the forces of social change are eroding most of the pro-cultural beliefs. However, a significant relationship was observed between respondents' perception of children and their use of family planning methods.

Though there is a relationship between proximity to the health facilities and male participation in family planning, this relationship is very weak indicating that males are not involved by the family planning staff in those clinics.

Lastly, the study found a strong relationship between males' knowledge about family planning and their use of family planning methods.

Arising from these findings, it is recommended that male leaders are involved in family planning seminars and courses because they constitute an influential group of people in the community. Secondly, family planning programmes should discourage excessive use of money in projects which are geared towards eliminating cultural barriers. The study

found that these cultural barriers are no longer a pressing problem. The family planning staff should increase home visits and think of starting male clinics. Thirdly, promotion of detailed family planning education is highly recommended and it should be integrated with the formal education provided in schools.

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CHAPTER ONE

INTRODUCTION AND STATEMENT OF THE PROBLEM

The focus of this study is male participation in family planning. There are numerous definitions of family planning but for the purpose of this work, we shall take family planning to refer to the intelligent use by married or single people of contraceptive methods recommended by doctors and scientists to help them have pregnancies only when they desire (Kigundu, 1972).

The impact of population growth has been viewed with concern in many parts of the world (UNFPA, 1984). Kenya's population is among the fastest growing in the world with an annual growth rate of about 3.8% placing considerable constraints on socio-economic development goals (NCPD, 1989). Currently, Kenya's population stands at 23 million and projections show it will rise to 35 million by the end of the century (Sessional Paper, 1986).

Due to the population explosion, various measures have been employed to control population growth in Kenya and among these measures is family planning. Male participation in this programme has been relatively low. The mass media and various other studies have expressed acuteness of this problem.

In their baseline survey of selected private sector institutions of Kenya, Mburugu and Oucho (1984) showed that only 9.7% of the males, in the sample had used the condom in the past and none was using it at the time of the survey. 87% of the men in the survey discouraged use of contraceptives by their wives. No one indicated ever having used any other method of family planning including vasectomy. On being asked why a woman may not use family planning methods even when willing to do so, 87% of the women cited husband's objection as the main reason. Therefore, males not only shun family planning methods but also discourage others from using them.

Male behavior towards family planning has serious implications on the family planning programme implementation. Their failure to participate in family planning frustrates the government's efforts in trying to minimize the population growth rate. The study therefore views males' attitudes towards Family Planning practices as a major obstacle to successful family planning in Kenya. Men feel that family planning is the responsibility of the women and that their cooperation is not required (SRDP, 1975).

The refusal by the male partners to cooperate in family planning matters also results in family disagreements and general instability in families. Most women adopt family planning because they are the real child-bearers and are the victims of ill of adverse consequences such as bad health, voluminous home chores and other general interferences in their working and career opportunities. The males who refuse adoption of family planning by their wives often find themselves in family conflict and this often

brings about marriage failures which may result in second marriages. No wonder then, it is estimated that because of the males disapproval of adoption of family planning, 20% of the women who visit family planning clinics do so without their husbands' knowledge (SRDP, 1975).

The problem is more intense in the rural areas than in the urban centres and this was one of the reasons this study was undertaken in the rural setting. Men living in the rural areas are believed to be more traditional and therefore more resistant to foreign technologies. Family planning being a new technology has been resisted more in the rural setting than in the urban centres.

The rural population is facing serious problems of shortage of land and this leads to many poverty related problems that include failure to grow adequate food crops to feed the family. Such numerous poverty related problems have acted as push factors and partly explain the massive rural urban migration. The problem of migration has in turn been associated with many socio-economic problems like unemployment and housing which are now widespread in our urban areas. These problems result in slum-formation and increased crime.

1.1 Rationale of the study

Kenya is a developing country and with the socio-economic constraints entailed in the process of development, there are valid and genuine reasons explaining the need to control the country's population growth rate. Very little has been done on the issue of male participation in family planning programmes unlike the numerous researches that focus on female participation. Caldwell (1974) stresses that despite the importance of husbands in decision making, there has been very little research carried out in sub-Saharan Africa which focusses specifically on men.

Most researchers have viewed family planning as a woman's affair. The concept that women should take the primary responsibility for control of their own reproductive careers has had a basic feminist theme for generations, yet, when men object to the use of contraceptives, it is clear that success rates are lowered (Wood, 1977). Since the success rates are low and males' participation is low in Kenya, research on male participation in family planning appears timely. Men need to be recognized not only as equal partners in the sex life of a couple but as partners in those aspects that involve contraception as well (Wood, 1977).

The study will contribute towards the improvement of family planning programme implementation for it seems that the programme erred from the beginning by underplaying the role of men in decision-making on matters affecting the family.

Most surveys that have been done focus on women, the assumption being that women and men have the same opinions on fertility regulation. Contrary to this, a study carried out on house-hold fertility decisions in West Africa showed that men and women do not necessarily have the same opinions on fertility regulation issues (Mott, 1985). Their opinions should be treated differently and not merged as most researchers have tended to do. If anything, the researchers should focus more on men because decisions pertaining to the family issues are made by men. The present study will therefore attempt to fill the research gap which has already been identified. The study is an important one in the light of the fact that the government and non-governmental organizations in Kenya spend a lot of money on family planning programmes yet the population growth rate continues unabated.

At national and continental levels, the study is important in the sense that women in most African societies, are victims of male chauvinism and biased judicial laws, and therefore find it difficult to develop themselves or contribute to national development even when they are willing to do so (Bluemen, 1984). Subjecting a woman to bearing many children is part of this victimization and discrepancies therefore need to be studied. Women are entitled to their health benefits and one way of achieving this is through child-spacing. This child-spacing helps a woman in the following two ways:-

- a) During the process of receiving family planning services, illness can be detected and treated early which can reduce the likelihood of long-term debilitating problems.

- b) If family planning services are linked to either health or maternal/child health services, high risk pregnancies can be detected and referred for special assistance, (USAID, 1983).

Population growth rate in some countries has been reduced mainly through male participation in family planning. Indeed, this gives more weight to this study. In the Philippines, husbands acceptance of contraception played a major role in wives decision to adopt contraceptive practice (IPPF, 1984). In other developed countries where there is no population problem, widespread acceptance by men to adopt family planning is seen (Alexander, 1978). In rural Ghana, the Danfa family projects revealed that half of the fertility reduction was due to husbands' involvement in family planning (Lamprey et al, 1978). In Bali (one of the provinces in Indonesia) the family planning programme was successful because the husbands shared contraceptive responsibility with their wives. The husbands had to report the progress of the family contraceptive practice during the village meetings (Warwick, 1986).

1.2 Study objectives

- (1) To evaluate male participation in Family Planning activities.
- (2) To evaluate the socio-economic obstacles that hinder males from participating in Family Planning activities.

- (3) To evaluate male involvement into Family Planning programme and how this relate to their participation.
- (4) To evaluate level of male knowledge about Family Planning activities and contraceptives and how this relate their adoption of family planning methods.
- (5) To establish useful recommendations that will strengthen the Family Planning programme, policy makers and scholars.

1.3 Study hypotheses

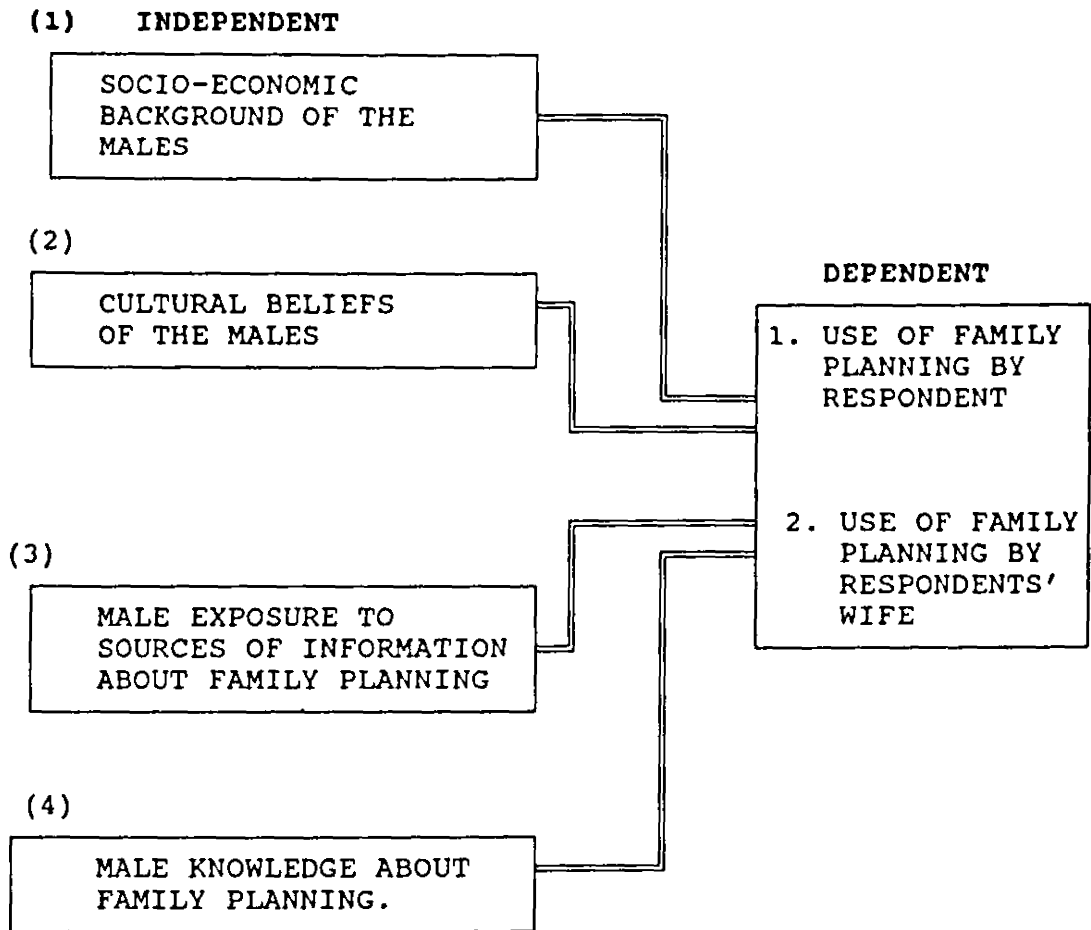
The socio-economic background of males does not influence their participation in the family planning programme.

Cultural beliefs do not influence male participation in the family planning programmes.

Lack of male exposure to sources of information about family planning does not affect their participation in the programme.

Males who are well informed about family planning do not necessarily participate in its practice.

1.1 DIAGRAMMATIC REPRESENTATION OF HYPOTHESES.



Source: Kimani (1989)

N.B Use of family planning by either the respondent or his wife is the dependent variable while the respondent's social-cultural factors are the independent variables. Operational definitions and indicators of these variables are given in detail in chapter 3.

This study was conducted in five villages of Karambani sub-location in Limuru division of Kiambu District. The study involved 198 adult males (above 18 years) of whom some were leaders. Six key informants were also interviewed.

Like any other study, this has its own limitations. First, it should be noted that the sample size is quite small. It was not possible to get a larger sample due to limitations of time and money. Therefore, we cannot place much confidence on validity and reliability of generalizations based on the small sample.

A second limitation was that it was very hard to determine whether the respondents or their wives were using or had ever used family planning methods. It is quite possible that the respondents were keen to impress the interviewers by "falsely" claiming that they were using a method.

Also responses to questions on child mortality and monthly earnings should be treated with caution.

Most of the variables that were used in this study were measures at either the nominal or ordinal level scale.

Therefore, it was not possible to carry out higher level statistical analysis, such as correlation and regression analysis.

1.4 Definition of the key concept in this study

The key concept in this study is adoption of Family Planning by male respondents. Before adoption of a new technology takes place, there is the diffusion process. Adoption is the acceptability of the innovation by the recipient while diffusion is the process by which these new ideas are communicated to the members of a social system, (Mbithi, 1981). Diffusion is not an easy process; it takes time. Rogers (1971) gives the following instances when diffusion took very long;

- a) More than 14 years were required for hybrid seed corn to reach complete adoption in IOWA (Ryan et al, 1943)
- b) A forty - year time lag existed between the first success of the tunnel oven in the English Pottery Industry and general use (Carter et al, 1957).
- c) U.S. Public schools required 50 years to adopt the idea of the Kindergarten in the 1930s and 1940s (Ross,1958)

Kenya has experienced slow diffusion processes in the adoption of new technologies e.g. in agriculture and education. The above instances given by Rogers have got relevance to the adoption and diffusion of modern Family Planning. Adoption of Family Planning by males is a complex issue taking into account that they were not involved vigorously when Family Planning was introduced in the early sixties. The study focuses on rural males where diffusion is even slower. This study, therefore attempts to identify obstacles that are slowing the diffusion process.

CHAPTER TWO

REVIEW OF RELATED LITERATURE AND THEORETICAL FRAMEWORK

The main objective of this chapter is to review literature related to the study. Such literature is necessary for it will assist us in unravelling themes and issues that relate to male involvement in family planning, an emerging area of interest in family planning programmes. The literature review will be presented under different sub-headings.

2.1 Population growth in the world

The rate of population growth is a phenomenon which has become a worldwide concern. Enrilich and Enrilich (1970) explain that in 1970 there were 3.5 billion people who inhabited the earth and that every year this number increased by 70 million. This mass of humanity continued to grow and now it threatens most of the life in the planet. This population explosion was partly due to the improvement in the health services, especially in the developing countries. Enrilich and Enrilich (1970) give an example of the introduction of DDT in 1946 which brought rapid control over the mosquitoes that carry malaria, thus reducing the death rate caused by such insects. Control of malaria, yellow fever, small pox, cholera and other infectious diseases was responsible for similar decreases in death rate in the world. Therefore, the world growth rate moved from 0.9% in the decade 1940-1950 to a rate of 1.8% in the decade 1950-1960.

Similar studies have been conducted in the African continent and have shown that a gradual decline in childhood mortality has led to population growth (Adefunke and Taiwo, 1981). In their study on socio-cultural factors and fertility in a rural Nigerian community, they found that decline in child mortality resulted from improved nutrition and better control of communicable diseases and parasitic infection.

Greeley (1977) in his thesis on men and fertility regulation in Southern Meru in Kenya attributes the high fertility rate to cultural factors such as children being considered as economic assets. However, Molnos (1971) holding opposing views to those of Greeley (1977) saw children as a financial burden in providing the motivation for family planning acceptance among couples.

Though a depopulated country is in no better position as is for example seen in the European countries, we must, however, agree that over-population and industrialization have contributed to the general deterioration of the environment upon which man must depend for survival.

2.2 Population and family planning policies in Kenya

Kenya's population is among the fastest growing in the world and is the highest in the Sub-Saharan countries. Estimates from the 1979 population census indicated that the population growth rate in Kenya was 3.8% per annum (Demographic and Health Survey, 1989). At this rate, the population is expected to increase to 35 million by the year 2,000.

In the early 60s, the Kenyan government recognized that population and development concerns were inseparable and that population measures and programmes should form an integral part of development goals. Like the other countries of the world, Kenya found out that the most useful way of curbing the population boost was through family planning practice. Family planning is essentially the restriction of manipulating numbers of children per family (Mbithi, 1989). The Sixth National Development Plan (1989-1993) shows that the Kenya Government views population growth in the country as a complex issue that requires to be approached from a long term multi-dimensional perspective. The major concern of the population boost is the inability of Kenya's natural resource base to sustain rapid labour force growth which tends to lead to low incomes and unacceptable living standards. According to the plan, population control measures such as family planning have been seen as approaches towards long-term solutions to fertility control in the Kenya Demographic and Health Survey of, 1989.

2.3 The importance of male involvement in fertility regulation process

Wide literature has observed the importance of male participation in family planning. IPPF consultation papers, (1984) show that there is need to involve men seriously in family planning organizations. This is because most, if not all, organized family planning programmes are women-oriented.

Men are the heads, protectors and providers of families in most if not all societies. Men make most of the decisions about matters affecting marital and family life.

Experience of family planning workers and research studies reveal that men's support or opposition to their partners practice of family planning has a strong impact on contraceptive use in many parts of the world. Mburugu and Oucho, (1984) observe that males are the house hold heads and they decide on all important household matters as well as determining household goals. As we know, the most important goal is the achievement of the desired family size. It is the husband who often decides how many children his wife has to bear and at what pace. These views contradict those of Mbugua's (1984) dissertation where she argues that since it is the women who give birth, the success of family planning programmes will depend on decisions taken by women. We shall attempt to establish the validity of each of these opposing views in our study. This will be done by interviewing the respondents on who makes major decisions in their households.

Evidence from other countries as varied as Hong Kong, Indonesia, Mexico, Nigeria, South Africa, Thailand and the United States has shown that a man's attitude influences a woman's decision whether to use or not to use family planning. Studies conducted in Mexico and South Africa show that husbands' attitude was the reason that women gave most often for using or not using family planning (contraceptives) (Population Report, 1986). The same report further points out that among married female students in Nigeria, one out of every five who were not using a modern contraceptive method said

that this was due to her husband's objection. In Indonesia, focus-group research suggest that the husband's influence on use of family planning is strong, especially early in marriage. Thus even if a woman favors family planning, she may not take the initiative to use a contraceptive without her husband's approval.

Men also can influence the duration of the time their partners continue to use family planning. Studies that involved men as well as women in the late 1960s and 1970s showed that men can encourage longer use (Population Report, 1986). In Turkey for instance when both husbands and wives received information, the continuation rate after two years was 92% compared to 86% when only the wives received information. In Iran in the late 1960s when women requesting oral contraceptive came to the clinic with their husbands and the latter were asked to make sure that their wives took the pills, the continuation rate at six months was 93% in contrast to 12% among women seen alone. In the Philippines, only half of women whose husbands tried to discourage them were still using contraceptives after one year compared with 72% of other women who had not been discouraged by their husbands (Population Report, 1986).

We therefore, observe that male participation in family planning is vital and their support is found to be a good predictor of future practice and continued use. Male support of family planing practice has also assisted in controlling population in many parts of the world. For instance, the demographic transition that occurred in Europe during the last century was achieved basically through the use of methods such as coitus interruptus and condoms (IPPF, 1984).

There is usually better relationship between men and women through the acceptance and practice of family planning (IPPF, 1984). Given the elevated position of the African man, he needs to be involved and educated along with the wife to promote a peaceful atmosphere in the couple's family relationship.

Adoption of family planning innovation tends to be a decision process involving more than one person rather than an individual decision (Bogue, 1967). In most diffusion studies involving farmers, physicians and others, the assumption has been that the potential adopter is the main if not the sole person involved in the adoption/rejection decision (Hingston 1974).

Since in the majority of cases both the husband and the wife are involved in the decision making process of birth control, Lin et al (1966) shows the importance of research which will come out with results of how to induce a group decision to adopt an innovation. With opposing views however, Green and Fisher (1972) reports that some couples effectively adopt family planning when only the dominant partner desires it. Further, Rainwater (1965) points out that in a sample of couples in the United States, more contraceptives were adopted by couples in which one partner was dominant. In either case however, both findings are important to our study because male involvement is recognized and called for. The last argument which views the dominant partner as the determinant of contraceptive use is even more relevant to this study because in the Kenyan society, the male is the dominant partner.

Recent data on birth rate in Kenya clearly shows that although an increasing number of women desire fewer children, they still reproduce beyond their desire (Mbithi, 1989). Among other factors that have been put forth to explain this anomaly is the negative attitudes especially from husbands and lack of decision making power by women in respect to the size of the family.

2.4 Is child spacing a new phenomenon?

One of the major concerns of this study is to find out whether child spacing is a new practice and if not, whether the modern family planning methods are against culture. This will be tested by interviewing the respondents on whether modern family planning is against their traditional culture. In their baseline survey on fertility related factors and family planning practices in selected private institutions in Kenya, Mburugu and Oucho (1984) talk of several taboos and practices and even herb medicines used for fertility regulation among the African societies. These medicines and taboos had been in application from time immemorial. Taboos ranged from "tying of blood", eating certain animal organs to stop pregnancy, growing child's hair to specified length before next child birth, prolonging age of circumcision or other rites of passage, abstention from intercourse, prolonged breast feeding or sending of the wife to her mother until the child was 3-4 years. It has also been observed that, historically, plants and other substances had been used to control fertility (USAID, 1983).

