Gender Relations and Utilization of Family Planning Services in Nyang'oma Division, Bondo District

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ABSTRACT

Family planning and reproductive health care research and interventions in Kenya tend to place more emphasis on women than men. In this paper we explore the gender relations and utilization of family planning services in Nyang'oma Division, Bondo District. Qualitative data was collected using open-ended interviews. Quantitative data were obtained with the help of a questionnaire. The interviews revealed that a significant number (71%) did not discuss with their partners the use of family planning services. Those who had discussions with their partners were mainly single women. The results reveal a trend towards increased uptake of modern contraceptives in Nyang'oma. However, most women are covert users because their decision-making process is still largely controlled by men.

INTRODUCTION

Family planning and reproductive health care research and interventions in Kenya have tended to place more emphasis on women than men. Many social scientists and policy makers dealing with fertility issues have devoted most of their attention to women. According to Roudi (1996), men's involvement in family planning - either as users of male contraceptives or as supportive partners of female users - has largely been ignored by family planning program planners and service providers. Gender inequality remains a major barrier to family planning and for most women in Nyang'oma Division it undermines their right to enjoy optimal health and reproductive rights and freedom. This community-based study has shown that the majority of the households in the study area are headed by men who make major decisions that affect women's reproductive health.

Family planning service providers target mostly the women in family planning campaigns. This can be shown by the fact that most women access information on family planning services through pre- and post-natal clinics. This information hardly reaches male partners who largely control the decision-making process.

Men and women in Nyang'oma do not usually make joint decisions regarding the utilization of family planning services. The reason for this is gender-power imbalance which is deeply embedded in the local culture. Communication between women and their partners on family planning issues is relatively limited.

Also, many married couples in the study area do not share the same fertility preferences and attitudes towards family size. Usually, the desired number of children and their gender have a significant influence on contraceptive use although these preferences are not always explicitly articulated but rather acted out in subtle ways.

OBJECTIVES OF THE STUDY

The objectives of the study were four-fold:

- Determine whether family planning agencies focus on women alone or on both men and women.
- Investigate the extent to which men and women make joint decisions on family planning issues.
- Assess how a woman's status affects her access to and utilization of family planning services.
- Describe the community's perceptions and beliefs about children and the influence of such a perception on the utilization of family planning services.

METHODOLOGY

This study was conducted in Nyang'oma Sub-location, Nyang'oma Division of Bondo District, Nyanza Province. Bondo district is along the shores of Lake Victoria and covers a total area of 1,069 km. Nyang'oma sub-location has 23 villages with an average of 77 households per village. This study used the KEDAHR project framework which consists of 7 villages (Kadero, Kanyandiri, Karateng, Duka, Wawaye and Wayendhe). According to the Siaya District Development Plan of 1989 from which Bondo District has been curved out, the district had a total population of 66,811 persons in the 1989 census, and the figure was projected to increase to 96,108 persons by the year 2001, an increase of 3.1% per annum.

METHODS OF DATA COLLECTION

During the data collection process, quantitative and qualitative methods were used. Given the sensitivity of the subject under investigation, a multi-dimensional approach to data collection was considered necessary. The study utilized the qualitative techniques in the first phase and a quantitative technique in the second in order to gain a comprehensive understanding of the issues involved.

Qualitative data were collected using in-depth or open-ended interviews with key informants, who included community based distributors, health workers, opinion leaders and hospital staff. Reproductive health-related narratives were also obtained through interviews with selected persons in the study area who shared their experiences about their reproductive lives.

Key informant interviews were held with people who were perceived to be knowledgeable in reproductive issues, family planning agencies, role of women in society, decision-making in the household and the traditional societal set up.

Non-participant observation was used to capture the process of social interaction within the household, how men and women relate in different situations and how decisions on various reproductive issues are made. The

research paid attention to details in daily life, some of the basic cultural aspects which were either vaguely perceived or unnoticed by the informants were captured. Essays by school children were used to gain some understanding of how they perceive family planning services in the community.

Focus group discussions were also used to gather qualitative information. They systematically provided answers to research questions that emerged during the interviews. Finally, a short questionnaire was designed for a total of one hundred respondents who included 20 married men, 20 married women, 20 single mothers, 20 adolescent and unmarried girls and 20 adolescent and unmarried boys.