Similarly the World Health Organization has been compiling information on the use of traditional contraceptives and it has found that there are references to the use of over 500 different plants and substances used in the practice of family planning. Gachuhi (1971) on the same note singles out polygamy as having been a very strong force of the traditional family planning since the man would comfortably visit the various huts he owned, thus giving the rest of his wives a break from sexual activities. These observations are useful and they prompt questions in our minds; why has family planning adoption miserably failed if it is a sure way of child spacing which has been prevalent in most societies? Among the Bantu for instance, there were numerous descriptions of societies in which indigenous fertility regulation process were well established and apparently vital to the workings of the society as a whole. Reining's work among the Buhaya of North Western Tanzania in 1952 found an indigenous pattern of child spacing and limitation on completed family size (Greeley, 1977).

2.5 Males' attitudes and knowledge about modern family planning

In the few areas surveyed, studies have shown that most men know about family planning. In the Dominican Republic male contraceptive prevalence survey, 90% of the men in union could identify at least one of the family planning methods while in Barnados, Dominica and St. Kitts-Nevis 79% to 80% of the men interviewed were familiar with family planning methods in general. In the 1980 Egyptian fertility survey,

89% of the husbands knew of at least one modern family planning method. In Burkina Faso, more men than women knew more family planning methods (Population Report, 1986). Similarly, in recent small surveys in Lagos -Nigeria, men were more aware of male methods than female methods. For instance, in one of the groups, 90% had heard of condoms, 75% had heard of withdrawal and 59% had heard of oral contraceptives (Population Report, 1986).

Most men favour family planning practice (Population Report, 1986). Studies in the Caribbean (1980), India (1981) showed that males had a positive attitude towards family planning. Surveys in Japan and India in the 1950s and 1960s found somewhat higher approval rates among men.

Little information exists on what males' attitudes towards specific contraceptives are apart from two studies in Barnados and Dominica (Population Report, 1986). These studies found that 50-80% of men knew at least one method and they were also willing to use. The most preferred method was the condom. Only 15% said they would consider vasectomy. Indeed, Mburugu and Oucho, (1984) conclude that in general it seems that women have the wrong perception of men as the major impediment to the use of family planning. This conclusion was based on their findings on males attitudes towards family planning adoption. For example, it was shown that 85% were prepared to use contraceptives if it was provided by the organizations where they worked and 81% would permit their wives to use contraceptives.

Do these attitudes really concur with the actual adoption? The study will be interested in finding out this. It is interesting that in Mburugu and Oucho's (1984) sample, only 9.7% had used the condom in the past one year and none was using it at the time of the survey.

Other surveys in Kenya show that vasectomy seekers are on the increase. A recent survey in Nairobi (Population and Health Services (1989) found that 6.5% of the 430 respondents were interested in undergoing vasectomy. If the sample is representative of the whole population, then it is possible that there are already several hundred potential vasectomy clients in Nairobi in need of the services but unaware of their availability. However, opposing views show that most African men think that family planning undermines man's control of wife/wives behavior (Dondi, 1980).

This is interesting and leaves us quizzical as to why the man does not participate in family planning activities given the fact that child spacing is not a new phenomenon in Kenya, and further noting that most men have been found to favor family planning. As stated in the introduction of this work, the latest demographic and health survey indicated that only 0.3% had undergone vasectomy. The contradiction creates a research gap which this study attempts to fill.

The study will try to establish whether males' knowledge of family planning has an influence on their participation in family planning.

2.6 Obstacles to male participation in modern family planning

The rapid rate of modernization, urbanization and social changes experienced in many African countries make it difficult to determine how commonly traditional methods of fertility regulation are still used. And even if these methods are still prevalent, it is evident that they have been disrupted by societal changes.

For any new idea to be adopted, it has to be acceptable and compatible with the culture it is desired to change. This means that the basic requirements for effective communication in support of change is an understanding of and fit to the culture where change is expected to occur (Schram, 1965).

When a field worker is assigned to a target community, he/she must have the basic knowledge of the traditions, beliefs, customs and values of the people in that community. New concepts should be introduced to the community with reference to the old, familiar and existing systems. Whenever possible, popular terms or words should be used to communicate family planning methods (Service Delivery Report, 1988). Greeley (1977) similarly observes that it is only by understanding the many varied environments and shaping policy in a society that policy makers can hope to influence such personal decisions as fertility.

Traditionally, a woman who had many children was admired by both her husband and the members of the clan. She occupied a very important social position (Gachuhi, 1971). Thus, an African man is very proud when his wife is capable of bearing many children.

This study will try to examine whether this belief affects males' adoption of modern family planning in any way. This will be done by relating males' attitudes towards barrenness and adoption of family planning.

Childlessness was viewed with great disgust and a childless woman was thought of as a witch who had come to exterminate a man's clan. There were also heavy and persistent pressures on a barren man. Barrenness was taken to mean having no children at all as well as having only a few, for example one or two. Modern contraception is thus seen as a method of stopping birth and thus rendering users sterile (Gachuhi, 1971).

Gachuhi (1971) indicates that a child's survival depended merely on chance and the will of the supernatural. Hence it was the responsibility of the parents to have as many children as possible so as to ensure that some survived and some died. The probability of death was very high by then due to absence of the modern medical care.

Continuity and wealth was acquired as a result of marrying off daughters and hence the fathers would obtain enough wealth to get wives for their sons (Gachuhi, 1971). There was social prestige in naming relatives and for a father to be named by his many children. Children were regarded as old age security. Fear of family extinction is deep rooted among most if not all societies (IPPF, 1984). Value of children is considered an important variable in this study and we shall attempt to find out different values of children held by our respondents.

The fact of life today is that children are expensive to bring up though most communities do not encourage this form of analysis. In an agricultural peasant economy, children especially sons are a major asset. With them, the belief is that there is at least a chance for prosperity (Greeley, 1977). This economic variable is important because it will assist measuring socio-economic influence to family planning practice. In Kenyan culture, there is the preference for sons in inheritance of land as opposed to daughters. People place high premium on male children because sons are considered important in carrying forward the family name, they are charged with the responsibility of continuing the family name and operating as the flagship of the family. Given the preference for sons, a couple will continue to bear children until they have one or two sons (Mbithi, 1989). Oyeka (1989) proved this phenomena when he conducted a study in Anambra State (Nigeria) among married primary and secondary school teachers. He found that women with no living sons were least likely to have practiced modern family planning.

The traditional outlook on medicines has a significant implication for today's acceptance and non-acceptance of modern contraceptives, especially the pill. People who took medicine when they were not sick were considered deranged and having other ill designs (Gachuhi, 1971).

It is observed that, in the African traditional family structure where polygamy is still widespread, there is little dialogue between the head of the family and his wives and the latter compete in having more children so as to please their husband. In most traditional societies especially those which are patrilineal, a wife's behavior including that related to reproduction were to some extent regulated by the husband (Bogue et al, 1976). From

childhood to adulthood, the woman was conditioned to accept this situation and to regard it as a normal and noble part of her life.

At home she was to be seen and never heard, her participation in decision making was minimal. It follows that, an African woman was not supposed to discuss sexual matters with her husband.

Studies carried out in the 1960s and 1970s suggest that many husbands and wives did not discuss sexual matters of family planning (Population Report, 1986) but this is however changing. For instance in 1970 a national survey in India found that only 19% of spouses reported discussing family planning but by 1980, the figure had increased to 35%.

In modern family planning practice, dialogue between husband and wife is a prerequisite especially on what choice of contraceptive the couple has to adopt. Where the foregoing traditional belief exists, there would be a conflict between that community's beliefs and those of the modern family planning agents. The phenomena of lack of dialogue was found prevalent in West Africa (Adefunke, 1981) where a survey showed 72% of all women interviewed not to have had dialogue with their husbands with respect to fertility regulation. The husband's responses were closely parallel to those of the wives although there was a slightly greater tendency for the husband to have indicated a positive response.

Lack of communication between husband and wife may be a greater obstacle to family planning than male opposition (Population Report, 1986). Couples who talk about the number of children they want and about family planning are more likely to use contraception and to achieve their family planning goals than those who do not.

In regard to cultural beliefs and modern family planning, Mburugu and Oucho (1984) attribute low involvement in male participation to barriers which family planning agents have not bothered to articulate and resolve. In support of this Gachuhi (1982) suggests that modern family planning is in serious conflict with the traditional ideas of spacing children and there might well be something within these traditions that having been understood might in fact make the work of family planning educators much easier than at present. The second hypothesis of this study will be looking at the relationship between the respondent's cultural beliefs and male participation in the family planning programme.

2.7 The role of leaders in family planning education

A study on development program and implementation conducted in the villages of Indonesia showed that the total number of programme implementers including village head officials had the greatest impact on the success of the family planning programme (Warwick, 1986). The village head played the most important role. If he (usually a man) became an acceptor himself or "ordered" his wife to be an acceptor, other village

officials and their wives would follow this practice. This group of program implementers would subsequently recruit informal leaders especially religious leaders and the eligible couples.

Since the role of leaders in family planning programmes has been found to be an important one, we will attempt to find out whether leaders in our sample are supporters and active participants in family planning.

2.8 Proximity and availability of family planning facilities

The unavailability of a variety of family planning methods is an obstacle to contraceptives adoption (Mburugu and Oucho, 1984). So far there is little research into new male methods of birth control and this is because research into methods of birth control which can prevent or stop periodic production of one egg may prove to be simpler than those that can prevent the on-going production of sperm. Though a good and illuminating idea, this should not prevent male participation because until two decades ago before the introduction of the pill and the IUDs, most couples used male contraceptive methods. For instance, the demographic transition that occurred in Europe during the last century was achieved basically through the use of methods such as coitus interruptus and condom (IPPF, 1984).

The unavailability of sufficient methods for men is however a matter of concern because of the major role they (men) play in birth control. Until now it is noted that the condom and vasectomy have been the main contraceptive methods available for men. A contraceptive strong enough to render ineffective the 500 million sperm a man produces each day has risky side effects including the loss of desire. An optimistic suggestion by Vemer (1990) says that new research based on the human immune system is underway and it might give men an alternative to condoms as a contraceptive.

Proximity and availability of family planning facilities is an issue at hand in the adoption of family planning. Mburugu and Oucho (1984) found that contraceptive supply delivery points for the populations were inadequate and while government family planning services are freely provided, the clinics where these services could be found, were introducing transport costs. Family planning specific staff were scarce causing long-waiting at these centers. In this study, proximity will be measured by asking the respondents how far the family planning clinics are from his home or working place.

2.9 Have men been involved in family planning programmes?

In both developed and developing nations, fertility surveys typically gather information on the attitudes and behaviors of only the female respondents (MOH, 1985). The assumption is that the actual child bearers are more knowledgeable about their past fertility behavior than are the fathers. Thus, the men have been alienated and actually

believed to have negative attitudes towards family planning activities. This is a fallacy which needs investigation. Thus, H₃ of this study aims at investigating whether male involvement and exposure to sources of information about family planning affects their participation in the programme.

In Kenya, men have been left out in the family planning affairs since the inception of family planning programmes. It is only recently (1984) that Family Planning Private Sector (FPPS) was established to inform and educate Kenyan men and women working in the private sector about the benefits of family planning in terms of improved health and welfare. Whether men have been fully involved in family planning or not is a matter of concern because if they have not been, then they are not to blame. Alienation has increased male chauvinism and made them believe that the burden of child birth and care rests primarily on women. The question of whether the males have been involved effectively in family planning programmes is a very useful one in reference to the positive results seen in other countries where males were involved in the programmes (Population Report, 1986).

2.10 Education

According to Gachuhi (1972), education is a prerequisite to adoption of family planning. He sees education of either the husband or wife as a facilitating factor to the adoption of family planning. This contradicts Prachuabmois' (1966) study in Thailand which showed

that the husband's education related positively to desire for more children. Prachuabmol saw the possible explanation for that association to be due to the fact that the educated people were capable of supporting many children. Mburugu and Oucho (1984) saw illiteracy among respondents in private sector institutions as an obstacle. It was observed that 56% and 20% of the women and men respectively were illiterate. This would limit use of audio-visual educational media based on reading material written in English, Kiswahili or vernacular.

2.11 Source of family planning

Majority of actors in family planning programmes are young, inexperienced youth and women whose age and gender disqualify them from even mentioning matters regarding family planning. IPPF (1984) mentions lack of proper communication in disseminating family planning matters. The message has been propagated by both official and non-official channels of communication, e.g friends, co-workers, mass media and so forth. The sources are often not well informed and are ill prepared for the task. The obstacles here are seen in two different forms, that is, "bad" personal characteristics of sources of information and "wrong" channels of sources of information.

In their baseline survey, Mburugu and Oucho, 1984) found that 80% of the women in their sample were aware of one contraceptive, namely the pill but the information was however doubtful as it was acquired informally rather than through the family planning educators. Although 94% had heard about the existence of these educators, 91.6% had acquired information elsewhere other than through these promoters. One of the aims of

this study is to establish sources of family planning information for men. Population Report (1986) showed that men usually learned about contraceptives from their wives, friends or the mass media but seldom from health care professionals. In Mexico for example, men were likely to obtain information from advertising campaigns, their peers and their wives than from doctors and other health workers who tended to be an important source of information for women. This finding suggests that health professionals focus on reaching women rather than men. The Egyptian fertility survey (1980) reports that men said friends and relatives were more often their sources of information, followed by radio and television. Health care workers were not an important information source.

A requisite for the adoption of any technology is communication. Communication is the process by which an idea is transferred from a source to one or more receivers with intent to change the receiver's behavior (Rogers, 1971). Communication is central in the work of extension officers because they introduce new ideas or innovation to the recipients.

2.12 Summary

The literature review has pointed out various issues of concern to our study. The Population problem is a worldwide one. Some of the effects of high rate of population are deterioration of environment, unemployment, poverty and general human suffering (Enrilich and Enrilich, 1970). Thus, population and economy mutually affect one another.

One of the many ways to curb population growth is through use of modern family planning. The most important reason for male participation in modern family planning is the fact that, in an African society, the man is the decision maker of all important matters in the household, and his decisions are "final". If the man is the determinant of the number of children to be born in a family, then there is all reason to involve him in family planning activities.

Various studies have also shown that where a man supports use of contraceptives by his wife, then there is long continued use (Population Report, 1984). Male involvement promotes family stabilities in that there is better relationship between man and wife through the acceptance and practice of family planning (IPPF, 1984). Thus, family planning is an innovation which calls for cooperation for non-user, in this case the man.

Child spacing is not a new phenomenon (USAID, 1983). In most of the African countries, there were several taboos and practices which aided child-spacing though it is evident that these practices have now been disrupted by societal changes.

Most men know about family planning and they favour its practice, though in rare instances the literature has talked of negative male attitudes towards family planning adoption (Dondi, 1980; Population Reports, 1986).

Several obstacles have been discussed in the literature such as cultural values and practices including preference for sons (Oyeka, 1989). Greater value for children and early marriages are some of the other cultural beliefs and practices that have been reviewed. Cultural values are given special attention in this study since it was carried out in a rural setting where traditional values assume greater importance than in an urban setting.

The establishment of family planning programmes have also tended to exclude men from their services and this has in turn influenced them to believe that family planning is a woman's concern (MOH, 1985).

Limited options of male methods have been an obstacle because the few methods available leave men with little choice of contraceptives. In addition, distance and insufficiency of family planning supplies such as contraceptives and staff have also been obstacles to the success of family planning (Mburugu and Oucho, 1984).

Lastly, communication of the family planning information has not been successful because of "unfavourable" personal characteristics of the family planning agents and the wrong channels through which males receive family planning information (IPPF, 1984).

2.13 Theoretical framework

To explain further some of the theoretical assertions made in this chapter, it will be necessary to examine the relationship between family planning adoption and the social change process.

Rogers (1971) defines social change as the process by which alteration occurs in the structure and function of a social system. For example, adoption of birth control methods by a family is social change.

There are two types of social change:-

- a) Contact or planned change. This refers to change where the source of the new ideas is outside the social system and this is the kind of change which August Comte (1798-1857) used to explain the situation in France after the French revolution.

- b) Immanent change. This refers to the change which occurs when the source is from within the social system under analysis. For instance, Herbert Spencer (1820-1903) argued for a complete *laissez faire* and an evolutionary survival for the fittest.

The kind of change that we have to consider while discussing family planning adoption by men is the contact change. Accordingly, we take up the discussion of communication theory which is often taken to explain adoption of family planning.

2.14 A theory of communication

Rogers and Burge (1971) defines communication as the process by which messages are transferred from a source to a receiver. The communication model S-M-C-R-E simplifies the communication process. A source(S) sends a message (M) via channel (C) to the receiving individual (R) upon where the message has an effect (E). Sometimes we add "F" in this model to indicate that there must be a feedback from the receiver (R).

From the above definitions, we note that, the process of communication is a social affair in that it involves more than one individual. Human beings are linked to one another through the communication process. The process takes place mainly through the mass media and at inter-personal level. Through these channels, various things are communicated. Ideas, values, behavior, techniques, knowledge, messages, feelings, songs, gestures and so on. Something worth mentioning here is the fact that in the mass media communication, there is usually no feedback. This might have been the barrier all the while given that most people receive family planning information through the mass media, as was noted in the literature.

According to the communication theory, more effective communication occurs when source and receiver are homophilus (Rogers and Burge, 1970). Effective communication occurs when the receiver and source share common meanings, a mutual sub-cultural language and are alike in personal and social characteristics. When the two actors share these values, the communication of ideas is likely to have a greater effect in terms of knowledge gain, attitude formation and change of behavior.

Our family planning agents have often created a communication barrier for they are highly educated people unlike the receiving people who are poor and illiterate. The relationship that develops in such a situation is like that of a master and a servant. In support of this contention, Rogers and Burge (1971) argue that one of the most distinctive problems in the communication of innovations is that the source is usually quite heterophilus to the receiver. This approach of master and servant was like the one used by the colonialists as an attempt to modernize the natives who were assumed to be lazy, lacking technical know-how and generally unable to progress on their own. The approach assumes that a superior change agent knowing what is best for his clients, plans and channels the messages to his target group. This change agent whom Chambers (1983) refers to as an outsider is unfamiliar with the clients' needs and further more he comes from a totally different ethnic group or even nationality.

This kind of communication explains the adoption of family planning especially in the rural areas of Kenya because family planning is a new technology and its agents are from without the rural communities. More often, the family planning agents have tended to ignore and neglect the role of culture in the targeted communities. The family planning agents have gone ahead to sell the idea of family planning as if it was an "aspirin" or any other commodity in the market. What these family planning agents have forgotten is that people especially in the rural areas are still too keen in holding to their tradition such that social change has little room.

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Communication theory will assist us in analyzing the communication process through which family planning education is disseminated. This study will try to establish whether this discrepancy of heterophilusness is present in the communication of family planning. Literature has shown that most of the family planning educators are young people, women who already are social rejects and this makes it difficult for men to face them (Dondi, 1980). Probably this is the main reason why men have failed to participate fully in the family planning programmes.

A greater part of communication theory must of necessity be of psychological and sociological nature because it deals with the behavior of individuals and groups (Rogers, 1971). Emphasis on effective communication must be on the social and psychological terms of the content of the message(s) to be communicated.

As was indicated in the literature review, if communication is going to suggest an innovation, it had better explain the innovation in terms acceptable to the culture where the change is expected to occur (Rogers, 1971). Foreign language for instance has often acted as a barrier to communication. For example, family planning agents to date have not found a suitable translation of vasectomy which is one of the male methods. Therefore, men have resisted use of this method strongly because to them it merely means castration.

Another effective condition of communication is that the clients, or audience, must be reached. Family planning must therefore be preached to the right people, that is to the young mothers and fathers who have not already made a mistake of getting many children. It has often been observed that family planning agents approach the older couples who already have many children instead of approaching the youth who are planning to get children. A communication aimed at change obviously must reach the person or persons able to decide on change, that is the target population.

The family planning agents should give the recipients of the programme a chance to express their feelings and suggestions towards the service, otherwise one way communication will look like an imposition.

Communication must make itself heard or seen against competition. This may require repetition or use of multiple channels, or any other that may induce attention. For instance; barazas, posters and seminars may be used to facilitate adoption of an innovation like family planning. Sometimes it is difficult to communicate an innovation single-handed and so all possible assistance should be sought from other worthy communicators (Rogers, 1971).

Demonstrations are useful parts of many communication campaigns aimed at change, for instance films. People need to see and evaluate themselves in any new innovation.

Practice is also an effective condition of communication (Rogers, 1971). If new behavior is to be learned, it must be practiced, that is, the old saying "practice makes perfect". For instance, many people have degenerated or regressed into illiteracy after school because they have not found suitable and interesting materials to read. Therefore, the importance of new practices such as family planning could be reinforced through reading material, seminar or workshops.

Poor transportation system has occasionally acted as a barrier to communication, so there should be an excellent mode of transportation system for family planning to be accessible to all people especially the poor who cannot afford to foot the travel expenses. Mburugu and Oucho (1984) mentioned inaccessibility to family planning facilities as a barrier to adoption of family planning.

Communication theory will assist this study in interpreting the obstacles which hinder men from participating in family planning activities. The theory will also assist the study in recommending better strategies of communicating the idea of family planning to men.

Therefore, successful family planning is a long term process which requires fundamental changes in attitude and behavior. It requires that high quality services be provided with care and sensitivity. It also requires that the quality of services be evaluated and that cultural factors be considered in programme development.

CHAPTER THREE

METHODOLOGY

The first two chapters of this study cover the introduction and literature review. Before we present the findings of this study, it is important to explain the study design and methodology including specification and measurement of relevant variables, the research instrument and sampling procedure, the units of analysis and methods of analysis.

3.1 Hypotheses and operationalisation of variables.

It is important that we describe the variables that will be used to measure the hypotheses in this study because in any scientific study, measurement is imperative.

The hypotheses to be tested is as shown below:-

H_0

Socio-economic background of males does not influence their participation in the family planning programme.

H_1

In this hypothesis, the dependent variable is participation in the family planning programme where as the independent variable is the socio-economic background of the males. Socio-economic background of the males was measured by the respondents marital status, age, educational levels, wife's occupation and family income. Socio-economic background of the males may be a major factor in adoption of family planning (Mburugu and Oucho, 1984).

- a) Marital Status: This refers to the respondent's status as to whether he is married, single, divorced or widowed. Marital status is an important indicator in our study because males with different marital status are assumed to behave differently, and are also assumed to have different attitudes especially on matters of child bearing and child rearing.
- b) Educational level: This refers to the amount of formal education that a respondent has. In our study, educational level is categorized into four, that is, lower primary, upper primary, secondary and university education. Thus this categorization is based on the 8:4:4 education system. Further more, those in form six category were very few and almost all of them were represented at the university level. Education is a big motivator to family planning adoption (Gachuhi, 1972, 1973, 1975 Mburugu and Oucho 1984). Thus educational level of the males in our sample is taken to be an important socio-economic indicator.
- c) Occupation: This refers to the respondent's present and past occupations, when and where the respondents held these occupations. Occupation is categorized into: manual, self-employed, white color, blue color, casuals and skilled professionals. By white color here, we mean those working in offices e.g. secretaries, clerical officers, supervisors etc. Such occupations as mechanic and machine maintenance were grouped in blue color while doctors, managers, accountants and engineers were considered to be skilled professionals.

d) Family economic status: This refers to the income that is earned annually in the respondent's household. Family property refers to the property owned by the respondent's family such as land, type of cash crops grown, whether the family owns a car/wheel barrows or any other property. Like occupation, education and marital status, varying economic statuses are assumed to influence adoption of family planning.

H_0 Cultural beliefs do not influence male participation in the family planning programme.

H_1

The dependent variable is males participation in family planning while the independent variable is males' cultural beliefs.

Cultural beliefs refer to whether the respondent holds African traditional beliefs towards child bearing, women's role in the family and decision making process as opposed to the modern attitudes of the same. The content of the literature review shows that child-spacing is not a new phenomenon in our society and that it was prevalent in many other African societies, (Reining 1952; USAID, 1983; Dondi, 1980; Gachuhi, 1971; Greeley, 1968). In the same literature review we find that some authors have viewed cultural beliefs as the major obstacle to family planning acceptance (Gachuhi, 1971, 1972).

The measures developed for these indicators are:

- a) Respondents' religion: This measure was used to find out whether the respondents belong to the African traditional religion or to the other religions such as Christianity, Hindu or Muslim and how strongly religious they are. Religion is known to influence attitudes in many areas of human life and this is why it was chosen as a measure in this study. Even within the modern religions, there are varying attitudes towards family planning methods, for instance the Catholics recommend natural family planning and no other methods.
- b) The number of wives and children: The study assumes that those respondents with more than one wife and with many children hold stronger cultural beliefs as opposed to those with fewer wives and children. Among other practices, polygamy and having many children due to fear of family extinction and also promotion of family name are still prevalent in our societies (Gachuhi 1971). So this measure is an important one and is assumed to affect acceptance of family planning by males in this study.
- c) Meaning of children as perceived by the respondent: This measure was used to find out the respondent's views about presence of children in their family. Different meanings of children to the respondent might affect adoption of family planning. The literature has provided various reasons why there is traditional

need for many children e.g. due to high infant mortality, getting of sons to inherit one's property and continue the family name, source of labour and so on. This measure is a very important one in our study which was carried in a rural setting where people are assumed to be dominated by traditional cultural beliefs.

- d) Male roles in the household: This measure was used to specify male role distribution in the family. A role is the dynamic part of status. Chambers English Dictionary (1988) defines a role as the part played by an actor. In a family unit, there are different roles assigned to different people. For instance in most homes, the man is the bread-earner and the head of the family. Such a role would easily give the male powers to decide on matters of child bearing which means that his wife has very little to say. Such powers might actually be used to hinder adoption of family planning in the family units. Therefore, the study further sought to establish who makes major decisions in the respondents' household.

By use of this measure, the study will attempt to probe male chauvinism which is normally believed to emanate from strong cultural beliefs. The study will also establish respondents' views on who should or is supposed to use family planning contraceptives in his family and why. This measure is a very useful one because the literature found that men are the heads and decision makers on matters affecting marital and family life (IPPF, 1984).

e) Under this variable of cultural beliefs, we also tried to establish the respondent's views regarding the number of children a couple in the community should have and why.

f) Other hypothetical questions were put to the respondents such as:

- In your community, if a man had no children, how was he looked at?
- How was a barren woman viewed?
- What is your attitude towards barrenness?
- Do you think that the modern family planning methods are against your community's culture? If so why?

H_0 Lack of male exposure to sources of information about family planning does not affect their participation in the programme.

H_1

Participation in family planning programmes is the dependent variable while lack of male involvement/exposure is the independent variable. It was noted that family planning agencies rarely involve men in family planning activities (IPPF, 1984). Most family planning programmes are female oriented and this has influenced males to regard the services as intended for women and not for themselves. Males have for a long time been

made to believe that women should be the users of family planning. As it is, there are so few male family planning methods. Through this hypothesis, our study attempts to find out whether males' failure to adopt family planning is due to lack of exposure/involvement by the family planning agencies. Thus the variable is taken to be a proxy for the respondents' interaction with the family planning agents; that is, the extent to which the respondent has come across workshops, barazas or has been visited by family planning agents.

The variable will be measured through the following:-

- a) Number of times the respondent has been visited by a family planning agent this year;
- b) Number of times the respondent has visited an agent of family planning or visited a family planning clinic;
- c) Number of times the respondents have attended barazas where family planning issues were being discussed;
- d) Number of times the respondent has listened to family planning programmes through mass media such as the radio and the television broadcasts;
- e) Number of times the respondent has attended a course/seminar on family planning;

f) Distance to family planning services (offices/clinics).

H_0 Males who are well informed about family planning do not necessarily participate in its practice.

H_1

The independent variable in H_0 is literacy in family planning whereas participation in family planning adoption is the dependent variable. Literacy in family planning is taken to mean the respondent's awareness and knowledge of the family planning services and family planning methods. Most males have heard of family planning methods but most of them are not adopters of family planning (Mburugu and Oucho, 1984). Most males have not been well informed of family planning services and so they just rely on rumours and this lowers the adoption rate (Kimathi, 1989). By use of this hypothesis, the study aims to establish whether those males who are well informed about family planning are in any way different from those who are not well informed, in terms of family planning adoption.

Literacy in family planning was measured through:-

- a) The respondent's knowledge of the family planning methods;
- b) The respondent's knowledge of any existing family planning clinics in the area;

- c) The respondent's knowledge of why the government and non-governmental organizations emphasize on family planning activities.

This last measure was to find out whether the respondent's perception of family planning adoption is at an individual or at a national level. The assumption is that when the problem is considered at a national level, then the individual can adopt family planning even though he may consider himself capable of bringing up many children. The arguments among most men has been that they should get children according to the resources they have But we know that family planning is not only used for limiting family size at only individual level but for promotion of a healthy nation and reduction of the national population growth rate.

3.2 Respondents participation in the family planning programmes

All through the process of operationalizing concepts used in this study, we have referred to respondents participation in the family planning programmes as the dependent variable. This is intended to find out the extent to which the respondents participate or advocate family planning both directly and indirectly.

- a) Direct Participation refers to whether the respondent himself has adopted and is or has been practicing family planning methods.

There are four male methods of family planning. Worldwide, at least one-third of all couples who practice family planning use a method that requires male participation or cooperation (Population Reports, 1986).

Withdrawal which is also commonly referred to as *Coitus Interruptus* is said to be the oldest means of preventing pregnancy. Islamic legal writings dating back several centuries sanctioned its use (Population Report, 1986).

The couples who use this method engage in sexual intercourse until ejaculation is impending, then the man withdraws his penis from the woman's vagina and external genitals. The method was widely used in past centuries in Europe contributing to the demographic transition. Today, an estimated 35 million couples in the world rely on withdrawal (Population Reports, 1986).

i n

The rhythm or periodic abstinence involves avoiding sexual relations during the fertile portion of a woman's menstrual cycle. The method is designed to help a woman estimate the time in her menstrual cycle when the egg is most likely to be produced, and she is fertile. Couples are required to refrain from sexual intercourse during this time. Ways of determining the fertile days include the calendar methods, temperature method and cervical mucus method. Fertility awareness methods require keeping a daily chart of body changes (Nturibi,

1986). Rhythm method was developed in the 1930s, and it is the only method sanctioned by the Catholic denomination (Population Reports, 1986). One of the disadvantages of using the rhythm method is the fact that the couple may miscalculate the fertile days thus occasioning a pregnancy.

The condom is described as a very thin sheath that fits tightly over the penis during intercourse and retains the semen after ejaculation. It is made of rubber and initially most men learnt of this method in the armed forces where it was presented to them as a means of avoiding venereal diseases (Population Report, 1986). The Population Report (1986) says that the condom has been used for contraception for at least 250 years. About 46 million couples now use condoms. Of these, 60% live in developed countries, mainly in Japan, the United States and the United Kingdom and 40% live in developing countries mainly in Asia (Population Report, 1986). A woman may become pregnant if the condom is not worn correctly such that it lets the sperms into the uterus.

Vasectomy is a male permanent method of contraception in which the tubes through which sperm travel from the testes to the penis are cut and blocked so that the sperm can no longer enter the semen that is ejaculated (Nturibi, 1986). The operation can be performed under local anesthesia on an out patient basis. This method has been very unpopular in Kenya because it is wrongly believed that after such an operation, a man cannot continue to perform sexually.

However, the truth is that a man continues to perform sexually even after he has undergone vasectomy operation. The latest version of vasectomy is the no-scalpel vasectomy, which is a refined technique developed by a Chinese surgeon. Instead of using a scalpel to make one or two cuts in the scrotum, as in the conventional vasectomy, the physician uses a special sharp instrument to make a tiny puncture in the scrotum. The doctor then lifts out the tubes (vasa) and blocks them through this one small opening (Association for Voluntary Surgical Contraception, 1990).

b) Indirect participation refers to whether the respondent advocates the use of family planning by his wife or wives (spouse) and whether he encourages its practice among his friends or relatives and so on. This variable was measured by probing the following:

- Does the respondent approve use of family planning methods by a couple, his relatives or friends?
- Does the respondent's wife practice any of the female family planning methods?

Enrilich and Enrilich (1970) provides us with a list of modern family planning methods for women. Pills contain one or both of the two compounds similar to the hormones that naturally regulate a woman's menstrual cycle. The combination is believed to act by suppressing ovulation and it is taken daily for 21 days with 7 days off. Others are taken every day in 28 days cycle with the last seven being iron tablets. The pill is highly effective when used properly. The user may however experience unusual swelling or pain in the legs, yellowing of skin or the eyes, shortness of breath, severe headaches or develops varicose veins (Nturibi, 1986).

Vaginal contraceptives include foam tablets, creams and jellies, all have chemical substances containing spermicides (Nturibi, 1986). Before intercourse the contraceptive is inserted into the vagina, where it spreads over the vagina and cervix. They kill sperms and prevent them from entering the uterus. It is advisable to insert the contraceptives each time intercourse is repeated otherwise a woman can get pregnant. This type of contraceptive needs neither fitting nor prescription by a doctor. This family planning method also requires high standards of cleanliness otherwise it can cause infection.

The diaphragm is essentially a rubber cup with a rubber clad of flexible spring steel designed to fit over the cervix where it acts as a barrier to sperms (Enrilich and Enrilich, 1970). It is inserted in to the vagina before intercourse and is left in place for several hours afterwards. A pelvic examination is necessary to find

the right size for each woman. This method must always be used with a contraceptive cream or jelly which is put to surface. Sometimes the user may experience genital irritation due to allergy caused by rubber (Nturibi, 1986).

The cervical cap like the diaphragm prevents entrance of sperm in to the uterus. It is made of plastic metal and fits tightly over the cervix and may be left in place for long hours (Enrilich and Enrilich, 1970).

Injectable contraceptive is a synthetic hormone injected into the muscles from which they are slowly released. It prevents pregnancy by suppressing ovulation and causing thick cervical mucus which is impenetrable to sperm. Sometimes this method causes heavy bleeding or dizziness.

Another female method of family planning is abortion. This method is illegal in Kenya but even where it is legal, it is often permitted only under rather strictly defined conditions (Enrilich and Enrilich, 1970). Abortion is the arrest of pregnancy in the early stages. The medically approved method of inducing abortion is through a simple operation known as dilation and curettage (i.e scraping of the uterus).

The intra-uterine device (IUD) is a plastic or metal object that is placed inside the uterus and left there for as long as contraception is desired (Enrilich and Enrilich, 1970). Commonly available IUDs include copper 7, copper T and lippes loop. After insertion, some women experience heavier menstrual bleeding and spotting (Nturibi, 1986).

Tubal ligation is a permanent method of contraception for women where the fallopian tubes are closed so that the egg cannot travel through to meet the sperms. The tubes are surgically closed by cutting and tying and this operation can be performed under local anesthesia in a doctors office on an out-patient basis.

The latest female method of contraceptive is the Norplant which consists of 6 tiny silicone rubber capsule or two rods containing hormonal contraceptives (Nturibi, 1986). They are surgically inserted under the skin of the arm by a trained medical practitioner. The tubes allow a steady diffusion of the drug into the blood stream. The progestin works by blocking ovulation, causing a thick cervical mucus impenetrable to sperm. The user may experience dizziness, heavy bleeding or infection at the implant site.

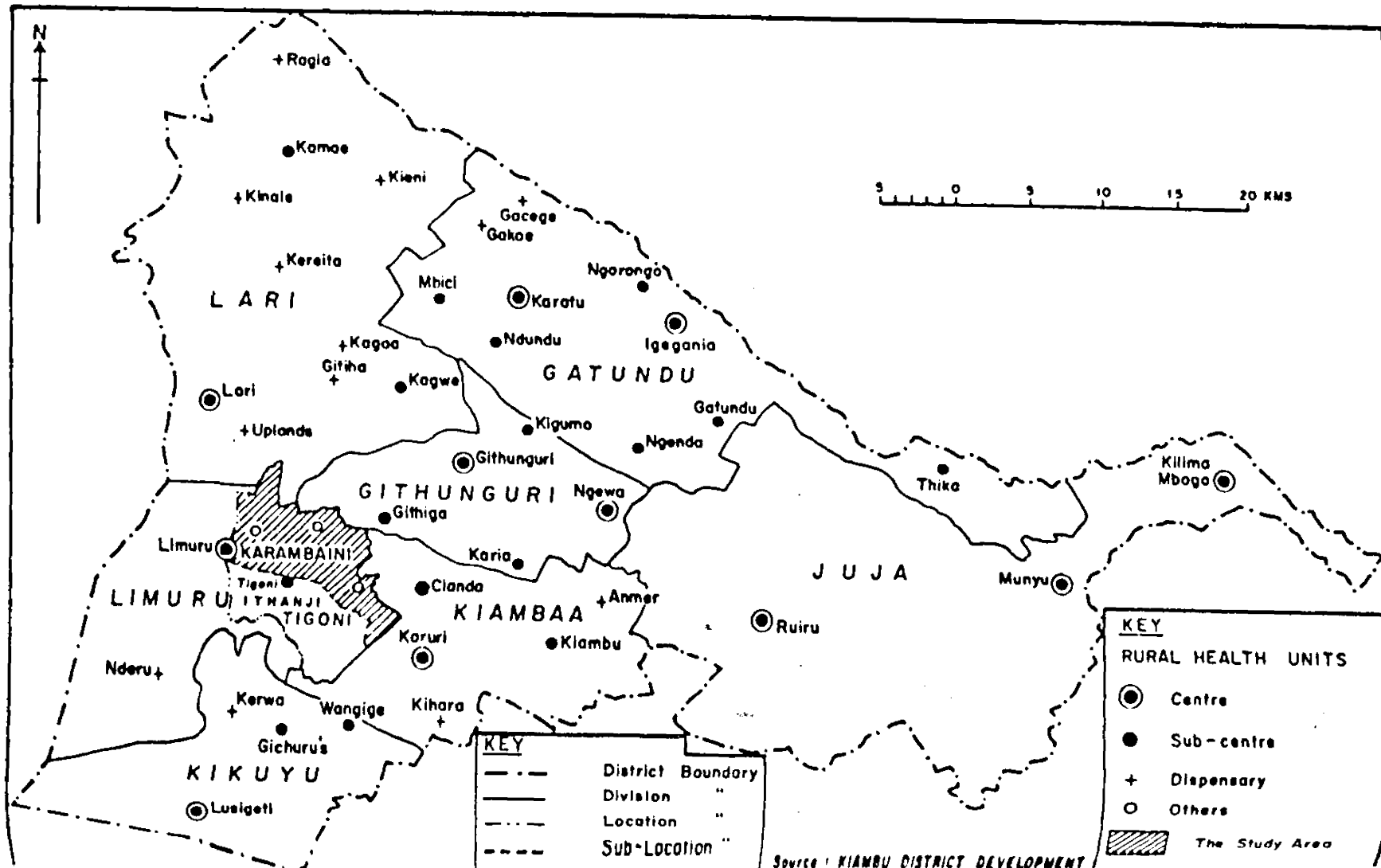
3.3 Area and site description

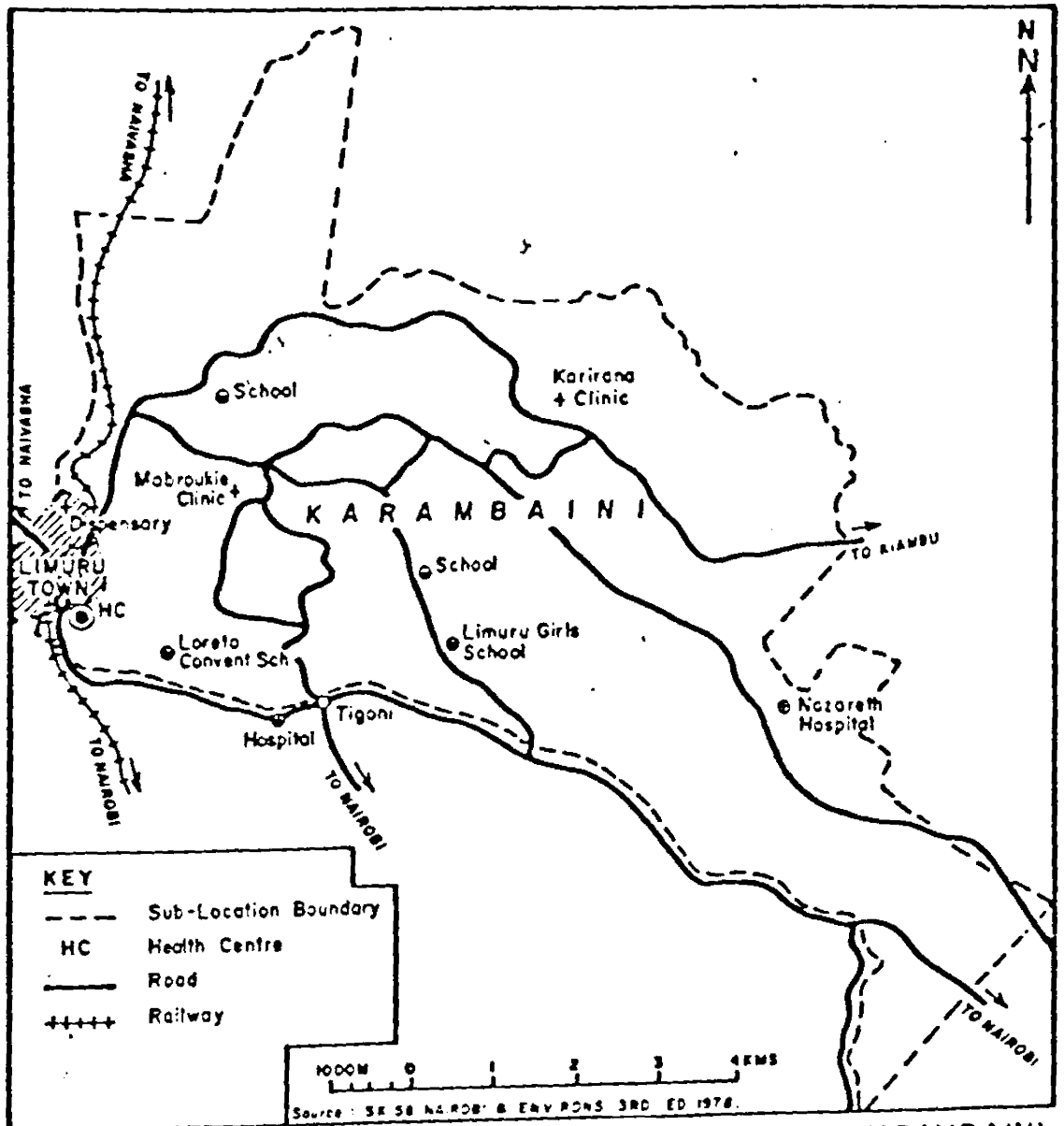
This study was conducted in Karambaini sub-location, Limuru division of Kiambu district. Kiambu is distinguished for its variety of landscapes, climates, resources and land use patterns. By 1979, Kiambu had a population of 686,290 persons, this was an increase from 475,576 of the 1969 with an estimated growth rate of about 3.7% per annum. The research area is therefore characterized by high population growth rate. This growth is wholly attributable to high fertility.