BACKGROUND INFORMATION

Issues of fertility and family planning tend to be jointly discussed in the literature perhaps with justification. Fertility is the most crucial demographic variable in population dynamics. This is because fertility is usually the variable to be "regulated" and family planning provides the means with which to do so (Alando, 1992).

Family Planning programmes in Kenya have tended primarily to address the individual mother with information on how she should limit the number of children to just those that she can support. However, the focus on the mother alone is misleading since she relies on support from a much larger network of friends and relatives. This is primarily because she is not alone but her life is embedded in gender relations and extended family networks. This means that the social and cultural context of reproductive behaviour and choices is one that incorporates the views of relatives and friends. She rarely makes family planning decisions in isolation.

The overall situation of women and changes in gender relations are important for an adequate understanding of the utilization of family planning services. Women and their situation cannot be studied in isolation. The social relations between men and women that are shaped partly by the societal structures, cultural ideas and institutions and partly by the actions and practices of people in their daily lives influence choices that women make concerning the use of family planning services.

Gender relations are socially and culturally produced and reproduced. They are also dynamic. Silberschmidt (1991) observes that the relations between men and women and the way they manifest themselves within the household shows some gender imbalance where men tend to be favoured in all cultures. It is within the households then that various aspects of gender relations find expression.

FINDINGS

Commonly used modern contraceptives

The majority of respondents interviewed were at least aware of one or more methods of family planning. The most commonly known methods were pills, injection, Norplant® and sterilization. Most of the respondents did not see the condom as a family planning method but as a device that was used to protect against sexually transmitted infections. In a study conducted to monitor ODA and SIDA contraceptive supply projects in Kenya (Options, 1997), condoms are not

popular among married women owing to their fears that they will be accused of marital infidelity It was found that condoms are rarely offered as a method of contraception except to adolescents and single men and women, in which case, they are the only method offered. In cases where condoms are offered to married women, they are mainly offered as a back-up method of contraception when a preferred method cannot be immediately commenced. The data in Table 1 show the types of contraceptives commonly used.

Table 1: Types of contraceptives used

Contraceptive Method	N	%
Pills	30	42.9
Injection	20	28.6
Norplant®	15	14.3
Sterilization	15	14.3
Total	**80**	**100.0**

Source: Field data, 2000.

Data collected in the field show that married women were mostly using the pills (71%) while single women preferred the injection (69%). This disparity was investigated in the focus group discussion. It was revealed that married women mostly used pills because these were within easy reach. The pills can be acquired from community-based distributors (CBDs) on one's way to fetch water or firewood. CBDs are the main source of oral contraceptives in the study area. This helps women gain access to pills without the risk of being stopped by the husband if she were to travel to a health facility for supplies. Adolescents and single women are restricted in their choice of contraceptives since providers only offer condoms as a contraceptive method.

According to the ODA monitoring study (Options, 1997), respondents also highlighted a number of problems with services at government family planning services. These included prolonged waiting time, overcrowded clinics which often jeopardised privacy and a lack of staff time. Opening times were also restricted to morning hours only. The distance to the nearest government health facility also was a hindrance. The nearest health center is about 15 kilometres away and one has to arrange for transport by a bicycle.

The use of IUDs is uncommon and their availability is restricted in Nyang'oma. This is primarily because they are supposed to be inserted by staff preferably working in a health care facility and partly because of the fear of pelvic infection. In Nyang'oma, women's access to a full range of modern contraceptive methods is limited.

Single women in particular, preferred the injection for a variety of reasons. They argued that people did not expect them to be involved in sexual relations since they are not married. They also reported that the community-based distributors tended to ask them too many questions and would gossip about them with other villagers. They preferred the injection to ensure privacy because the injection is only given by a facility-based qualified family planning staff who is usually a stranger to the client and will not talk about her contraceptive choice. The other thing that helps with privacy is that the records about the injection remain at the clinic unlike the pill which they have to take home. Furthermore the

injection lasts a period of three months which reduces the frequency of FP clinic visits. Some of them said they had to lie that they were married before they could access contraceptives.