3.4 Site description

Limuru town is 32 Kilometres from Nairobi, its history dates back to the building of Kenya-Uganda railway when it was established as a service centre for the steam engines. It subsequently grew in to an important commercial centre for the colonial settlers. Due to the suitable infrastructural facilities, it has over the years grown in importance as an industrial town attracting factories of major international importance such as Bata Shoe factory, Kenchic and so on. The immediate hinterland has fertile, well drained soil with an average mean annual rainfall of about 1060 mm with maximum rainfall during the two rainy seasons between April, May, October and November. Crops suitable for the area include pyrethrum, maize, horticultural crops and dairy farming. Therefore, most people in Limuru are agriculturists.

By 1979, Limuru division had a population of 75,568. The population projections were 160,043 (1988), 172,329 (1990) and 192, 197 (1993). This shows that population growth rate is a real problem in the area. There is an average of 255 people per square kilometer and the population growth rate is 4.5%, (Kiambu District census report, 1989).





MAP 3.2 THE DISTRIBUTION OF HEALTH UNITS IN KARAMBAINI SUB-LOCATION

3.6 Sampling design

The unit of analysis in this study were 198 adult males from all the villages of Karambaini sub-location namely, Gikabu, Itungi, Muna, Mabroukie and "Kwa Muhuri".

In every scientific social research, it is important to take a representative random sample i.e. to use a method of selection which gives each of the units in the population to be covered a calculable (and non-zero) probability of being selected (Moser and Karton, 1971:80). In our study the sample was a small part of a large population which was thought to be representative of the whole population. In each of the five villages, systematic sampling was employed. The villages were Gikabu, Muna, Itungi, Mabroukie and "Kwa Muhuri".

Before the survey, we had intended to use the sub-chief's residents list to select the respondents at random but we found an acting chief who did not know much about the list and village populations, the sub-chief of the area had apparently been sent on compulsory leave and we could not get hold of him.

In Muna and Gikabu villages houses were built along the ridges while cultivation was done on the sloping grounds. The residents of these villages own two acre plots in most cases and so it was quite a distance from one house to the next. A sampling technique which approximated systematic sampling was adopted. Every 1st, 3rd, 5th ... houses

were visited and any adult (above 18 years) male was interviewed so long as he belonged to that household. Single, married and widowed males were all interviewed. There were no other categories of marital status. In a rural setting, when people separate or divorce which is very rare, they remarry, so it is hard to get a divorcee or separated man.

In Itungi and "Kwa Muhuri" villages the houses were built on rows (about 10 rows) and quite near to each other and each row was therefore taken and systematic sampling applied, that is we interviewed every 1st, 3rd, 5th ... homes. The number of homesteads in each of the five villages was as follows (estimation);

Muna	-	80 homes
Itungi	-	40 homes
Gikabu	-	70 homes
Kwa Muhuri	-	26 homes
Mabroukie	-	170 homes

About half of the homesteads were interviewed in every village.

At Mabroukie village we used the employers list to do a stratified sampling. The strata were composed of casuals (picking, drying or loading workers), supervisors, clerks, professionals (e.g. engineers) and the senior management staff (general manager, personnel officers, etc). This was to ensure representativeness in terms of education and occupation in the whole factory set-up. In each stratum we did systematic sampling

where we interviewed 1st, 3rd, 5th, ... persons but if not from Karambaini, the respondent had to have worked for the organization for more than 10 years. This was to take care of the fact that the study was carried in Karambaini sub-location and since some of the questions required knowledge of the environment, it would have been wrong to select people who did not know the area well. Such questions were: respondent's knowledge of the number of clinics in the area, how far these clinics were from the respondents' place of work or residence and general attitudes of people towards family planning practiced by men. Few people (73) were found to be non-residents of Karambaini. Most of these had worked for over 10 years and so this did not introduce bias to the age groups represented.

If any respondent was a leader of any group, he was required to specify this before the interview was carried out. This was done because of the important role leaders play in influencing the acceptance of a technology in any community. The study was interested to find out whether leaders' contraceptive behaviour is different from the rest.

3.7 Methods of data collection

The major instrument for collecting data in this study was the questionnaire method (the interview schedule is attached in the Appendix). Collection of data lasted one and half months from 7th March to 28th April, 1990.



3.1

ABOVE: THE RESEARCHER (CENTRE) OBSERVES A CLIENT UNDERGOING TUBAL LIGATION,
A METHOD DISCUSSED IN THE METHODOLOGY CHAPTER





3.3

ABOVE: THE RESEARCHER (FOURTH FROM LEFT) TALKS TO A COMMUNITY BASED DISTRIBUTOR (CBD), WHO WAS ONE OF THE KEY INFORMANTS.

Interviewing was done by the researcher assisted by two research assistants employed for the purpose. The two research assistants were trained by the researcher before sending them to the field. The research assistants only went to the field after convincing the researcher that they were conversant with all the questions in the questionnaire. Both of them were males and fluent in Kikuyu, Kiswahili and English and so there wasn't much of a communication problem. The interviews were carried in all the three languages as appropriate.

The interview schedule was made up of questions related to the socio-economic status of the respondent, his cultural beliefs, participation in family planning programmes and his awareness of the same. The research assistants had been instructed to explain the purpose of the research to the respondents before interviewing. The training for the research assistants was carried at the chief's office. Majority of the questions in the interview schedule were open-ended with just a few close-ended ones. The reason as to why we preferred open-ended questions to close-ended questions was that the former allowed the respondents to give more of their views/answers without having to limit themselves to specific responses. The information we obtained this way became very helpful later at the data analysis stage.

The interview schedule was supplemented by other methods of data collection namely: available data, unstructured questions, key informants and simple observation.

Secondary data was acquired from the offices of family planning organizations for example, Family Planning Association of Kenya (FPAK), Marie Stopes clinic at Pangani, National Council for Population and Development , family planning clinics, and the Family Planning Private Sector (FPPS). Several magazines in these organizations offered very meaningful information for our study. Secondary data was also obtained from the University libraries, that is Jomo Kenyatta Library, IDS Library, Population Studies Library and the Medical School Library.

Unstructured questions (informal talks) were also used. During the study period we made quite a number of friends in the field who gave us a lot of information especially during our free time. Key informants were also used. These were people who were interviewed on the problem under study and were not necessarily included in the sample. Key informants included the acting sub-locational Chief; District Officer Limuru; the Town Clerk, the General Manager at Mabroukie and two women leaders, one ex-Councillor, one current politician and two agents of family planning were also among the key informants.

The study also employed simple observation and through this method we learnt some of the characteristics of the respondents that had not been obtained through any of the above methods. Some of these characteristics focussed on general poverty in some of the households.

3.8 Problems encountered in the field

As with many social researches, this study encountered a few problems. One of the major problems was that men were not found at home during day time. This was because they had gone to their various places of work. Those found were therefore too young or too old. When we realized that this might affect the sample, we started revisiting their homes in the evenings.

A further problem was that of trying to maintain confidentiality. The research assistants followed some of the respondents to the tea estates and interviews were carried out while the respondents were picking coffee or tea. Isolating them was almost impossible because this meant stopping the work, thus affecting the expected day's work input. So the research assistants had to interview them in low voices to avoid the next person hearing. It was also very hard to try and separate husbands from their wives in a bid to maintain confidentiality.

Some of the old men in the sample thought we were too young to discuss such issues as family planning with them and so they either refused to talk to us or were very reluctant. Some of the family planning methods or terminologies were a bit hard to explain in Kikuyu. For example, it took too long to explain methods such as vasectomy, condom, natural family planning and the coil.

The study took place during the rainy season and this interfered a lot with our transportation system, thus limiting the number of respondents that had to be interviewed daily.

3.9 Methods of data analysis

Both the descriptive and inferential statistics have been applied in analyzing the data. All computations have been done using the statistical package for the social sciences program (SPSS) (Nie et al, 1970).

3.10 Descriptive statistics

By computing descriptive measures such as percentages, means, median and mode, it will be possible to reduce the data to manageable proportions. More so, descriptive statistics are useful in instances where the investigator finds it necessary to handle interrelationships among more than two variables (Blalock, 1972). Descriptive statistics that have been used in this study include: mean, median, mode, range and percentages.

i) Mean

The mean of set of N numbers $X_1, X_2, X_3, \dots, X_N$ is denoted by \bar{X} and obtained as follows:-

$$\bar{X} = \frac{X_1 + X_2 + \dots + X_N}{N} = \frac{\sum_{i=1}^N X_i}{N}$$

\bar{X} = mean

N = Number of cases

X_1 = 1st case

X_2 = 2nd case etc..

The mean is also referred to as a central tendency for it tells a researcher about the main characteristics of a distribution of score.

ii) Mode

The mode of a set of numbers is that value which occurs with the greatest frequency. In other words, it is the most common value. Mode may therefore be non-existent in some cases.

iii) Median

The median of a set of numbers arranged in order of magnitude is the middle value or the arithmetic mean of the two middle values (Hagood, 1967:47). The median thus divides the scores in half. It is therefore seen as one of the positional measures used to locate the position of some typical case relative to other individuals.

iv) Range

This is the difference between the maximum and the minimum score in a given data and is normally obtained by:

$$\text{Range} = \text{Maximum Score} - \text{Minimum Score}$$

It indicates the spread of the data.

v) Percentage

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

vi) Frequency Distribution

Hagood, (1961:27) defines frequency distribution as a tabular arrangement of data by classes together with the corresponding class frequencies. Such tables summarize group data to facilitate further analysis. When summarizing large masses of raw data, it is often useful to distribute the data into classes or categories and to determine the number of individuals belonging to each class, called the class frequency. Most of the data discussed in this study has been presented in tabular form.

3.11 Inferential statistics

Inferential or inductive statistics deal with the methods of drawing conclusions or making decisions about populations on the basis of samples. These statistics facilitate the process of induction, that is, inferring properties of a population on the basis of known sample results (Blalock, 1972:5).

The inferential statistical tools that are used by this study include:-

- i) Cross-tabulations
- ii) Measures of association
- i) Cross-Tabulation

Cross-tabulation is defined as a joint frequency distribution of cases according to two or more classification variables, (Nie et al, 1970:218).

These tables simultaneously tabulate the sample on two or more separate dimensions in such a way that the reader can see the interrelationship between a respondent's score on one variable (dimension) and his score on a second or third variable(s), (Prewit, 1975). A measure of association (contingency co-efficient C) has been employed to summarize such joint frequency distributions.

ii) Measure of Association

A measure of association indicates how strongly two variables are related to each other. Any measure of association should at least tell us whether two variables are related across a sample unit. The study uses C to measure the degree of association between the variables.

Contingency Co-efficient C

This is a measure of association that is based upon chi-square. It is obtained thus:

$$C = \frac{\sqrt{X^2}}{X^2 + N} \quad \text{Where } X^2 = \text{chi-square}$$

$$X^2 + N \quad N = \text{No. of cases}$$

The larger the value of c, the greater is the degree of association. The number of rows and columns in the contingency table determines the maximum value of C, which is never greater than one.

Test of Significance: chi-square (X^2)

The study uses chi-square to test for the significance of relationships. It is frequently used in social sciences to test for significance of relationships between variables. It is based on the null-hypothesis: this is the assumption that there is no relationship between the two variables in the total population.

Tests of significance provide an objective yard stick against which to estimate the significance of association between variables. They assist in ruling out associations that may not represent genuine relationships in the population under study.

It should be noted that the critical level of confidence for this study is 95%. Consequently, any relationship between variables will only be considered as statistically significant if it's level of significance is equal or above 95%.

3.12 Presentation of data

In brief, data is presented in two sections. The first section on the analysis is chapter four and it presents the respondents' socio-economic background, his cultural beliefs, his exposure and involvement in family planning matters, his knowledge, attitudes and practice of modern family planning methods. This chapter is an important one for it

gives a picture of the characteristics of respondents. Percentages will mainly be used to present this kind of data.

Chapter five attempts to find relationship between variables of the four hypotheses that are the concern of our study. In this regard, the testing of these hypotheses will be done by taking each hypothesis at a time and testing whether there is any relationship between the independent and the dependent variable. This relationship will be tested using contingency co-efficient (C).

CHAPTER FOUR

DESCRIPTION OF DATA

Social-cultural factors influencing male participation in family planning

In this chapter we give a description of the data collected through the study. In achieving this goal, descriptive statistics such as mean, mode, range and median are used. In the next chapter, a more vigorous analysis of the data including tests of hypotheses will be presented. In this chapter, description of data pertaining to background information of the respondents and research site is given.

4.1 Research site

The data in this study were collected from five villages of Karambaini sub-location in Kiambu district. These villages were: Gikabu, Muna, Itungi, Mabroukie and Kwa Muhuri. Table 4.1 shows the distribution of the respondents by village.

TABLE 4.1 Distribution of respondents by village

VILLAGES	FREQUENCY	PERCENT
Gikabu	39	19.7
Muna	44	22.2
Itungi	18	9.1
Mabroukie	84	42.4
Kwa Muhuri	13	6.6
Total	198	100.0

Table 4.1 shows that in all, a total of 198 respondents were covered. Mabroukie village had the highest percentage of respondents (42.4%) while Kwa Muhuri had the least (6.6%). This was due to the fact that all the five villages had varying populations. For instance, at Kwa Muhuri village, the male population was only 26 having been composed of workers in an individual's farm while the population at Mabroukie was 170 males, being workers in an industrial firm. Therefore, these population variations had to be accommodated in our study.

As would be expected, the majority of respondents in the study's sample were Kikuyus (63.1%). Kiambu District where this study was conducted is a Kikuyu dominated area, hence the high percentage of the Kikuyu. The few other ethnic groups like the Luos, Luhyas, Kisiis are the migrants who have settled in Kiambu where they work. Most of them had lived there for over 10 years. So they readily gave us information about the research site easily.

4.2 TABLE 4.2 Distribution of respondents by ethnicity

Ethnicity	Frequency	Per Cent
Kikuyu	125	63.1
Luo	28	14.1
Luhya	25	12.6
Others	20	10.2
Total	198	100.0

Table 4.3 shows distribution of respondents by leadership positions in the area of study. This variable is important in this study because we would like to assess the leaders' attitudes towards family planning. As we know family planning programmes have mostly failed because of leaders' negative attitudes. The distribution of respondents for this variable shows that 32 out of 198 respondents were leaders. We noted in the review of related literature that program implementers including village head officials had the greatest impact in the success of family planning programmes (Warwick, 1986).

4.3 TABLE 4.3 Distribution of respondents by leadership

POSITION Whether the Respondent is a leader.	FREQUENCY	PER CENT
Yes	32	16.2
No	166	83.8
Total	198	100.0

4.2 Distribution of respondents by age

The study found that the mean age of the respondents was 40 years, hence the study dealt with middle age men in the population. One common observation in our study was that we tended to find very old and very young respondents since the medium aged men had gone to work in the fields. This anomaly was corrected as soon as it was detected by making sure that we went back to all the homes where we had failed to get the respondent at day time. This enabled us to meet everybody. At Mabroukie and Kwa

Muhuri, however, this problem did not arise because all the respondents were available at their place of work.

Table 4.4 presents the age categories of the respondents. It shows that 55% of the population in the study was aged under 40 years and this is the sexually active group.

TABLE 4.4 Distribution of respondents by age

Age Category	Frequency	Percentage
Under 20	1	0.5
20 - 29	40	20.3
30 - 39	68	34.3
40 - 49	49	24.7
50 - 59	26	13.2
60+	13	6.5
Other	1	0.5
Total	198	100.0

4.3 Marital status

As would be expected, majority (indeed 92.4%) of those in the sample were married. 5.6% were single and 2% were widowed. This was consistent with the objectives of the study since most of the questions were directed to married men. Married men were expected to provide more reliable information, especially information on family size, use of contraceptives by themselves and their wives, and their future family plans. Needless to state, the unmarried men have little concern, if any, for modern methods of family planning.

4.4 Level of education

The study found that the majority of the respondents were literate. Out of 198 cases considered, only less than 20% were illiterate, that is, had not had formal education. The table shows the distribution of respondents by their level of education. Generally, the level of education attained by most of the respondents can be considered to be high, taking into account that Kiambu is a rural district.

TABLE 4.5 Respondents level of education

Education Status	Frequency	Percent
Nil	33	17
Lower Primary	28	14.1
Upper Primary	62	31.3
Secondary Educ.	71	35.6
University +	4	2.0
Total	198	100.0

It was interesting to find that almost 70% had either upper primary or secondary education. The finding suggests that the study was dealing with a category of population who had what we can refer to as basic education. Possibly, there are people who are capable of reasoning out by themselves and make decisions to use family planning without being heavily influenced by others. This will confirm or cause rejection of the assertion often made to the effect that education facilitates adoption of family planning (Gachuhi, 1972; Mburugu and Oucho, 1984). Educated people are assumed to be able to calculate the consequences of having large families and therefore they tend to limit

family size. They are assumed to be busy with either career development or occupation and this competes with reproductive goals.

4.5 Occupation

The study also attempted to find out the occupations of the respondents. Occupation is a socio-economic indicator which has some bearing on one's process of decision making and attitudes. It was found that the majority of the men interviewed (46.5%) were casual labourers while 17.3% had skilled manual jobs. In addition, 14.1% were peasant farmers and 4.0% were in small scale business. This observation suggests that most of the respondents in the sample were in occupations which are currently poorly paid in Kenya. Only 11.6% of the sample were in white collar clerical jobs and 3.5% in white collar skilled employment. The latter two occupations are relatively better paying. Finally, 3% of the respondents in this study were dependents and they did not have any occupation which earned them a living.

4.6 Respondents income

An attempt was made to measure the annual income which is one of the indicators of socio-economic status of the respondents. The study found that the annual average income was about Kshs. 22,964 or Kshs. 1,900 per month. However, the modal annual income was Kshs. 8,400 or Kshs. 700 per month while the median annual income was Kshs. 9,240 or Kshs. 770 per month. As is known of the mean, it usually exaggerates

the respondents' income because the high income of the few rich ultimately raises the average. In this case, modal monthly income of Kshs. 700 tends to capture the reality better than the mean.

When the respondents' income was grouped in an attempt to capture the true situation, it emerges that as earlier mentioned, majority of the respondents were found to be poor.

Table 4.6 depicts distribution of the respondents' income.

TABLE 4.6 Annual income of respondents

INCOME (Ksh.)	FREQUENCY	PERCENT
47,000 +	3	1.5
36,000 - 46,999	11	5.5
25,000 - 35,999	7	3.5
14,000 - 25,999	19	9.6
3,500 - 13,999	122	61.6
Nil	1	0.5
Don't Know/Refused to answer	35	17.7
Total	198	100%

The 35 cases who did not know their income were especially those who worked in farms and could not estimate their incomes. Similarly, one claimed to have no incomes as he was still a dependant. 35 respondents refused to answer the question.

Table 4.6 shows that majority of the respondents were earning about Kshs. 1,200 (Kshs. 100 divide by 12) or less per month. This constituted about 75% of the total sample. This finding compares well with the distribution of the respondents' family incomes. As mentioned before, most of the respondents were in the poor category. When the wife's income was considered, it was found that their monthly income was about Kshs. 600 per month. Like their male counterparts, they were also regarded as being poor. In simple observation, this poverty phenomenon was evident. Among several indicators of poverty were hungry and malnourished children wearing tattered clothes and living in houses that had leaking roofs.

4.7 Ownership of farms

As would be expected of Kenyan rural residents, majority of the respondents claimed to be owning farms. This constituted 66.7% of the sample. However, 33.3% of the sample did not own farms. This may have included most of those people who had migrated to the area to sell their own labour. Most likely these were the people who had migrated to the Mahroukie factory site had the majority of non-Kikuyu. The sizes of the farms ranged from 1 to 15 acres with an average of about 3 acres. Most farms were 1-2 acres. These statistics suggest that most of those who owned land had only small pieces of land that only allow for subsistence production. The finding reinforces the observations that has already been made that the majority of the respondents were poor.

It was observed that 42.6% of the respondents were growing subsistence crops such as vegetables, maize, beans, sorghum and sugarcane while only 2% were growing crops for sale. The respondents growing both subsistence crops and crops for sale constituted 55.6%. The latter crops comprised of coffee, pyrethrum and tea. Income earned through sale of crops varied from Kshs. 200 per year to about Kshs. 30,000. However, majority of the respondents were earning less than Kshs. 500 per month. Indeed, 61% of the respondents earned less than Kshs. 1,100 per month from the sale of crops.

Ownership of animals like goats and cows was also found to be a wide-spread phenomenon in this region. While about 65% of the sample claimed to own animals, 35% did not own any type of animal. To be sure, 65% of those who owned cattle had 3 or less. For those who owned goats, 77% of them claimed to own four or fewer goats. These observations consisted of peasant farmers who own small pieces of land and keep few animals purposely for subsistence. This point is supported by the fact that majority of the sample (90%) claimed not to own any commercial properties or other assets.

Finally, the study ventured to establish the respondent's total annual family income. This was the respondent's total income from all other sources in addition to his monthly income. These other sources of income were mainly derived from rental houses, kiosks operations, matatu businesses and small scale businesses. Also his wife's annual total income was an additional income to the respondents income. The study showed the mean total annual family income to be Kshs. 36,121 or Kshs. 3,010 per month, the mode was

Kshs. 8,400 annually or Kshs. 700 per month and a median of Kshs. 12,000 or Kshs. 1,000 per month. The categorized income levels revealed that majority of the respondents in the sample earned less than Kshs. 54,000 annually, that is, Kshs. 4,500 per month. The number of respondents who earned less than Ksh. 54,000 annually constituted an overwhelming 94% in contrast with only 0.5% who earned Ksh. 151,400 or more annually or Ksh. 12,500 per month. Table 4.7 illustrates this.

TABLE 4.7 Distribution of total family income

INCOME (Ksh.)	FREQUENCY	PERCENT
151,000 +	1	.5
54,000 - 97,152	4	2.0
10,800 - 151,152	8	4.0
10,800 - 53,952	90	48.0
Below 10,800	95	45.5
Total	198	100.0

Poverty as a socio-economic indicator is a very important variable. As reviewed in the literature, people can accept their poverty situation and make it a way of life (Rogers and Shoemaker, 1957). This phenomenon of poverty will assist in the explanation of adoption of family planning by respondents in the sample. A general observation reveals that poor people bear many children while the well to do get fewer children (Greeley, 1977). As we had speculated earlier, this could be as a result of idleness and lack of knowledge among the lower income groups. Also the fact that children are considered as assets especially among the poor.

4.8 Religious affiliation

The study found that majority of the respondents were Christians (93%). Only 3% were Muslims, 2% were Traditionalists while 2% were pagans. The term paganist in this study is equivalent to atheism. Religious affiliations is an important variable in our study since it is established that it has an influence on family planning adoption.

The study further attempted to desegregate the respondents by their denominations. This was found necessary because for a long time different denominations have varied in their views towards use of modern contraceptives. The Catholics have notably been strong opponents of the modern family planning methods as they only advocate use of natural family planning (Enrilich and Enrilich, 1970). The table below shows that 113 respondents (57%) were Protestants, 57 respondents (28.7%) were Catholics and 15 respondents (7.6%) claimed that they did not belong to any denomination.

TABLE 4.8 Respondents' denominations

DENOMINATIONS	FREQUENCY	PERCENT
Protestants	113	57
Catholics	57	28.7
Do not belong to any	15	7.6
Other	13	6.7
Total	198	100.0

On whether the respondents were active followers of their religions (as measured by the frequency of attending their places of worship), it emerged that 95% confirmed that they were attending their places of worship by then. However, 37% of them claimed that their attendance was not consistent.

4.9 Marriage practices

The finding of this study confirms that most males in the research site were monogamous. About 91% of the respondents had one wife, and only 5.4% were polygamous and they had two wives. Those who had more than two wives constituted 3.6%.

When the respondents were asked to indicate the ideal number of wives for a man, 85% stated that one wife was enough. Only 13% thought two wives were ideal, and 2% felt that three or more wives were ideal.

Various reasons were given by men who wished to be polygamous. Taking the more popular reasons, it was noted that 63% felt that polygamy was not only allowed by culture but that it increased farm labour and enabled better management of the man's property.

When the reasons given to explain the need for more than one wife were further categorized, it emerged that about 62% of the reasons were socio-economic in nature. Some of the socio-economic reasons were: management of the respondents' property, to work in the farm instead of hiring labour and to give birth to many children who would be a source of income. Health related reasons were given by only 17% of the respondents. Some of the health related reasons were: that the first wife had poor health, first wife was barren and that the first wife gave birth to abnormal children. 10% of the respondents claimed that they would marry more than one wife because their culture demands it and 1% of the respondents thought that it was wise to marry more than one wife because there are more women than men in Kenya.

4.10 Family size

The number of children per household ranged from zero to seventeen. Mean children were five while the mode was two. This suggests that on average, the number of children per household was not more than five. The majority of the respondents being poor peasants, five children could impose a heavy burden. Table 4.9 illustrates the distribution of children among the respondents.

TABLE 4.9 Number of children

Number of Children	Frequency	Percent
0	18	9.1
1 - 3	59	29.8
4 - 6	67	33.8
7 - 9	37	18.7
10 +	17	8.6
Total	198	100.0

On whether one had other children outside marriage, 25% of the sample accepted that they had such children.

The number of such children ranged from 1 to 8. However, 92% of the respondents claiming to have such children confirmed that their number was no more than 3. Out of the 49 cases which claimed to have other children outside marriage, 41% confirmed that they were offering some support. Taking into account that the majority of these people were poor, the finding indicates the wide range of financial commitments that face such poor respondents. Also such attachments to issues outside their "official marriage" may be a threat to stability in their families. More so, it was found that 63% of the respondents had dependents other than their own children.

4.11 The value of children

The respondents were also asked to indicate the value of children in their households. A wide variety of reasons were given to indicate the value of children. Such reasons included: future security (32%), provision of domestic assistance (10%), to expand the family line (11%), financial assistance in old age (4%) and other reasons (43%). Table 4.10 attempts to depict this information in a summarized form.

TABLE 4.10 Value of children

REASONS FOR HAVING CHILDREN	FREQUENCY	PERCENTAGE
Future security and inheritance	95	48
Culture related reasons	31	16
Domestic assistance	53	27
Bible related reasons	3	2
Other	16	7
Total	198	100.0

The table clearly reveals that the most popular reason for having children is to ensure future security and for the purpose of inheritance. These reasons attracted almost half of the respondents (47.9%). Lack of well established policies on social security especially for the old, places the need for future security high. Moreover, according to the African tradition, this is what is expected of the children - to take care of their parents especially during old age.

Such socio-cultural values and attitudes related to child-bearing practices should well be understood by planners before introducing any policy (Schram, 1965). Indeed, lack of adequate knowledge about various ethnic groups in Kenya may probably explain the limited success of our modern family planning techniques.

A fairly significant percentage (16) of the sample claimed that children could be a source of labour for domestic use. In poor families which cannot afford to hire labour, children are regarded as a cheap source of the much needed labour. This finding still confirms that the majority of the rural residents in Kenya regard children as a source of income not as a liability (Greeley, 1977). And the finding further partly explains why large families have been popular in the countryside. Unless this attitude is first changed, efforts to raise the acceptance rate of modern family planning techniques may take time before bearing some fruit.

Of those respondents who had children, (152), 95% confirmed that they had children who were in school. Only 5% did not. As has been stated elsewhere, majority of the respondents seemed to bear a heavy burden from their children. A high proportion of parents with school children indicated that among other expenditure patterns, substantial amount of their little income was being spent on school fees. Needless to emphasize here that schooling today demands very heavy expenditure in Kenya. This aside, the study found very few cases of parents who had failed to send their children to school. This indicates the high regard that education is given by rural people. Indeed, education is seen as the only way of improving one's status.

4.12 School attendance

Of the 152 cases which claimed to have children, 95% confirmed that they had children attending school. Only 5% claimed not to have school children. A high percentage of school children indicates a heavy burden to parents. Currently, school expense are numerous and costly. Consequently, most of the parents' income may be spent in meeting such costs.

Cases of children dropping from school seemed to be quite high. Among the reasons given to explain why children were not attending school were that children had voluntarily refused to continue with schooling (57%) and that they were not able to pay school fees (14%). The high rate of dropouts may be explained by the close proximity of the site to Nairobi city. Possibly, the youth drop out of school and migrate to Nairobi where they think there are better job opportunities. To be sure, the high rate of commercialization of various activities within the district in general may not only explain the high drop out rate but also the poor performance of the schools in national examinations can attest to this. For many years, schools within Kiambu district have actually not been doing well. Local leaders have often been very concerned about this state of affairs.

4.13 Mortality rate

When the question of whether any child had died in the past was raised, 72 cases confirmed that they had lost their babies through deaths while 124 claimed not to have experienced the phenomenon. In other words, about 40% of the sample claimed to have lost a child by the time of data collection. This percentage is quite high and may have several implications pertaining to family planning. For instance, where mortality is high, parents have a tendency to produce more children to ensure against losses through child mortality. Consequently, one way of reducing the family sizes is to raise the level of awareness of increased child survival. This can be done through provision of adequate and effective health services such as good quality curative services and immunization services within easy reach of all.

The study attempted to establish the number of deaths among children of different sexes.

Table 4.11 illustrate the same.

TABLE 4.11 Number of children reported dead

Number of deaths	DAUGHTERS		SONS	
	FREQUENCY	%	FREQUENCY	%
1	33	67.3	33	68.7
2	12	24.3	14	29.1
3	2	4.0	0	0.0
4	1	2.2	0	0.0
5+	1	2.2	1	2.2
Total	49	100.0	48	100.0

Out of this sub-sample, 49 of them reported to have lost female children while 48 reported to have lost male children. This implies that 25 cases had lost both. Unlike what would be expected, the mortality rate for both sexes appeared to be the same. However, significant loss of male children in this study is of prime importance because in an African family, sons are more appreciated than daughters and the reasons are cultural (Mbithi, 1989; Gachuhi, 1971; Greeley, 1977; IPPF, 1984).

A notable finding which confirmed the same was that among the respondents who intended to have more children (81 respondents or 40.9%), about 91% wanted between 1-3 male children while 74% wanted between 1-3 female children.

The percentage of respondents who wanted or intended to have children is also alarming considering that they already had an average of 5 children. This also justifies the problem statement that was made earlier to the effect that a population problem exists in the research site. Most of the reasons that were given for male preferences were cultural and security related reasons while for female preferences, it was mainly economic related reasons.

4.14 Size of the ideal household

The study attempted to find out what the ideal household size was to the respondents, the table below shows the finding.

TABLE 4.12 Respondents' perception of ideal family size

No. of children	Frequency	Percent
1 - 3	134	67.6
4 - 6	40	20.2
7+	14	7.0
Other	10	5.2
Total	198	100.0

It is evident that large families were not popular among the respondents although the study has already found large family sizes among the respondents. The implication of this variation is that the respondents' large families were not out of choice. This means that if effective and rigorous family planning programmes are established in the research site, then the high population growth would definitely go down. A few people still leave decisions of family sizes to the supernatural. This depicts a dogmatic religious belief that is still within our communities. About 5.1% of people in the sample left the supernatural to decide on how many children they were to have.

4.15 Modern family planning techniques and the african tradition

It was also the aim of this study to find out whether modern techniques of family planning are against the African culture. In response to this question, about 15% of the sample agreed that the modern methods are not in harmony with their tradition. However, majority of the sample (85%) stated otherwise. Perhaps this harmony is as a result of the fact that the respondents appreciated that the culture has changed and so

should be able to accommodate the modern family planning techniques. Indeed, 20.7% gave this to be the reason, while 39% said that the present society is so commercialized that family planning in the modern sense can only be part of it.

For those who claimed that disharmony existed between the modern family planning methods and their culture, they cited several reasons to explain their stand. About 31% of them gave health related reasons while 28% gave culture related reasons. Others (24%) reasoned that the modern methods promote infidelity while about 10% cited the bible in explaining the contradiction. So family planning agents should bear in mind all these aspects while doing their work for better implementation of programmes. Culture has often been known to be an enemy to modern family planning techniques (Odera, 1981).

The study further tried to establish what the respondents community's attitudes were towards a barren man or woman. This was supposedly going to be very helpful because more often, a community's attitudes influence an individual's decision, whether to adopt a technology or not to. Family planning methods are widely believed to cause infertility and so if the individual knows the attitudes of his community towards infertility, he may be afraid of adopting family planning. About 66% said that a barren woman was considered to have no future and 22% said that she was considered an out-cast and 12% said that such a woman was accepted and prayed for by the community members.

On barren males, approximately 69% said that their communities disrespected such males and considered them poor, and 19% said that barren males were thought of as cursed while 2% said that barren males were accepted by their communities. Thus, our proposition was wrong because the respondents in our sample did not really seem to have been influenced by their communities' attitudes.

4.16 Heads of households

As was expected, the study found out that majority of the households were headed by the males. Out of the 198 cases considered, only 11 of them were not headed by males.

On what kind of qualities fit a head of a household, majority of the respondents (80%) argued that the husband should be the head. Another 7% argued that the head should consist of the man and the wife. This confirms the contents of the literature in this study that men believe that they are the ones who should head the household (IPPF, 1984). Recalling the problem statement, we stated that our society is a male-dominated one and despite the many changes that have been taking place to modify our culture, this traditional belief in male dominance in the family has not changed, and if it has, it is to a very small extent.

As to the issue of who was making major decisions in the family, it emerged that 88% of the decisions were being made by the males.

Only in very few cases were wives allowed to make major decisions. This finding supports the literature reviewed on decision making patterns (Bogue 1968; Greeley, 1977). The finding also has key implications for the success of any policy to be introduced to such households. If the male is the major decision maker, any new policy to be introduced must involve him. This is the justification of our study since men have been relatively neglected in family activities. Family planning services have been female-oriented all along. Neglecting the decision makers (as has been the case) would reduce the probability of achieving success. The best approach would be to consult the decision makers first. If the decision makers are convinced about the benefits of the policy, then they can spread the "news" to the rest of the target population. The emphasis should be on winning the decision makers first.

Despite the fact that men were the key decision makers, they conceded that in so doing, they gave their wives a chance to express their views before making such decisions. This suggests that any new message should be given to the couple rather than to an individual. Promotion of modern methods of family planning should get appropriate social venues for couples where the message should be given. The message should not be given to the individuals in isolation. Home visits are examples at hand though the problem has been that men are also not easily found in homes unless the family planning staff goes in the evening.

4.17 Sources of knowledge pertaining to family planning

While taking into account that there are various sources of knowledge related to family planning, the study aimed at identifying the few that are most popular. It was the finding of this study that 50% of the sample claimed to have learnt of family planning methods from the Radio, TV or Newspapers. Only 30% claimed to have learnt about them from the family planning staff or from a clinic or hospital. Likewise it was noted in the Population Report (1986) that men learn about family planning from their wives, friends or the mass media but seldom from the health care professionals. A table below shows various sources of family planning information.

TABLE 4.13 Respondents sources of family planning information

SOURCES	FREQUENCY	PERCENT
Radio/TV/Papers	99	50
Family Planning staff/ clinic/hospital	60	30
Teachers	2	1
NCKK	1	1
Community Members	21	11
Seminar	5	2
Employer	1	1
Wife	1	1
Show	1	1
Chief's Baraza	2	1
Other	5	2
Total	198	100.0

To date the mass media seems to be the most popular source of family planning message.

Family planning staff visits are not as popular as they should be. One problem of the mass media as a source of knowledge is that it might not be elaborate enough. People may be left with many questions unanswered. It is one-way communication, such a source does not encourage feedback which is very important. This study therefore advocates widespread use of the family planning staff to supplement what is given by the other sources. Out of the 198 cases considered, only 54 of them claimed to have been approached by the family planning staff. Efforts should be made to widen coverage by family planning staff.

Out of the 47 cases that had been approached by family planning staff, 85% appreciated the way the message was delivered. Only 15% disapproved their approach. This finding contradicts IPPF (1984) which mentions lack of proper communication in disseminating family planning matters as one of the greatest obstacles to family planning adoption. All in all, the mode of delivery and the approach used in disseminating family planning information should be accepted by the recipients. The message could be appealing but the approach could be disastrous - leading to limited success. Proper training of all the family planning staff is, therefore, advocated so that they are able to assess a situation and determine the appropriate approach. Needless to emphasize here that different 'social settings' require different approaches and at times different people. This is what should be emphasized in their training. The respondents who claimed to dislike the way the message was delivered complained of personal characteristics of family planning staff

(50%) and of bad approach (40%). This on the other hand supports IPPF (1984) who suggest that majority of actors in family planning are young, inexperienced youth and women whose age and gender disqualifies them from talking about family planning matters. Consequently, the two should be given prominence in the training component of the family planning staff.

For the respondents who appreciated the way the message/topic was introduced, they argued that the message was well explained and hence well understood (42%). Another 15% appreciated the approach while an equal percentage stated that good advise was given by the family planning staff. Another 15% reasoned that family planning staff were well enlightened while 10% liked the presentation of the staff. These findings help us to reveal the basic aspects which should be part of the training given to the family planning staff. Such training should borrow heavily from the above. What should be emphasized is what is appreciated by the target population.

4.18 Visits by family planning staff

Out of the 198 cases considered, only 16 of them claimed to have been visited by family planning staff in the past one year. The number of such visits ranged from 1 to 7. Majority of these cases claimed to have been visited by family planning staff only once. In general, about 67% of the cases confirmed that they had been visited by family planning staff 1 to 3 times. The general picture given here is that such visits are not as

frequent as should be expected if we want to succeed in reducing the national growth rate of our population. Probably, more staff need to be trained to make the policy more effective. Delivery of family planning messages at the "door" of the respondent could be more effective.

4.19 Visits to family planning clinics

To find out the willingness of the respondents to know more about family planning and possibly their willingness to adopt the family planning methods, we also asked the respondents whether they had visited family planning clinics in the past. This was still an attempt to measure our third hypothesis which deals with male exposure to family planning and how it relates to participation. The study found that out of 198 cases considered, 34 of them claimed to have visited such clinics. This made up about 17% of the sample. These are cases which had voluntarily taken some action in a bid to control the size of their families. However, majority of these people claimed to have visited the clinics just once.

Apart from visiting the family planning clinics, 37 cases reported to have attended a course on family planning. The frequency of attendance of such courses was found to be low. The study also sought to know whether the respondents had accompanied their wives to family planning clinics at any one time. The finding of the study was that only 33 of the respondents had accompanied their wives to family planning clinics at any one

time. Consequently, majority of the respondents claimed not to have accompanied their wives to such clinics. Various reasons were given to explain this behavior. A few of them are given here. About 12% claimed not to have the time, 13% said that they had no interest, another 12% claimed that the wife had never made such a visit, others claimed that time had not yet reached for such an accompanied visit while others claimed that they were shy.