The pills are associated with a lot of inconveniences. One of the inconveniences relates to the fact that the community based distributor is someone who knows almost everybody in the village and therefore can leak the information. There is no privacy as there is no secret between two people. With the pills, a woman can forget to swallow or even the place where she had hidden them away from her partner.

The young respondents aged 13-17 years preferred condoms to all other methods as depicted in their essays. They obtained them mainly from the shops at a cost of ten shillings for a pack of three. They preferred those from the shops because the shopkeepers don't ask questions. They also considered the condoms from the shops to be of higher quality than those given free at the government health facilities and by the community based distributors. The free condoms were considered to be poor quality likely to burst during use. There were also rumours that free condoms were laced with the deadly HIV.

Most condom users had complained that these condoms were too weak and loose, and therefore liable to fall off or get stuck inside. There were also rumours that free condoms had "large pores" that allowed HIV to be transmitted. Some people also believed that donor countries provided these condoms to encourage the spread of HIV/AIDS so that "population control" could be achieved much faster through high mortality rates. The younger respondents reported that they used the condoms with girls other than their girlfriends to protect themselves from HIV infection. Their own girlfriends counted and relied on the safe days. They maintained that sex was not enjoyable with a condom. Condoms prevented intimacy that is considered important in sexual intercourse.

Other contraceptive methods used were sterilization and Norplant®. The Norplant® was very popular but only a few people had access to it because the procedure of inserting it requires a qualified health worker with better facilities. All the clients seeking to use the Norplant® in the study area were referred to Kisumu City some 150 kilometers away from Nyang'oma. The cost of transportation together with the possibility of the information leaking to the spouse were given as some of the disincentives.

Sterilization was also popular but most women interviewed intended to go for it after getting one more child. Most of these women were not using any method at all. The women who wanted to be sterilized were referred to district hospitals which made it difficult for them to use the method if they intended to do it without informing their partners. However, this study did not come across any male or female partner who had opted for sterilization.

Discussion among men and women about Family Planning

The interviews revealed that a significant number (71%) did not discuss with their partners the use of family planning services. *"It has not been very easy to sit down and discuss family planning with one's*

partner especially in the traditional set up as this is a strange phenomenon" (Alando, 55 years old).

The data in Table 2 show the extent to which partners discuss family planning issues. Only a small proportion of the respondents (29%) admitted to holding family planning discussions with their partners. These were mainly single women. Those who discussed did so with partners who were mostly their lovers. Among this category of respondents, several issues were involved in negotiating relationships. There was usually the issue of what the woman would get in return for her sexual services. If money was involved, then the cost was different if a condom was used, or if the woman was using any contraceptives and/or she was suffering from any sexually transmitted disease. If she was not sick and was using contraceptives, the partner would opt not to use the condom.

Table 2: Discussion of the use of Family Planning Issues between spouses

Discuss	N	%
Yes	10	28.6
No	30	71.4
Total	**40**	**100.0**

Source: Field Data, 2000

The study found that single women were at an advantage in protecting themselves from Sexually Transmitted Infections (STIs) as they were more likely to negotiate with their partners about condom use. Lack of communication about reproductive issues puts married women at particular risk of contracting STIs from their husbands and also of getting unwanted or unplanned pregnancies. Thus, even though condom use serves both to prevent STIs and pregnancies, they are not popular among many married women who fear that if they insist on them, they will be accused by their husbands of being unfaithful. And since women community based distributors tend to empathize with this view, they find it difficult to promote condom use among married women. Only very few married women (5%) reported that they sometimes discuss contraceptive use with their spouses.

All of these women have secondary level education and formal employment. But none of them had any control over the use of condoms. This decision was always made by the husband which suggests that communication between husbands and wives is very limited though it is one of the most important factors associated with adoption of family planning practices. Significantly, most of the discussions about contraception were initiated by women in a very pro-active manner but the decision-making process is controlled by men who are much less knowledgeable about female-based contraceptive methods. There is a strong belief held by many men in the study area that women who use contraceptives are "morally loose" and more likely to "misbehave" because they are relatively free from the burden of frequent pregnancies and child care responsibilities.