4.20 Where information on family planning is sought

As had been mentioned earlier, the mass media was found to be one of the most popular sources of information pertaining to family planning. The study thus found it necessary to establish the number of respondents who were reading news-papers. However, the frequency of reading was found to be low. About 28% of them were reading newspapers between 1 to 6 times a month.

As to whether the readers of newspapers were able to get information pertaining to family planning, 80% confirmed that such information was available. However, the number of times when such information was found was also reported to be low, that is the frequency of finding information on family planning was reported to be low.

Respondents also reported that television and radio provided them with information pertaining to family planning. Such information was reported to be available between 1 to 6 times in a month by 26% of the sample.

The above findings suggest that though the mass media was regarded as the major source of information on family planning, the low frequency of availability of relevant information implies that the source thought to be popular is not adequate. Efforts should therefore be made to make family planning information more readily available to the target population.

4.21 Knowledge about female family planning methods

The study attempted to ensure the level of awareness about female family planning methods among the male respondents. It was observed that such awareness was quite high. Indeed, 83% of the males/respondents reported that they were aware of women family planning method. Several female family planning methods reported known by the respondents included pills, coil, tubal ligation, injection and natural family planning among others. The coil method was the most widely known female family planning method among the males. This finding is important to the study because more often males are assumed not to know the family planning methods and thus taken to be totally ignorant, hence their refusal for their wives to use. The literature has reported that most men know about family planning at least in the few areas surveyed (Population report,

1986; Mburugu and Oucho, 1984). The literature shows that in several studies carried out in other countries, about 90% of men could identify at least one family planning method. So, this is consistent with our finding.

A table depicting the number of female family planning methods reported by the respondents is given below.

TABLE 4.14 Total number of female methods known to respondents

NUMBER OF WOMEN FAMILY PLANNING METHODS KNOWN	FREQUENCY	PERCENT
1	28	14.0
2	28	14.0
3	43	21.8
4	43	21.8
5	24	12.2
Other	32	16.2
Total	198	100.0

As is evident from table 4.14, it emerged that for most of the cases, respondents claimed to be aware of either 3 or 4 women family planning methods. This outcome suggests that males are not as ignorant on issues pertaining to female family planning methods as is at times assumed. Although our family planning campaign have not focused on males, the males' level of awareness is nevertheless quite high. If males are actively involved in family planning packages, their rate of awareness is likely to rise. It is important to take into account that since men are the decision makers in most households,

they need to be aware of the various types of family planning methods at the disposal of their partners in the selection of one among the many available. The males should not only be aware of the methods, they should fully understand them. This is the big challenge for the family planning staff.

4.22 Respondents knowledge of male family planning methods

Similarly, the study measured the level of awareness of male family planning methods among the males themselves. While 166 males claimed to be aware of female family planning methods, slightly lower number of males (161) reported to be aware of male family planning methods. The slight difference can be explained by the country's approach to family planning which has focussed mainly on women. To date, family planning methods in Kenya have been taken as a woman's matter. As has been argued in the literature, very few policies have included men in their packages (Caldwell, 1974). Consequently, men tend to know more about female family planning methods than they know about their own methods. As in the case of female family planning methods, male family planning methods known included: condom, vasectomy, withdrawal, natural family planning among others. Among all these methods, condom was the most popular method which was mentioned by slightly over half (55%) of those who claimed to be aware of male family planning methods. Natural family planning was mentioned by 6% of this particular group while vasectomy was almost unknown, it was infact mentioned by only 2 respondents. However, some respondents mentioned more than one male

family planning method. A table showing the number of male family planning methods known by the respondents is presented here.

TABLE 4.15 Total number of male family planning methods known

NUMBER OF METHODS	FREQUENCY	PERCENT
1	100	50.5
2	45	22.7
3	15	7.5
4	1	0.5
Do not know	37	18.3
Total	198	100.0

The table reveals that majority of the males were conversant with only one male family planning method. This category constituted about 50.5% of this group. A substantial percentage of 22.7 was familiar with two male family planning methods. There were limited cases of respondents who reported to be familiar with over two male family planning methods.

At this juncture, it should be pointed out that despite the widely publicized campaign that has been launched to raise the level of awareness pertaining to family planning, we still have people who know nothing about the methods. In the study's sample of 198 cases, over 30 cases claimed to know nothing about either male family planning methods or female family planning methods. This is an indicator that much more needs to be done for us to achieve success. Creating awareness is the first task while persuading people to adopt the methods is the second and the more difficult task.

4.23 Availability of family planning clinics in the research site

Majority of the respondents (76%) claimed to know of family planning clinics in the area. Only 47 cases which constituted 24% were unaware of a family planning clinic in the area under study. This consisted of people who had nowhere to go even when in need of information on family planning.

An attempt was also made to measure the distribution of the clinics within the area. Of the 151 cases who reported to know of a family planning clinic within the area of study, most of them (43%) claimed that the clinics were between 1 and 5 Kilometres from their places of work. There were very few cases of clinics which were

situated over 6Kms from the respondents' place of work. This shows that people were only aware of the clinic probably because they were located near their places of work.

When the question of whether male contraceptives were available in the clinics was asked, 122 respondents reported that such contraceptives were available. This constituted about 84% of the sample. This implies that most of the family planning clinics are well equipped to cater for the needs of the two sexes.

Of the many male family planning contraceptives available, condom was mostly reported to be available in the clinics. 119 cases reported that condom was the male contraceptive available in the clinics. This suggests that most of the clinics had the condoms as the major male contraceptive available. There were only two reported cases of vasectomy. However, this finding could be as a result of males unawareness of vasectomy. The few key informants interviewed said that condoms were in great demand in the clinics but they also reported that males mostly used condoms to prevent themselves against AIDS and other sexually transmitted diseases but not as a form of a contraceptive method. But still, it should be appreciated that even when a man uses a condom for this purpose, he is unknowingly preventing a pregnancy as well.

4.24 Emphasis of family planning programmes by the government

It was also the aim of this study to find out whether the respondents knew why the government was so concerned with the family planning programmes. Most people generally have the wrong attitudes and reasons for this government's concern. Some think that the government is concerned with individual families rather than the entire national population. For instance, some people have argued that there is no point of controlling their families if they can comfortably afford to maintain them. Such people do not take into account that the government will have to build schools, national hospitals and universities for its population. The government aims at reducing population growth in order to increase economic growth and thus elevate the welfare of individual families.

The study assumed that those respondents who took it personally were likely not to participate in family planning, this will be brought out more clearly in the next chapter. At this stage we shall describe the outcome of our respondents opinions on why the government emphasizes family planning. The table below shows this.

TABLE 4.16 Why the government emphasizes family planning

REASONS/OPINIONS	FREQUENCY	PERCENT
Reasons focussing on individual (e.g to be able to clothe and feed, education, health etc	20	10.2
Reasons focussing on national level e.g budgeting for the Nation	71	35.8
Both national and individual levels	94	47.5
Other	13	6.6
Total	198	100

The table shows that 20 respondents (10.2%) had reasons focussing on the individual level, such reasons were that the government wanted families to be able to support their children in form of better food, education and health. Government-focussed reasons had 71 respondents (35.8%) and these were reasons such as: "the government wants to be able to manage the population financially. Nearly 48% of the respondents gave reasons which focussed both on the individual and government levels, and 6.5% could not think of any reason.

4.25 Use of modern family planning

As had been stated when we were operationalizing concepts in this study, both direct and indirect participation in family planning are to be considered. Thus, apart from being aware of the available family planning methods, an attempt was made to find out whether the respondents were using any family planning method at all. The finding of the study is that only 33% of the sample claimed to have used modern methods of family planning. This percentage (33%) is quite high taking into account that most family planning programmes do not focus on males.

This suggests that if efforts were made to include males on family planning programmes, a higher rate of adoption can be achieved. On the other hand, 67% of the sample reported not to have used any modern family planning methods at all.

Various reasons were given by the 67% of the sample who had not used any modern family planning method at all. About 18% of these cases argued that the wife was using one of the methods, 13% reported that men are not supposed to use the modern family planning methods, while 17% claimed not to be interested. Other minor reasons were given as well.

For the 65 cases which confirmed the use of modern family planning methods, they specified various methods that they had used. As had been mentioned earlier, 57% of these cases reported to have used condoms, 32% claimed to have used natural family planning while about 4% reported to have used withdrawal method. So, condom is the most popular contraceptive and as pointed out earlier, it should be noted that majority of the men who use condoms, use it for other intentions other than preventing a pregnancy. For instance, during the data collection, we noted that condom use was very popular at Mabroukie village where the workers were not living with their wives. The workers who had some informal discussions with us admitted that they used condoms on prostitutes and other women. It was noted that no male had used vasectomy method at all. In other countries, we learnt that population growth rates were brought down mainly through the use of this method, Population Report (1986). Reasons should be sought to explain why vasectomy method is unpopular. Such a move should be made before persuading males to adopt the method.

Of the 65 cases which confirmed having used modern family planning methods, 16 of them reported having stopped using the methods. Only 49 respondents were actively using modern family planning methods during the period of interview. This constituted about 75% of the 65 cases. The 16 cases which had stopped using the methods gave several reasons as an explanation. 37% of the cases claimed that the wife had adopted a method, 13% reported that the wife had reached menopause, 25% reported that they lived separately with their wives while 25% reported that the method that they had been using was tedious.

Apart from the reason that the respondent stopped using the method because it was tedious, other reasons given sound convincing and realistic. This suggests that most men have valid reasons why they stop using modern family planning methods once they adopt them. However, efforts should be made to make men aware of a variety of the modern methods so that they can change from one method to the other especially when one proves to be tedious as claimed by the respondents.

4.26 Use of birth control methods by wives

Use of birth control by the respondents' wives was a measure of indirect participation. The study therefore sought to know whether the respondents' wives were using modern family planning techniques. Contrary to the expectation, only 50% of the sample confirmed that wives were using modern family planning methods. The remaining half reported otherwise, that is, the wives were not using the methods. This was the case despite the active campaign

that has been launched to persuade women to adopt the methods. Infact one would have expected the women adoption rate to have been higher than 50%. One probable reason is that women fear adopting a method without their spouses' approval. In the sample survey conducted by Mburugu and Oucho (1984), it was found that 87% of the men in the survey sample discouraged use of contraceptives by their wives. This calls for a review of the present family planning programmes focussing on women.

The respondents gave several methods that were being used by their wives. Such methods included: pills, coil, tubal ligation, injection and natural family planning methods. The pill and natural family planning methods were found to be the most popular methods among the women. This seemed to contradict the views advanced by nurses who indicated that depo-provera was the most popular method. According to them this is because depo provera was easier to use and handle and also easy to use without the knowledge of a disapproving husband. The coil was the least popular method which had only 11% of the respondents' wives using it. Reasons should be sought to explain why some modern family planning methods were so important among women.

4.27 Involvement of men in family planning programmes

Out of the 198 cases considered, 40% believed that men have been involved in family planning programmes. The remaining 60% disagreed that men have been involved in family planning.

For those who agreed on male involvement, they named three major ways of involvement which are: through chiefs' barazas (32%), through plays (30%) and through the mass media (9%). Other minor methods of involving men were also reported. These methods included public media and clinics.

When the question of the level of involvement was raised, 76% indicated that male involvement was moderate. Low level involvement was reported by only a few people. This was even after we had cleared the misunderstanding between the concept of awareness and involvement. We had earlier on observed that respondents equated awareness to involvement. Involvement requires much more than just creating awareness. It requires that discussions be held to explain the methods and an attempt be made to persuade people to adopt the methods. Mere mention of the methods in a chief's public meeting should not be interpreted as involvement.

4.28 Conclusion

This chapter shows that respondents in the sample were characterized by poverty though majority of them had some formal education. Although the study focussed on rural men who are believed to be traditional-oriented, apparently, respondents in the sample were not very traditional as measured by indicators such as: respondent's religion, number of wives, perception of children by the respondent and their attitudes towards barrenness. The study shows high level of awareness about modern family planning techniques though the actual adoption of modern family planning methods by the respondents was low. Lastly, the data show low involvement of men by the family planning staff although majority of the respondents thought that they were being involved adequately.

CHAPTER FIVE

THE RELATIONSHIP BETWEEN SOCIAL-CULTURAL FACTORS AND

MALE PARTICIPATION IN FAMILY PLANNING

This chapter deals with a higher level of data analysis including testing of hypotheses. Such measures as contingency coefficient and chi-square will be used in drawing out the strength of associations among variables that are used to test the hypotheses. The significant level limit set for this study is 0.05%. A detailed explanation of the uses of the statistics has already been given in chapter 3.

5.1 Socio-economic background of the respondents and their participation in the family planning programme.

5.2 Leadership.

The study uses different socio-economic variables in measuring the hypotheses. Leadership is one of these variables. It is worth noting that leaders are important in influencing acceptance of any new technology. Leaders, especially in rural Kenya are among the early adopters of any innovation. They are also the ones used to convince their followers on the advantage/disadvantages of a new technology. Change agents communicate through leaders before they trickle down to the rest of the community. Leaders are thus very important in the communication process. The study that was conducted in Indonesia showed that village head officials had a big impact on the success of the family planning programme (Warwick, 1986). Villages where leaders showed reluctance offered low participation rates while it was the reverse in those villages whose leaders participated actively in the family planning campaign.

This variable is of particular interest to this study which focusses on men. Most leaders in our society are men and it would be useful to establish their adoption rate. The assumption is that if a male leader does not use or allow use of family planning by his wife, then it will be difficult to trust him to educate others on the use of family planning.

Accordingly, the study found it useful to establish whether leaders (who are usually used as change agents) use modern family planning methods.

Table 5.1 Use of modern family planning and whether respondents are leaders or not.

USE OF MODERN FAMILY PLANNING	WHETHER A LEADER					
	YES		NO		TOTAL	
	No.	%	No.	%	No.	%
YES	7	21.8	25	78	32	100
NO	58	34.9	108	65.1	166	100
TOTAL	65	32.8	133	67.2	198	100

$X^2 = 1.53$ with 1 df significant level = 0.3166 and contingency coefficient = 0.1

Out of the 198 cases considered, 65 of them constituted of leaders and of the 65 leaders considered, only 7 of them were using modern family planning methods. The overwhelming majority (58) were non - users.

On the other hand, there were 133 cases of non - leaders who constituted 67.2 % of the sample, 25 of them were users of modern family planning methods, while 108 were not. These findings suggest that though a higher percentage of non - leaders used modern methods of family planning, the difference in usage is minor.

However, the relationship between leadership and usage of modern family planning methods emerged to be insignificant. In addition, the relationship between the two was found to be weak as measured by the contingency coefficient ($C = 0.1$). This finding shows that, the fact that one is a leader or not has little or no influence on the acceptance and use of modern family planning methods. Rural leaders seem not to have accepted and internalized the message pertaining to the modern methods of family planning. This is an indicator of how far we are in spreading and convincing the rural folk of the need to control family sizes using the modern family planning methods.

5.3 Level of education and use of modern family planning methods

An attempt was made to establish whether the level of male education influenced their use of modern family planning methods. Table 5:2 presents the findings of this study.

**TABLE 5.2 Use of modern family planning by respondents'
Education**

EDUCATION LEVEL	EVER USED MODERN FAMILY PLANNING					
	YES		NO		TOTAL	
	No.	%	No.	%	No.	%
LOWER PRIMARY	11	31.2	17	60.8	28	100
UPPER PRIMARY	21	33.8	41	66.2	62	100
SECONDARY	28	39.4	43	60.6	71	100
UNIVERSITY	2	50	2	50	4	100
TOTAL	63	37.2	104	62.8	165	100

$\chi^2 = 0.89$ with 4 df and a significant level of 0.9254

$C = 0.07$

Of the 167 valid cases considered, majority of them (104) claimed not to have used any modern family planning at all. Only 63 confirmed having used the methods. This suggests that use of the methods by males is still quite low. About 31 respondents had no education.

Unlike what would be expected, the level of education did not seem to be a strong predictor of the use of modern family planning methods. For the three major categories of education, that is, lower primary, upper primary and secondary the number of non - users outnumbered the users of the method. Of the 28 male respondents who had acquired lower primary level of education, 17 (60 %) of them were non - users. The percentage of non - users was 66 and 60 for the upper primary

and secondary level of education respectively. Hence, despite having attained a given level of education, the numbers of non - users at a given level was higher than that of the users.

Further, the study reveals that the relationship between the level of education and use of modern family planning method was not significant at an acceptable level. Consequently, we conclude that other factors exist which significantly influence the use of modern family planning methods apart from education. Moreover the relationship between level of education and use of modern family planning was found to be a very important factor to adoption of family planning. Educated people are easier to communicate to about a new technology because they are also less traditional-oriented. Educated people will in most cases not enter into early marriages because of their desire to complete studies, thus, they will look into ways of preventing unwanted pregnancies, in this case family planning methods. Therefore, contrary to our findings, the educated people have always been assumed to be active participants in family planning (Adefunke, 1981). The finding in this study however, concurs with that of Oyeka (1989) which showed no relationship between adoption of family planning and education among female teachers in Nigeria. Uneducated people are also assumed to be agricultural oriented and due to demand for child labour, they will therefore not be inclined to limit their family sizes. This is because, in an agricultural peasant society, children are an asset used for domestic assistance. This fact will be evident when we later discuss the respondents perception of children.

However, it was interesting to find a high significant relationship between the husband's level of education and use of family planning methods by their wives. This means that men are not opposed to use of family planning in general but surprisingly they themselves don't like using the methods. As we observed in the previous chapter, most men do not use family planning methods because their wives are already on a method. Also most men dislike the available methods because they are tedious to use. Data pertaining to the relationship of husbands' level of education and use of family planning by their wives is the subject of Table 5.3

TABLE 5.3 Husband's level of education and use of modern family planning methods by the wife.

HUSBANDS'S LEVEL OF EDUCATION	WHETHER WIFE USES MODERN FAMILY PLANNING METHODS					
	YES		NO		TOTAL	
	No.	%	No.	%	No.	%
OTHER/Don't know	1	50	1	50	2	100
LOWER PRIMARY	9	36	16	64	25	100
UPPER PRIMARY	23	38.9	36	61.1	59	100
SECONDARY	44	70.9	18	29.1	62	100
UNIVERSITY	4	100	-	0	4	100
TOTAL	81	53.3	71	46.7	152	100

$$X^2 = 25.96 \quad df = 3 \quad \text{Significant level} = 0.001$$

$$C = 0.4$$

data in Table 5.3 shows that the level of husbands education tends to influence the use of modern family planning methods by the wife. Indeed, for the three key education categories, there were more users than non - users. Of the 150 husbands who had some education, slightly more than a half of them (53.3%) confirmed that their wives were users of modern family planning methods. The relationship between husband's level of education and use of the methods was significant at 0.001%. Thus the relationship was significant at almost a 100% level of confidence. Similarly (Mburugu and Oucho, 1984) and Gachuhi (1971) found illiteracy an obstacle to family planning practices. Efforts to educate men may thus be a positive move towards achieving success in the use of family planning methods. Illiteracy among men is therefore an obstacle to the success of the family planning objectives which should therefore be controlled.

The relationship between level of husbands' education and use of the modern family planning methods by their wives was also found to be strong. Use of modern family planning methods by wives is a variable used in this study to measure indirect participation of the respondents. The value of C was 0.4 suggesting a strong relationship between the two variables.

5.4 Marital status and use of modern family planning methods

It is a popular belief that in Kenya, the issue of family planning is mainly a concern for those who are married and those with families. The introduction of modern family

planning methods especially when done indiscriminately has been a controversial issue in the country. When one "school of thought" supports the adoption of the modern family planning methods by anybody who is sexually active (including school girls and boys), the other "school of thought" opposes the advocacy of the methods to everybody. The Church in Kenya is very concerned and opposes the introduction of the methods to the youth or to those who have no family to plan for.

The fact is that the youth form about 50% of our population and about 35% of children born in the world are born by children. The UN estimates that youth population in Kenya will have increased from 2.9 million in 1980 to 7.8 million in the year 2000 representing an increase of 149.1% (UN, 1982 68-175)

What is important in terms of fertility limitation strategy is that while most of these young people do not even attend secondary schools where they could at least be introduced to human anatomy and reproduction, 71% of them marry while still under the age of 20, without even knowing anything about their bodies and especially about human reproduction (Gachuhi (1975).

Married men formed 92% of the study sample. This was not intentionally done during sampling but it just happened that most of the respondents were married. Of the 65 users of modern family planning methods, majority of them were married (63). This suggests that usage of modern family planning methods among the unmarried is not

popular. This is partly because family planning programmes have focussed on the married couples and rarely on potential parents.

However, despite the high percentage of users who were married, the relationship between marital status and usage emerged to be insignificant and weak. The weak relationship existing between the two was significant at 19.8% level suggesting a high risk in prediction. We conclude therefore that marital status does not necessarily influence adoption of family planning. The strength of the relationship was measured $C = 0.14$.

5.5 Respondents' total family income and use of modern family planning

Total family income was also used to test the relationship between socio-economic status and use of modern family planning methods by the respondents. Total family income included all income earned by the whole family both from their wages and from any other sources. The subject of income and adoption of family planning is controversial just in the same way the youth issue is. Some people feel that if they have enough wealth, they need not adopt family planning. This is because, they feel that they can comfortably support their families. So it is commonly believed that rich people should have many children. For some, poor people should have many children. Poor people are justified to have many children to act as economic assets and security during old age. Gachuhi (1971) notes that continuity and wealth was acquired as a

ult of marrying off daughters and hence the fathers obtaining enough wealth to get
ves for their sons. Similarly, Mamdani (1973) shows why it would be disastrous to
actice family planning in most villages. In an agricultural peasant economy, children
pecially sons are a major asset, with them there is at least a chance for prosperity.
t at the end of it all, these many children who are assumed to be assets become
conomic burdens.

he study's interest was to establish whether respondents total family planning
ncome is related to adoption of family planning. The table below shows the data.

Table 5.4 Respondents total family income and use of modern family planning methods.

TOTAL FAMILY INCOME	USE OF FAMILY PLANNING METHODS					
	YES		NO		TOTAL	
	No.	%	No.	%	No.	%
Below 10,800	29	32.2	61	67.9	90	100
10,800 - 53,952	30	31.5	65	68.5	95	100
54,000 - 97, 152	5	50	5	50	10	100
98,000 +	1	33.4	2	66.6	3	100
TOTAL	65	32.8	133	67.2		198

$$X^2 = 3.3 \text{ df} = 3 \text{ significant level} = 0.5075 \text{ C} = 0.1$$

The table above indicates that respondents families in this study were relatively poor. It is observed that 45% earned less than Ksh. 10,800 annually. 93% of them earned below Ksh. 54,000 annually and only 2% earned Ksh.98,000 and above annually. Of the 65 users, majority of them (59) earned less than Ksh. 54,000 annually.

The relationship between respondents total annual income and use of modern family planning was not significant. It was significant at 50.7% and $C = 0.12$ which shows a weak relationship. We therefore conclude that income does not necessarily influence adoption of family planning . Factors other than income exist which affect respondents practice of modern family planning.

5.6 Cultural beliefs and male participation in the family planning programmes

5.6.1 Religion

In general, religion has been shown to exert some influence on people's behavior. Religion may in fact dictate the way things should be done or specify some restrictions on one's behavior. With this in mind, the study attempted to relate male's behavior in regard to use of family planning methods and their religion. Different religions have different attitudes towards family planning. Our communication theorists suggest that we have to understand the communities cultural backgrounds before imposing foreign technologies. Schram (1965) and Odera (1981) show the importance of cultural understandings of any society. We have to understand the various religions that make up a particular community. For instance, in the traditional African beliefs, it would be abnormal to take "medicine" when one is not sick. Thus an African man may not understand why the wife has to take a pill every day when she is not sick (Gachuhi, 1971). At the same time an African man may not understand why he should discuss such matters as family planning with his wife.

Since Christians are made of Protestants and Catholics, a family planning agent has to understand that the only acceptable family planning method among the Catholics is natural family planning (IPPF, 1984). The Muslims are not known to have any restrictions for or against family planning methods. Table 5.6 presents data pertaining to the relationship between religion in general and use of family planning.

As would be expected, majority of the respondents were Christians. Out of the total sample of 198, 184 or 93% of them were Christians. This corresponds well with the national figures which show that Christians out-number members of all the other religions.

Christianity as a religion did not seem to have any influence on the use of modern family planning methods. About half of the Christians claimed to be users while the other half was composed of non-users. Figures for the other religions were too small to warrant much attention.

The relationship between religion and use of modern methods was not significant at an acceptable level, it was found to be 0.50%. Consequently, we conclude that there is high risk of making an error in assuming that there is a relationship between religion and male adoption of family planning. Religion per se does not significantly influence the use of modern methods by men. The study further established that religion did not significantly influence the use of modern family planning methods by respondents' wives. Moreover, relationship between religion and use of modern family planning methods was found to be very weak as measured by the value of C which was 0.05.

Further, the study attempted to analyze the relationship between methods adopted by the respondents and their denominations. This is the subject of the table below:-

Table 5.5 Denomination and type of family planning method used by the respondents

DENOMINATION		PILLS	COIL	TL	INJECTION	NATURAL FP	TOTAL
Protestants	No.	24	2	6	12	10	54
	%	44.4	3.7	11.1	22.2	18.5	100
Catholics	No.	5	3	1	2	15	26
	%	19.2	11.5	2.8	7.7	57.6	100
others	No.	1	-	3	1	1	6
	%	16.6	-	50	16.6	16.6	100
TOTAL	No.	30	5	10	15	26	86
	%	34.9	5.8	11.6	17.4	30.2	100%

$\chi^2 = 27.23$ $df = 10$ significant at 0.024 $C = 0.5$

It is evident that there was a strong relationship between religious denominations and use of specific family planning methods which is at 0.02 % less than 0.05 % set for the study. C was 0.5 suggesting a strong relationship. It is therefore right to conclude that denomination has a lot of influence on choice of family planning method used.

Of the 26 Catholics in the sample, 15 were using Natural Family planning and this is because the other methods of family planning are not socially supported.

5.7 Culture and use of modern family planning

The unique way of life of a given community (culture) is thought to influence the acceptance and use of modern family planning methods. It is assumed that if the modern methods of family planning tend to be against people's accepted way of life, then their efficacy can highly be doubted (Molnos, 1972). Thus the study attempted

to examine how the respondents perceived the modern methods in relationship to their culture. Socio - cultural values have been known to affect reproductive behaviour (Adefunke, 1981). For instance, a man with many children was very much respected in an African community and this means that if somebody still holds these values, then it would be difficult to convince him to limit his family size.

Some people feel that modern family planning is against their culture and this is why family planning has been received with indifference especially in the rural areas. Data relating to respondents views on whether modern family planning is against culture and use of modern family planning methods is presented in table 5.6.

Table 5.6 Cultural beliefs about modern family planning methods.

USE OF FAMILY PLANNING METHOD						
MODERN FAMILY PLANNING METHODS AGAINST CULTURE	YES		NO		TOTAL	
	No	%	No	%	No	%
YES	8	26.7	22	73.3	30	100
NO	57	33.9	65	66.1	111	100
TOTAL	65	32.8	133	67.2	-	100

$X^2 = 1.12$, 1 df significant at 0.5673 $C = 0.08$

Out of 198 respondents interviewed, 30 of them (15%) confirmed that the modern family planning methods were against their culture. The remaining 168 reported that they were not against it. This suggests that the high rate of non-use of the modern family planning methods was not due to a conflict between the methods and people's culture. Other non-cultural factors must therefore be operational which discouraged the male respondents from adopting the modern family planning. These results do not conform with those of Gachuhi (1971), Mburugu and Oucho (1984), Greeley (1977), Odera (1981), Adefunke (1981) and others who have argued that conflict between traditional values and modern values are the main obstacles to the process of adopting family planning. However, this study concurs with that conducted in Nigeria which showed that decision to have more children is not influenced by culture (Oyeka, 1989).

Of the 65 users of modern methods, only 12% claimed that the methods were against the culture. Otherwise, majority of the users reported a non-conflicting situation between the two variables in question.

After the test of significance, conflict between people's culture and their adoption of the modern family planning methods did not seem to significantly influence the use of the same methods. The relationship between the two was also found to be weak. The same variable (culture) did not significantly influence use of the same methods by wives. The later relationship was significant at 56.723 % level high above the set limit for this study. These findings suggest that other permanent factors exist that significantly influence the use of modern family planning methods by both husbands and wives.

5.8 The value of children and use of family planning.

In the traditional culture, children were highly valued due to the many roles they were expected to play. Children were seen as future security (Gachuhi, 1971). They were seen as continuity of family line, source of cheap labour and a source of wealth (Gachuhi, 1971; Greeley, 1977; IPPF, 1984). Viewed this way, it therefore becomes self-explanatory to justify why having large families was seen as an ideal goal. It is in this connection that the study attempted to relate the present value attached to children and use of modern family planning methods. The table below contains data relating to the two variables.

TABLE 5.7 Value of children by use of modern family planning methods

USE ANY MODERN FP METHODS?						
VALUE OF CHILDREN	YES		NO		TOTAL	
	No.	%	No.	%	No.	%
Future security	33	34.7	62	65.3	95	100
Culture related reasons	9	29.0	22	71	31	100
Biblical related reasons	0	-	3	100	3	100
Domestic assistance	16	30.2	37	69.8	53	100
Others	6	40	9	60.0	15	100
TOTAL	64	32.5	133	67.5	197	100

$\chi^2 = 12.438$ with 4 df at 0.053 significant level $C = 0.2$

From the above table, it emerges that the most popular value of children is in "assuring" future social security and the domestic assistance they give to their parents. This suggests that the value of children is largely due to their economic contribution to the parents. Only about 31 cases (16%) of the sample attributed a culture related value to their children.

The relationship between value of children and practice of modern family planning methods was found to be significant at an acceptable level of 0.053 % which is our set limit. We conclude that the practice of using modern family planning methods is significantly influenced by the value of children as perceived by the parents. The strength of the relationship was such that Contingency coefficient was 0.2 suggesting a fairly strong relationship.

The results conform to the views of the reviewed literature suggesting that, even with the time that has elapsed since those various studies were carried out, parents' perception of value of their children has hardly changed.

An attempt was made to find out whether the sex of ones children influenced use of modern family planning methods. This was being tested taking into account that in the traditional culture, male children are expected to inherit the "wealth" of the parents. In Kikuyu tradition for example, women were not allowed to inherit property such as land and cattle besides other assets.

A study carried out in Nigeria on "influence of the number of living sons on contraceptives" showed that women with no living sons were least likely to have ever practiced modern contraceptives. Contraceptive use increased with number of living sons (Oyeka, 1989). In the light of this fact, we sought to establish the respondents' family planning behavior in relation to number of boys they had. The information relating to these two variables is shown in table 5.8.

Table 5.8 Number of boys the respondents has and use of modern family planning

NUMBER OF BOYS	USED ANY MODERN FAMILY PLANNING					
	YES		NO		TOTAL	
	No	%	No	%	No	%
1	5	35.7	9	64.3	14	100
1 - 2	15	45.5	18	54.5	33	100
3 +	1	7.1	13	92.4	14	100
TOTAL	21	34.4	40	65.6	61	100

$\chi^2 = 4.89$ with 2 df significant at 0.1796 $C = 0.3$

In general, the study found that out of the 187 cases considered, only 61 cases (33%) confirmed having a male child hence most families were without male children.

Of the 61 cases with boys, majority (77%) had less than 3 boys.

Of the total 61 respondents with boys, only 34% were using any family planning methods. Otherwise, the remaining 66% were non-users. This suggests that a moderate relationship exists between the presence of male children and family planning behavior. The relationship was however considered insignificant because it was at 17.9%.

thus, the data analysis in this study shows that the presence of boys in one's family was a poor predictor of use of modern family planning methods contrary to various literature. For instance, (IPPF, 1984) shows that due to fear of family extinction, African couples will prefer to have many children especially sons to continue the family name. Sons are also believed to be better for future security because in an African setting, a son would not leave the homestead when he married unlike the girl who would leave home and get married elsewhere. Parents believed that the sons would take care of them during old age.

The strength of the relationship as measured by C was 0.3. We therefore conclude that the number of boys in a man's family did not significantly influence his decision to use or not to use modern family planning methods, although the strength of relationship between these two variables was fairly strong.

Further, the study also confirmed that the same independent variable (number of boys in one's family) did not significantly influence the use of modern family methods by the wife. The relationship was found to be significant at 49.87% which suggests a high risk of making an error in prediction.

5.9 Male exposure to family planning information and their

participation in the programme:

For people to know and understand about family planning, a lot of information and education has to be disseminated to them (Gachuhi, 1972; Rogers, 1972). The family planning staff must vigorously involve the men in the family planning activities.

The communication theory suggests that communication must make itself heard against competition (Rogers, 1972). Use of posters, chiefs' barazas, films and videos are all important for demonstration purposes.

The service should be within easy reach and it should be affordable. Poor transportation system has in the past acted as an obstacle to adoption of family planning, (Nturibi, 1986; Mburugu and Oucho, 1984).

Based on this background, the study attempted to measure males' exposure to family planning programmes and their family planning practices. Exposure leads to awareness and awareness leads to adoption. So we shall briefly relate exposure to awareness because all are important processes of communication. Then we shall try to relate exposure to the actual adoption.

5.10 Existence of family planning clinic within the neighbourhood and awareness of male methods

One of the problems that we face especially in the rural areas is that health facilities are far removed from people. This means that people have to travel very long distances to get the services. This is not cost - effective in terms of both money and time. In some instances, the clients have to travel the whole day and leave their children unattended. A man will find it difficult to send the wife for a whole day for family planning services when she is actually not sick.

vasectomy and tubal ligation procedures are referred to the bigger health centres where surgical kits are available but the problem has been the long waiting periods involved. In the course of the write-up of this study, the researcher was attached to a family planning organization where such problems were observed. In the process of waiting for a permanent method, the couple gets a baby and this goes on and on. Therefore, availability of health facilities within easy reach is an important factor in passing knowledge and eventually facilitating adoption of a method (Gachuhi, 1972; Dondi, 1980; Rogers, 1972; Population Reports, 1986 and Nturibi, 1986).

Table 5.9 Distance (kilometres) away from a family planning clinic and awareness of male methods.

DISTANCE AWAY FROM A FAMILY PLANNING (Kms) FP CLINIC	KNOW OF ANY MALE FP METHOD					
	YES		NO		TOTAL	
	No.	%	No.	%	No.	%
0	71	93.4	5	6.6	76	100
1 - 5	58	89.2	7	10.8	65	100
6 - 10	5	71.4	2	28.6	7	100
11 +	2	66.6	1	33.4	3	100
TOTAL	136	90	15	10	151	100

$X^2 = 7.42$ df = 3 significant at 0.115 C = 0.2

As would be expected, most respondents who were a few kilometres away from a family planning clinic confirmed that they knew of at least a male family planning method. To be sure, of the 76 respondents living within the neighbourhood of a family

anning clinic, 71 (93%) of them confirmed that they knew of at least one male method. This percentage was 85 for those living between 1- 5 kilometres, away from family planning clinic. This finding suggests that family planning clinics are fairly effective in creating awareness especially among those living near them. Increasing the number of clinics especially in rural Kenya may eventually raise male awareness in modern family planning methods for them.

In the sample of this study, most of those who reported to be living near a clinic were from Mabroukie village where workers have a health facility at the clinic. This clinic is funded by the Family Planning Private Sector whose information, education and communication (IEC) is very effective. Thus, the workers living in the company premises are quite aware of family planning.

Despite the above observations, distance away from a family planning clinic did not significantly influence males knowledge of modern family planning methods as can be seen in table 5.11. In addition, the relationship between them was also found to be relatively weak, that is, $C = 0.2$. We therefore conclude that other predictors exist which significantly influence awareness among males of modern family planning methods.

5.11 Distance from the respondents' residence or place of work to the clinic and use of modern family planning methods

Just like it was important to measure the relationship between distance to the clinic and awareness, the study also found it important to measure distance against actual adoption of family planning. Table 5.10 explains the outcome

Table 5.10 Distance from the respondents residence or place of work by use of modern FP methods.

DISTANCE (KMS)	WHETHER RESPONDENT HAS EVER USED FP					
	YES		NO		TOTAL	
	No.	%	No.	%	No.	%
0 (WORKING PLACE)	31	40.7	45	59.3	76	100
1 - 5	25	38.5	40	61.5	65	100
6 - 10	5	62.5	3	37.5	8	100
11 AND OVER	-	-	1	100	1	100
TOTAL	61	40.7	89	59.3	150	100

$X^2 = 0.3$ df = 3 significant at .567 C = 0.1

The Table shows that there were only 150 responses. The missing 48 observations were from the respondents who did not even know whether there was a family planning clinic around them. Of the 150 respondents, 76 (51%) of them had the clinic in the premises. These were mainly the Mabroukie staff. However, even for those who were not from Mabroukie, the distance to the clinic was not so big because it ranged between 1 and 14 kilometres.

relationship between these two variables was found to be insignificant as is seen in table 5.12 and the strength of the relationship was also weak ($C = 0.1$). The conclusion to be drawn is that there are factors other than distance which influence the option of family planning by men. These factors need to be identified and studied.

5.12 The role of family planning staff in creating awareness

The family planning staff are expected to act as change agents in their areas of operation. They are expected to deliver messages on modern family planning to their clients. The study attempted to measure their effectiveness by relating awareness among the males and visits by family planning staff. Data pertaining to these two variables is presented in table 5.11.

Table 5.11 Respondents response to whether he was approached by FP staff and number of male methods known.

EVER APPROACHED		TOTAL NO. OF FP KNOWN.				TOTAL
		1	2	3	4	
YES	No.	29	14	4	0	47
	%	61.7	29.6	8.5	-	100
NO	No.	73	31	11	2	117
	%	62.3	26.5	9.4	1.7	100
TOTAL	No.	102	45	15	2	164
	%	62.2	27.5	9.2	1.2	100

$X^2 - 0.97$ with 3 df, significant at 0.8091

$C = 0.078$

From the table, it emerges that irrespective of whether one had been approached by family planning staff, the majority of the respondents claimed to know only one male family planning method. Out of the 164 valid cases, 102 (62%) claimed to know only one male family planning method. Another 27% claimed to be aware of only two methods. Only about 10% knew of three and four male methods. To this extent, we can conclude that more effort is still needed to create awareness on the existing male family planning methods among the males themselves.

Table 5.11 also reveals that the family planning staff had not managed to approach the majority of the respondents considered. To be sure, of the 164 valid cases, only 48 (29%) of them claimed to have been approached by family planning staff. This implies that the majority of those who were aware of the male family planning methods had learnt of them from a different source. Consequently, it can be argued that despite the rigorous campaign that the government has launched, it has not been able to deliver the message to the people via personal contact. Much of what has been learnt by the majority has been through the mass media. It should be born in mind that personal contact as a technique of delivery is more effective than the mass media and is normally associated with a higher adoption rate. Therefore, efforts should be made to intensify personal contacts in delivering the message on family planning especially among the illiterate and semi-illiterate people living in rural areas. This observation was also made by Mburugu and Oucho (1984). They found out that for most of their respondents, family planning knowledge was obtainable from friends

did not from family planning educators. It should be noted however that whether one had been approached by family planning staff or not, did not affect the number of male family planning methods known to the respondents. The relationship between the two variables was also found to be insignificant. Other factors seem to be at play which probably influenced knowledge on the number of male family planning methods known to respondents.

Some studies have explained why family planning agents are unpopular with the communities. Some of the behaviour of the agents of family planning are not desirable and they do not deserve to be family planning educators (IPPF, 1984). For instance it is common to see field educators who are very young advising an old couple, and this may not be acceptable to the community. Some of the women employed by the family planning organizations are divorced or still unmarried at old age and this may not reflect the model woman in the family planning communication.

It was further observed that home visits by the family planning staff had some impact on awareness on male family planning methods. Out of the 47 respondents who have ever been visited by family planning staff, 48 (89%) of them claimed to be aware of the methods. Only about 10% of those visited claimed not to be aware of the methods.

13 Attendance of a course and use of modern family planning

methods

Involving men in family planning courses and seminars is another way of promoting awareness among them and making them feel that family planning is not only for women but for both sexes. Alienation of men from the family planning activities has to a very great extent discouraged their participation in family planning activities (MOH, 1986 and Population Report, 1986). In this study we also observed that most men did not think that it was important for them to use contraceptives to control fertility. In the case of use of condoms, most of the respondents admitted that they used this contraceptive method in order to avoid sexually transmitted diseases. 40% of the respondents excused themselves on grounds that their wives were using a method.