Molnos (1968) asserts that attempts should be made to improve communication between husbands and wives in matters of sexual behaviour, conception, contraception, childbearing and desired number of children. She

observes that in societies dominated by men and masculine values, the motives and attitudes held by men should be very carefully considered in the promotion of family planning services. Women's limited decision-making power and lack of effective communication between them and their partners has led to the tendency of women discussing issues relating to family planning and child bearing among themselves.

Many married women who were interviewed said that they discussed contraceptives with other women particularly friends and relatives. It was from such discussions that some women got information about various contraceptive methods and began to consider the possibility of using family planning services and the range of methods available. Group discussions and other informal networks were also a major influence over the type of contraceptive a woman would eventually use. Most married women interviewed also reported that on visits to the clinic, staff would discuss family planning with them. Staff would target these women when they come for antenatal and postnatal care. Women were approached with advice on family planning when they were still pregnant or had already given birth. This finding is consistent with Raikes' (1990) observation that women discussed family planning with other people apart from their own spouses or in-laws. As a result, a large number of women used contraceptives without the knowledge of their partners. The study further revealed that this secrecy is due in part to the poor communication between spouses, male prejudices against women and their perception about women who use contraceptives.

A deliberate attempt was also made to find out from the teenagers where they acquired their knowledge of family planning. Most youth (61.0%) knew about family planning from friends, media and teachers in school. A few (9.7%) had acquired family planning knowledge from health centers and community based distributors; but most of these came from families where at least one of the family members was working as a community based distributor or a health worker/nurse. The youth preferred friends (29.3%) and media (29.3%), because they did not expect questions as to why they were interested in family planning methods. The health centers asked questions, because they handled family planning as an issue which youths should not venture into unless they are married. Whilst the youths appear to know about the use of condoms among others, it is pertinent to note that both the government and family planning agencies seem to assume that these services are for married couples. Consequently, widespread pre-marital sex is practiced without protection, as is evidenced by the high rate of pregnancies.

Another interpretation is that the use of condoms has encouraged pre-marital sex; but this cannot be assessed, because earlier quantitative baseline data is non-existent.

From the male focus group discussions, men expressed their fears of modern family planning methods. Their fear was mainly due to limited information about family planning

methods. They indicated that family planning agencies had not explained to them the chemical composition of what is usually dispensed. They believed that contraceptives are linked to many illnesses which women often complain about because they suspect that many women use contraceptives secretly. They claim that certain health conditions such as recurrent headaches, uncontrollable blood flows, fatigue and loss of weight or sudden increase in body weight were not common before modern family planning methods became available. They were therefore concerned that their wives could be using these methods without their knowledge or consent. To all the men in these groups, many children are still desirable because "they make a man become a real man."

Ideal number of children

All respondents were asked how many children they thought were ideal in a family. Ndege (1991) points out that the desired family size, or desired completed fertility is an important indicator of the respondent's desire to use family planning services. Table 3 presents findings on the responses.

Table 3: Different age groups' perceptions of ideal number of children

Age Group (Years)	N	Mean Number of Children desired
13 – 25	35	3.0
26 -38	40	5.0
39 – 51	25	7.2

Source: Field Data, 2000

From Table 3, the mean ideal number of children increases with age from 3.0 children among women aged 13 - 25 years, to 7.2 among women aged 39 to 51 years. In the focus group discussions of teenage girls, it emerged that most girls preferred two to four children in marriage. They gave various reasons for this preference, such as being able to pay school fees easily, to feed the children well, to teach them good manners, to afford expensive things for them and to have someone who can care for them in old age. These young girls were already aware of the problems of large families and if this trend picks up, it means a decline in fertility rate in future. It is also a sign of the younger generation using family planning services more compared to the older generation.

However, when teenage boys in the essay were asked the same question, most considered five to six children as the ideal number. They were quick to add that, if the preferred sex, i.e. a boy was not born, then the wife would go on giving birth until a boy was born. The wife would only be allowed to use contraceptives when the desired number of children and the desired sex combination was reached.

Sex preference is important in determining the use of family planning services. A couple that has certain sex preference may not wish to use family planning services, unless they have achieved the desired sex combination. If the young generation still harbours such feelings, it means family planning services will be under-utilized for as long as one feels that one has not got the ideal family size.

Women, men and teenagers were questioned to sample society's feelings about barrenness. Most male

respondents (59.1%) sympathized with the barren but said that to counter the problem, they would marry another wife or consider divorce. Most female respondents confirmed this, saying that they knew incidences where men had divorced or remarried, just because their women were barren.

In one narrative, a barren woman confirmed that infertility becomes a nightmare when one shares the homestead with one's fertile co-wives. Her co-wives jeered at her and kept referring to her condition every time there was a misunderstanding. Rhoda Adhiambo Ochieng, 63 years old, was such a wife with no child who narrated her experience to the researcher.

What emerged from this harrowing narrative is that children are intrinsically valued, hence the constant pain in a barren person, exacerbated by the negative attitudes and frequent cruel reminders from others.

Factors influencing utilization of Family Planning services

Poverty was identified as an important factor in contraceptive use. Some respondents pointed to the high and increasing cost of raising children. They argued that food was quite expensive as the land has become smaller and less productive. It was also expensive to educate, feed and provide health care for a large number of children and therefore the need to reduce family sizes.

A number of factors also influence a man's decision on contraceptive use such as his knowledge of contraceptives or his inclination towards traditional values in which case he will be reluctant to let his wife use contraceptives. Men and women who had a strong commitment to cultural values and traditions were reluctant to use modern contraceptives.

Some religious groups also have considerable influence over the use of contraceptives. The Catholic Church, for instance, is strongly opposed to the use of hormonal contraceptives. The Catholic Mission hospital, especially Nyang'oma mission clinic, promotes natural methods of family planning, namely the rhythm method. According to them, the use of hormonal contraceptives is equated to murder. Many "born again Christians" were against chemical intervention for birth control. Some clients reported that the human body is the "temple of God" which should not be contaminated with contraceptives. The Catholic Church advocates abstinence.

The prevalence of polygyny in the study area was found to discourage the use of contraceptives. Women in polygynous marriages were under pleasure to have as many children as their co-wives. Wives in monogamous marriages in this area were also under pressure to conceive, since they felt that by limiting the number of children desired by their husbands, the latter could marry another wife in order to have more children.

Traditional Family Planning methods

Polygyny: The practice of having more than one wife at a time is a common feature of the Luo traditional family life. But in the context of family planning, polygyny was, and still is, a natural method of birth control. In a traditional Luo polygynous family, a husband only invited a wife who was not breastfeeding to his traditional hut for sex. He could

not "sleep" with any of his wives who was nursing a baby until the child was old and big enough to have a follower. The strength of such a child was usually tested by giving the child a calabash of porridge to take to the father. If the child managed to deliver the porridge, then the mother was ready to sleep with the husband. Sex in the traditional Luo culture was not for pleasure but for procreation. From a male point of view , one of the benefits of polygyny is that it offered men the opportunity to double their pleasure by making sure that there was always a woman to meet the husband's needs even if one wife was pregnant and another was lactating. The way a polygynous man rotates between his wives also helped with child spacing. This practice highlights the deeply rooted disparity in gender power relations as it does not allow women to have multiple sex partners.

Menstruation: This method was used by the woman to ensure that she did not give birth until the child was big enough. She could continue to have a regular sexual relationship with her partner but was not expected to get pregnant. The husband relied on the consent of the wife before engaging on sex. Under the traditional system, when a Luo woman was in her menses, a piece of rug was used to trap the menstrual blood. This rug was hidden away under the roof of the kitchen above the fireplace. It would stay there until it was completely covered with black shoot and would only be removed when the woman felt that she was ready for another child especially if the husband kept on reminding her that the last born was already old enough to have a follower. Those women who had used this method said it was reliable though one could conceive accidentally, or if the menstrual rug got lost. The menstrual method of birth control is still used by some women who have no access to modern contraceptives.

Lying on the back: When a woman was in this position with her thighs together, there was no penetration and therefore she could not conceive (Nindo Arieya). This method was most effective, as it ensured that sperm did not enter the woman's body.