It is therefore very important to measure whether males have been involved through courses or seminars and then try to establish whether this variable is related to the adoption of family planning practices. This is what table 5.12 is trying to explain.

ble 5.12 Number of times respondents have attended a course or seminar and use of family planning methods

NUMBER OF COURSES ATTENDED	USE OF MODERN CONTRACEPTIVES					
	YES		NO		TOTAL	
	No.	%	No.	%	No.	%
0	44	27.3	117	72.7	161	100
1	13	52	1	48	25	100
2	2	66.7	1	33.3	3	100
6	1	100		-	1	100
TOTAL	65	32	138	68	198	100

$X^2 = 13.7$ df = 4 significant at 0.01% C = 0.3

The above table shows that out of the total sample, the majority of the respondents (80%) had never been involved in a family planning course or seminar. The results of the table supports the literature in this study, that males are rarely involved in family planning activities (IPPF, 1984; Caldwell, 1974; Population Report, 1986 and MOH, 1985).

The relationship between number of times the respondents had attended a course and his practice of family planning method was found to be significant at 0.01%. This suggests about 99% confidence level. Moreover, the strength of the association between these two variables was found to be strong as measured by C = 0.3. We therefore conclude that the relationship between the variables in question is statistically significant and strong.

5.14 Male knowledge and practice of family planning

Knowledge about a technology is important. In the adoption process, awareness or knowledge of a technology is the essential initial stage.

From the literature review, it was evident that most men command knowledge of family planning and have favourable attitudes towards it. The first question that comes to mind is whether men are ready to use family planning methods given their high level of knowledge.

This is the subject of the table below:-

Table 5.13 Use of modern FP methods and knowledge of male contraceptives

KNOWLEDGE OF AT LEAST TWO FP METHODS						
USE OF ANY FP METHOD	YES		NO		TOTAL	
	No.	%	No.	%	No.	%
YES	64	39.8	97	60.2	161	100
NO	1	2.8	35	97.2	36	100
TOTAL	65	32.9	132	61.1	197	100

$$X^2 = 16.56 \text{ with } 1 \text{ df significant level at } =0.001 \text{ C} = 0.3$$

It can be observed from the table that the majority of the respondents knew and used modern family planning methods. Of the 197 cases responding, 82% of them (161

cases) confirmed that they knew of at least two male methods during the time of the interview. Only 18% claimed not to know of the same.

In terms of current use, 65 cases (33%) reported that they were using at least a modern family planning method at the time of the interview. The remaining 132 cases (57%) were non-users. This finding seems to reflect what is happening in rural Kenya where the majority are known to be non-users of the modern methods of family planning despite the rigorous campaign that has been launched by the government and other non-governmental organizations.

An interesting finding that emerges from the table is that almost all cases of the modern methods confirmed that they knew about the methods. This goes a long way to confirm the observation that people must be made aware of the methods or any new innovation/technology before adopting it. Like we had mentioned earlier, according to this model, awareness of the innovation must precede adoption.

The relationship between knowledge and use of modern methods of family planning was significant. The relationship was significant at 0.01 %. The hypothesis that knowledge of male methods determined the use of the method can therefore be accepted.

Further, the relationship between the two variables was found to be strong as the contingency coefficient was 0.3.

The results show that if more efforts were put towards educating men about family planning methods and how they work, the adoption rate would rise. The results of this study also show that men know and favour family planning. The study therefore support previous literature (see Population Report, 1986; Kimathi, 1989) and Mburugu and Oucho, 1984). It can therefore be concluded that men shun family planning matters because most of them lack information about them.

Similarly, the study examined the relationship between knowledge of male family planning methods and use by their wives.

Table 5.14 Knowledge of any two male family planning methods and use by their wives

KNOWLEDGE OF FP METHOD	DOES THE WIFE USE FP METHODS					
	YES		NO		TOTAL	
	No.	%	No.	%	No.	%
YES	83	57.2	62	42.8	145	100
NO	7	20.6	27	79.4	34	100
TOTAL	90	50	89	50	179	100

$\chi^2 = 15.405$ Significant at 0.005

C = 0.3

The table shows a high level of awareness of family planning methods by men, and this concurs with the findings in the literature. Out of the 179 cases considered, 145 (81%) of them knew of at least two male methods. Out of this figure 83 respondents confirmed that their wives were using modern family planning.

The relation was significant at an acceptable level (0.05%) and the X^2 was quite big (15.40). The relationship was also strong measuring at $c = 0.3$. We therefore conclude that dissemination of knowledge about family planning is an influencing factor to adoption.

5.15 Men's knowledge about female and male family planning methods.

It was also the aim of this study to find out whether knowledge of male family planning methods correlated with knowledge of female family planning methods. It was important to ascertain whether men's knowledge of male methods of family planning enhanced knowledge of female methods because this has important implications for effectiveness of contraceptive use.

5.15 Mens' knowledge about both female and male methods.

KNOW OF MALE FP METHODS				
KNOWLEDGE OF FEMALE FP METHODS		YES	NO	TOTAL
YES	No.	152	8	160
	%	95	5	100
NO	No.	12	24	36
	%	33.3	67.7	100
TOTAL	No.	164	32	196
	%	83.7	16.3	100

$X^2 = 82.35$ 1 df significant at 0.001% $C = 0.9$

While 160 men confirmed knowledge of women family planning methods, the corresponding figure for those who knew of men family planning methods was 164. Consequently, it appeared that men were almost equally knowledgeable about male and female family planning methods. In general, the majority of the respondents were knowledgeable about family planning methods for both sexes. To be sure, while 84% of the respondents knew of male family planning methods, 82% knew of the female methods.

The relationship between knowledge of male family planning methods and those of the female was both strong and significant at 0.001% level. Accordingly, it is suggested that men's knowledge of male family planning methods also determined their knowledge about the same for the counterparts. This may be explained by the

fact that in most cases, knowledge about the methods for both sexes is obtained from the same sources. Both male and female family planning methods are usually introduced at the same time. As such, knowledge of female methods probably necessitates knowing of the male methods. The relationship emerged to be strong the value of C was 0.8. This suggests that the strong association between knowledge of male and female methods of family planning is likely to lead to increased adoption of contraceptives.

5.16 Summary

Analysis of the relationship between the variables of interest in this study show that quite a number of the variables were related at insignificant and weak levels as measured by different statistics. This suggests that there were many other factors other than the predicted ones which influenced the dependent variable (participation). However, the relationship between knowledge and participation emerged to be both significant and strong.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS.

This chapter presents the summary and conclusions of the analysis in this study. The implications of these results are also discussed. The study objectives was aimed answer a few sociological questions through four main hypotheses stated below:-

1. Socio-economic background of the males influences their participation in the family planning programme.
2. Cultural beliefs influence male participation in the family planning programmes.
3. Lack of male exposure to sources of information about family planning affect their participation in the programme.
4. Males who are well informed about family planning practice family planning more than those who are not well informed.

6.0 SOCIO-ECONOMIC BACK-GROUND AND PARTICIPATION OF MALES IN THE FAMILY PLANNING PROGRAMME.

The 198 respondents in the study included 32 respondents who were opinion leaders, representing 11% of the total sample. Data analysis show that the relationship between leadership and male

6.0 Socio-economic back-ground and participation of males in the family planning programme.

The 198 respondents in the study included 32 respondents who were opinion leaders, representing 11% of the total sample. Data analysis show that the relationship between leadership and male practice of family planning is both weak and insignificant. The role of leadership in the family planning campaigns have already been reviewed (Warwick, 1986).

Leaders are expected to be role models to the rest of the community. Their attitudes towards and practice of family planning will have significant effects on the members of the community. Therefore, they can help facilitate knowledge and use of family planning.

Most of the respondents were literate. In this study, only 17% of the sample was illiterate. The relationship between the respondents' level of education and their practice of family planning was found to be weak and therefore the conclusion was that education does not influence male use of family planning.

This means that, giving formal education to males is not what is important in influencing them to use family planning methods. What is more important is thorough education on how male methods work.

However, there was a significant and strong relationship between male's level of education and use of family planning by their wives. This confirms the previous findings, that, men favour female family planning practice (Population Reports, 1986). They are however against male use of contraceptives. This could partly be due to the fact that they have been alienated from the family planning programmes for long and partly because of the myths surrounding the use of family planning methods. Thus male methods are unpopular. Those who use condoms are believed to be having extra marital affairs while those who may opt for vasectomy will be said to have undergone castration. Vasectomy is still a new concept to the majority of Kenyans, even the family planning staff have occasionally been found to discourage potential users.

The major gap is the fact that probably most men know about male methods but they can not be said to necessarily understand these methods. Teaching of male methods should therefore ensure understanding. This is why we suggest that such teaching be done in a classroom setting where examination on understanding can be administered.

The study sample was characterized by poor people. The majority (94%) of the families had an income less than Ksh. 900 per month. We saw that there is a school of thought which believes that poverty makes people have large families because of the economic benefits attached to children. Our findings have shown that children were considered as assets. No wonder the family planning adoption rate was also found to be very low. Only 33% of the men had ever used family planning methods in this sample and only 8% of

them were using it at the time of the research. It can therefore be deduced that the men in this study shunned family planning in order to have large families. Use of family planning by their wives was considerably higher. 50% of the men indicated that their wives had used family planning methods. One of the reasons given for male's failure to continue family planning was the unsuitability of their methods. Female methods of family planning are many and this offers a greater latitude of choice among them.

The relationship between respondents annual family income and use of modern family planning was found to be both weak and insignificant. This means that poverty alone cannot affect use of family planning methods.

6.1 Cultural beliefs and male participation in family planning practices.

The study found that very few men thought that modern family planning was against their culture. This means that most people acknowledge the fact that the society has changed and modern family planning is compatible with the present society. This also shows change in attitude among people over the past years.

The test of significance between conflict of culture and adoption did not emerge to be significant or strong. Unlike previous studies where culture - modern family planning conflicts prevailed, this study depicts a different society where people have accommodated the dynamics of social change. Therefore the present study has filled a

research gap because up to date modern family planning is believed to be in conflict with people's culture. The study was conducted when there were serious economic strains including high unemployment rates, shortage of land and high rate of inflation. Such economic stress definitely influences people's opinions on family size. This is probably the reason why the study did not find the culture to be in conflict with modern contraceptives.

Family planning organizations spend a lot of money trying to establish programmes which are supposed to fit in culture of the people. Such monies could be used in establishing other better programmes which could help eliminate more serious barriers to family planning.

The relationship between the value of children and practice of modern family planning was significant at 0.05%. Man's perception on children is therefore seen to influence male adoption of family planning greatly. This means that certain perceptions either facilitate or inhibit family planning use among men. The family planning staff should therefore try to identify such perceptions so that they can tackle them accordingly.

In this study, presence of boys in the respondents family did not seem to influence their adoption of family planning. This was not in harmony with the previous studies which showed a strong relationship between these two variables. Whether a family had boys or not, this made no difference in adoption of family planning.

This means that slowly, parents are realizing that children of both sexes are equal.

6.2 Male exposure to family planning activities and how it influences participation.

The study found out that distance to the family planning clinics did not significantly influence males knowledge about family planning methods. This means that presence of clinics within easy reach is not the only method of involving men in the family planning activities. For men to be better informed on family planning, they have to interact face to face with the family planning staff. The government spends a lot of money building many clinics so that people can utilize them conveniently. In other fields, such moves have been found useful but in this particular study, more needs to be done than just trying to have family planning clinics within easy reach.

Men need to get involved through face to face contacts with the family planning staff. Such contacts were found to be few in this study. Out of the 198 cases considered, only 16 of them confirmed to have been visited by the family planning staff. The number of such visits ranged between 1 and 7 and the majority of them said that they had only been visited once.

The family planning staff were found ineffective in disseminating knowledge about family planning since 50% of the respondents claimed to have received information pertaining to family planning through the mass media. As was mentioned severally in the previous chapters, mass media communication is ineffective for it does not allow two-way

communication. One-way communication does not evaluate the understanding level of the respondents.

The majority of the males in this study had never attended a course before. It was observed that 161 out of the 198 respondents had not been involved in a family planning course, training or seminar. This explains why male rarely adopt family planning methods (Caldwell, 1974; IPPF, 1984).

The relationship between the number of times the respondents had attended a course and practice of family planning was significant at .015%. Those men who had attended a course/seminar/workshop before were likely to adopt a family planning method. This means that courses are very effective educational tools.

6.3 Males knowledge about modern contraceptives and their participation in family planning programmes.

Finally, the study found a strong relationship between respondents knowledge about family planning methods and their adoption rate. Similarly, there was a strong relationship between awareness of the family planning methods and use of family planning by the respondents' wives. This means that most men would practice family planning if they knew and fully understood the methods fully.

6.4 Recommendations

6.4.1 To family planning organizations.

Leaders should be involved in family planning training/courses or seminars so that they can fully understand the workings of the male family planning methods. The leaders could be good agents in erasing the existing myths about male family planning methods especially vasectomy.

Such courses or workshops should be held regularly. As we have seen, repetitive messages are a prerequisite to good communication. Use of satisfied clients is another way of convincing men that they can use their family planning methods. For instance, a man who has already undergone vasectomy may be more effective in convincing other men that the method has no side effects.

Family planning organizations should discourage excessive use of money in programmes whose aim is to eliminate cultural barriers. Whereas we are not saying that such programmes are completely useless, it is good to take into consideration that most people are no longer traditional in their cultural orientation. An example of such a programme is the folk media. Folk media is an approach whereby the community is used to pass information on the context of its culture rather than depending on an outsider (Nturibi, 1988). To a large extent, people have outlived their traditional culture and they are trying to accommodate new ideas. Such programmes should not therefore be given much attention.

The family planning programmes should increase home visits as a strategy to net men. This is because men do not visit family planning clinics even when they are in close proximity to their homes as they take these clinics to be for women.

On the other hand, family planning organizations should think of starting male clinics so that men can get involved . Male clinics could offer a good atmosphere where counselling on male methods could be done.

The capability and activities of the family planning field educators should be reviewed thoroughly to find out where the problems and loopholes are. Past studies have shown that sometimes the field educators have undesirable personal backgrounds which discourages the men from taking them seriously.

Promotion of family planning campaigns towards men must be intensified because male motivation has proved an area of great potential. It is evident that those men who knew about family planning methods were also using them.

6.4.2 To policy makers.

Responsible parenthood and detailed education on all family planning methods should be integrated with formal education. Such education could be started in secondary schools where boys are more mature and ready to receive such information. This will be one way of teaching our youth about the dangers of casual sex and also how their bodies function.

By teaching them the facts about family planning, such a programme would ease the work of family planning staff. In this way, the youth will have enough time to receive and internalize the information.

6.5 Recommendation to researchers

1. Since this study was limited to a small area, we recommend that a larger sample covering the major regions in Kenya be carried out in order to make generalizations meaningful and acceptable.
2. A study should be conducted to find out the most effective family planning staff in educating males about family planning. Factors to take into account in such a study could be gender, level of education, marital status and age among others.

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APPENDIX 1

Interview schedule

Questionnaire structure

Good morning/afternoon:

I am a student from the University of Nairobi currently undertaking an M.A. Degree programme in the Department of Sociology. I am conducting a study on male participation in family planning. This study has the support of the office of the president and your cooperation will be greatly appreciated for the accomplishment of this task. Be rest assured that any information you give will be treated confidentially.

Thank you.

Research site: _____ Date: _____

Serial No: _____

Name of respondent: _____

Tribe: _____

State whether you are a leader of any group: _____

A. Socio-economic status

1. Age: _____
2. Marital status: _____
3. Have you had formal education? Yes ____ No ____
4. If yes, state your education level _____
5. Present and past occupations:

<u>Occupation</u>	<u>Years held</u>	<u>Place</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Economic status

6. Your monthly income: _____
7. Does your wife work? 1. Yes ____ 2. No ____
8. If yes, state her monthly income: _____
9. Other sources of income: _____
10. Do you possess a farm? (1) Yes (2) No

11. If yes, what is the size of the farm? _____
12. What do you grow in your farm? _____
13. How much do you get for the sale of your crops per month?

14. Do you own animals in your homestead? (1) Yes (2) No
15. If yes, how many? Specify each type:
(1) Cows _____ (2) Goats _____ (3) Others _____
16. How much income do these animals offer you per month?

17. Do you own any commercial properties?
(1) Yes ____ (2) No ____
18. If yes, state which ones _____
19. Do you possess a vehicle? (1) Yes ____ (2) No ____

20. If yes, state which types of vehicles you possess:

21. State the type of main house in which you live: _____

22. State the total Net Income per month: _____

B. Cultural beliefs

23. What is your religion? _____

24. Do you go to church/mosque? (1) Yes ___ (2) ___

25. What is your denomination? _____

26. If yes, how many times do you go to church/mosque?

_____ (1) Once a week

_____ (2) Daily

_____ (3) 1-3 times a month

_____ (4) Seldom

27. How many times do you pray?

(1) Daily _____

(2) 1-3 times a week _____

(3) 1-3 times a month _____

(4) seldom _____

(5) Never _____

28. How many wives do you have? _____

29. How many would you like to have? _____

30. If more than one, explain why? _____

31. How many children do you have? _____

32. Do you have any other children outside your current marriage/relationship? (1) Yes ___ (2) No ___

33. If yes, how many? _____

34. In which way are the children useful to you? _____

35. Do your children who are of school age attend school?

(1) Yes ___ (2) No ___

36. If no, why not? _____

37. Are there any other children who were born alive but died?

(1) Yes ___ (2) ___

38. If yes, How many? ___

(1) Boys ___ (2) Girls ___

39. Are you intending to have more children?

(1) Yes ___ (2) ___

40. If yes, how many? (1) boys ___ (2) girls ___

41. Give reasons for your answer to question 40: _____

42. What do you think should be the average number of children for a couple in this area? _____
43. Give reasons for your answer to question 42: _____

44. In your community, if a man had no children, how was/is he looked at? _____

45. How was a barren woman looked at? _____

46. What is your opinion towards the above attitudes of barrenness? _____
47. Do you think that the modern family planning methods are against your community's culture?

48. Are you the head of your family? _____

49. If you are not a head of your family, who is? _____
50. According to your own view, what type of person should be head of your family? _____
51. Why? _____

52. Who makes major decisions in your family? _____

53. Do you give each other a chance during making of these decisions?

54. Are there any other people/relatives depending on you for livelihood? 1. Yes _____ 2. No. _____
55. If yes, how many? _____

C. Respondents contact/exposure with sources of information about family planning

56. From whom did you first hear of family planning? _____

57. a) Has any of the family planning staff ever approached you about the subject of family planning?

1. Yes ___ 2. No ___

b) If yes, Who? _____

58. If the answer is Yes, did you like the way the topic was communicated to you? 1. Yes ___ 2. No___

59. Why? _____

60. How many times has the family planning agents visited you over the past one year? _____

61. How many times have you ever visited a family planning clinic?

62. How many times have you ever attended courses or seminar where family planning was being discussed?

State:	<u>Place</u>	<u>When</u>	<u>How long</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

63. Have you ever accompanied your wife for a family planning attendance or counselling? Yes ___ No. ___

64. If no, why not? _____

65. If yes, how many times have you ever accompanied her?

66. Do you read Magazines, books or pamphlets or posters?

67. If yes, how often? _____

68. Have you ever found information in them about family planning?

69. If yes, how often? _____

70. Which Radio/Television programs do you listen to? _____

71. How frequently have you found information in them about family planning? _____

D. Information on Family Planning

72. Do you know of any methods that women use to delay conception?

1. Yes ___ 2. No ___

73. If yes, which methods? _____

74. Do you know of the male methods of family planning?

1. Yes ___ 2. No ___

75. If yes, which methods? _____

76. Do you know of any family planning clinics in this area?

77. If the answer is yes, which clinics?

<u>Name of clinic</u>	<u>Place located</u>	<u>How far from your place of work/ residence</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

78. Are there male contraceptives in these clinics?

1. Yes ___ 2. No ___

79. If yes, which ones? _____

80. Why is family planning adoption very much emphasized by the government? _____

_____ (give reasons)

E. Respondents participation in the family planning programmes

81. Do you approve or disapprove of delaying or preventing a pregnancy?

1. Approve _____ 2. Disapprove _____

82. Why in either case? _____

83. Have you ever used any methods of family planning?

1. Yes _____ 2. No. _____

84. a) If yes, which years? _____

b) Which methods? _____

c) Are you still using this method? Yes __ No __

85. If no, why did you stop using the method? _____

86. Does your wife use any method of birth control?

1. Yes _____ 2. No _____

es, which ones?

you disapprove/approve the use of family planning by your
e, relatives and friends?

pprove _____ 2. Disapprove _____

y in either case? _____

re men in your area been involved in family planning
gramme? 1. Yes _____ 2. No _____

es, how? _____

Section to be answered by Leaders only

a leader, what would you say is the extend level of
olvement of males in the family planning programmes?

93. Give reasons for your answer to question 92.

94. Give suggestions as to what you feel should be done to improve male involvement in the family planning activities:

(Thank you for your cooperation and patience during this interview)