Sitting on a Stone: If a woman sat on a stone on the boundary of a shamba it was believed that she would never conceive again.

Mrenda: "Mrenda" is a traditional vegetable which is very bitter. The leaves were crushed and rubbed onto the vagina to kill the sperms on contact in order to avoid pregnancy. The husband was never told what was going on. It was only the woman who went to the field to collect these leaves as she gathered other vegetables for the family meal.

Reasons for the use of Traditional Family Planning methods

Among the Luo, there was a belief that giving birth within very short intervals was a sign of bad luck. It was feared that if a family had too many children, they would be bewitched by jealous neighbours, relatives and it could lead to a misfortune such as the illness or death of all the children or the husband. If a husband died in such a home, the wife was blamed for bringing in the curse. Therefore, there was need to protect one's husband by practicing child spacing. Seasonality was an important aspect as all the events were tied to the cosmos. A

woman who conceived frequently was blamed for causing *Kilambko* (a condition associated with malnutrition in children due to inadequate food). In addition, a woman who gave birth too many times within short intervals was likely to be too weak and too lazy to perform her domestic chores and would become the subject of much ridicule and gossip.

Most of these methods are no longer used due to the introduction of modern methods of family planning and the passing on of the older generation who were the custodians of this indigenous knowledge. It is, however, clear from the foregoing discussion that the Luo cultural system, left much of the responsibility for fertility regulation to the woman and blamed her for not being able to space her children even if the man controlled much of the decision-making power. The man, on the other hand, gained respect for having many children.

CONCLUSION

There is a definite trend towards increased uptake of modern contraceptives in Nyang'oma although a number of women are still using contraceptives secretly because the decision-making process is still largely controlled by men. But as more women gain some autonomy in the family, they are beginning to take greater control over their reproductive lives. The secret use of contraceptives is one way of demonstrating women's agency in the reproduction process. This has been possible through women's access to formal education and training, which have enabled them to get wage employment outside the home. The idea of women saying they do "nothing" for a living has been greatly eroded. Education has also challenged a number of cultural prejudices. Family planning programmes have enabled women to make choices in their reproductive lives in terms of when to have children and the desired number of children. Improved health care and better child survival have both served as incentives for smaller families. However, for family planning programmes to be successful and sustainable, gender sensitive initiatives are needed to focus attention on women's empowerment and enhance sensitization of their partners. The process of fertility control requires a restructuring of gender relations to allow for joint decision making to enable both women and men to make the necessary reproductive choices in their lives.

REFERENCES

Alando, O. P. (1992) Attitudes towards Pregnancy and Reasons for Contraceptive non-use in Nyanza Province. Population Studies and Research Institute, University of Nairobi.

Arnold, F. et al, (1975) The value of children. A Cross National Study. Honolulu; East West Population Institute.

Ayiecho, P.O. (1991) The role of women in agriculture, Siaya District. In Were. G. S. Olenja, J. M., and Suda, C. A. (eds) Women and Development in Kenya. Nairobi: Institute of African Studies.

Berer, M. (1993) Women and HIV/AIDS, London: Harper Collins.

Bongaarts, J and Watkins, C. S. (1996) Social Interactive and Contemporary Fertility Transitions, New York; Academic.

Bradley, C. (1995) Women's Empowerment and Fertility Decline in Western Kenya. In, Susan Greenhalgh (ed) Situating Fertility: Anthropology and Demographic Inquiry (pp 157 - 178) Cambridge: Cambridge University Press.

Cleland J. G. and Chidambaram, V. C. (1985) The Contribution of the WFS to an Understanding of Fertility Determinants and Trends. A paper presented at the IUSSP General Conference in Manila.

Cochrane, S. (1979) Fertility and Education: What do we Really Know? World Bank Staff Occasional Paper 26.

Collier, J. F. and Rosaldo, M. Z. (1981) Politics and Gender in simple societies. Cambridge: Cambridge University Press.

Dalsgaard, T. (2000) Perceptions of Pregnancy. Unpublished Thesis.

De Fray, D. (1973) Child Quality and the Demand for children. *Journal of Political Economy, Vol. 81: S 70-90.*

Delancey, V. (1988) Socioeconomic Consequences of High Fertility for the Family. In, G. T. F. Assarcadi et al. (eds) Population Growth and Reproduction in Sub Saharan Africa. World Bank, Washington D.C.

Driberg J.H. (1932) The Status of Women among the Nilotics and Nilo-Hamites. *Africa, Vol. 5: 405-406.*

Esipisu, A. E. (1992) Socio-Cultural factors containing the adoption of modern FP services in Lurambi Division, Kakamega District. Unpublished MA Thesis.

Fapohunda, E. and Rutenberg, S. (1999) Expanding men's participation in reproductive health in Kenya. Nairobi: Regal.

Fapohunda, E. and Todaro, M. (1988) Family Structure and Demand for Children in Southern Nigeria. *Population and Development Review, Vol. 14: 571-594.*

Gachui, J. M. (1975) Family planning in Kenya and the problems of dropouts. IDS discussion paper no. 175, University of Nairobi.

Republic of Kenya, (1984) Kenya Contraceptive Prevalence Survey. Nairobi: Central Bureau Statistics, Ministry of Planning and National Development.

Hammerslough, C. (1991) Women's Groups and Contraceptive use in rural Kenya, Unpublished Manuscript.

Handwerker, W. P. (1986) Culture and Reproduction: An Anthropological Critque of Demographic Transition Theory. Boulder: West View.

Hoffman, L.W. and Hoffman, M.L (1973) The value of children to parents. In James T. Fawcett (ed) Psychological Perspectives on Population, New York: Basic Books.

Leibenstein, H. (1957) Women's schooling and childcare in the demographic transmission: A Mexican case study. *Population and Development Review, Vol. (17): 459-496.*

Levine, S. (1979) Mothers and Wives in Gusii. Women of East Africa. Chicago: The University of Chicago Press.

Lewis, B. (1984) The impact of development policies on women. In Hay, M.J. (ed) African Woman South of Sahara. London: Longman.

Makila, F. (1978) An Outline History of Babukusu of Western Kenya. Nairobi: Kenya Oral Literature.

Mbuguah, W. (1996) Gender and Women's Empowerment: the post Beijing challenges, an Africa regional perspective. A paper presented to the joint conference of the Pan African Association of Anthropologists, Johannesburg.

Molnos, A. (1968) Attitudes towards family planning in east Africa. London: Cotturst and Co.

Muganzi, Z. (1988) Fertility and Mortality Trends in Kenya. In, S.H. Ominde (ed) Kenya's Population Growth and Development to the year 2000 A.D. Nairobi: Heinemann.

Mungai, M. (1986) Knowledge availability of contraceptives and family planning. Unpublished M.A. Thesis, University of Nairobi.

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

Ocholla-Ayayo A. B. C. (1986) Socio-Cultural Environment and Family Planning in Kenya. A paper presented to the Dakar College of Information, Education and Communication in Family Planning in Africa.

Odile, F. and McNicoll, G. (1987) Fertility and Population Policy in Kenya. *Population and Development Review 13: 209-245.*

Ojala, O. D. (1999) Socio-Cultural and Situational Determinants of Modern Health Care Utilization in Mbita Division of Suba District. Unpublished MA Thesis, Institute of African Studies, University of Nairobi.

Omari, O.K., (1988) Socio-Cultural Factors in Modern Family Planning Methods in Tanzania, Queensland: Edwin Melleu.

Options (1999) Safe Motherhood Partnership Fund in Kenya. Report prepared for DfID by Options Consultancy Services Ltd.

Options (1997) Monitoring of ODA and SIDA Contraceptive Supply Projects in Kenya. Report prepared by Options consultancy services Ltd. for ODA and SIDA. January 1997.

Raikes, A. (1990) Pregnancy, Birth and Family Planning in Kenya: Changing Patterns of Behaviour. Copenhagen: Center for Development Research.

Roudi, F. (1990) Men and Family Planning in Africa. Publication of Population Reference Bureau.

SilberSchmidt, M. (1991) Rethinking Men and Gender Relations. Copenhagen: Center for Development Research.