

"Analysis of Family Planning Knowledge and Practice
Among Rural Zambian Women"

By

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DEDICATION

To my father and mother for their
encouragement and support in my education.

(i)

Declaration

I, Margaret Chenda Chirwa hereby declare
that this dissertation represents original work
that has never been submitted for a degree at
this University or at another University.

Signature*Chirwa*.....

Approval

This dissertation of Margaret Chenda Chirwa
is approved as fulfilling part of the
requirements for the award of the master of
Arts in Sociology by University of Zambia.

Signed

1. *Abulimbo*.....
2. *Julius*.....
3.

ABSTRACT

This study aims at assessing the impact which education, the money economy, age, marital status, religious affiliation and preferred family size has had on the Zambian rural women's family planning; knowledge and practice and to find out whether the women's traditional values of children were changing or not changing. Data for this study was drawn from a larger survey on "Fertility and Migration in Rural Areas of Zambia" which had five sections. This study utilized data from only one section of the larger survey which was on family planning, related to Part Three of the questionnaire. A total of 3,000 women were interviewed in two districts in Eastern Province and two districts in Luapula Province. Using the 1980 Population Census, each province was allocated a sample according to the population of the Province. A similar procedure was again used for each district. Within each district, villages were randomly selected with the probability to size. Within each village all the households were included in the sample.

The objective of this study is to gain more understanding of the very current social issues of family planning knowledge and usage, in the rural areas, which so far, had been the least researched into. The insights maybe of relevance to both scholars and policy makers.

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CHAPTER 1

1.1 INTRODUCTION

It has been currently predicted by a number of social scientists that the world, presently in the sweep of a population explosion, will in the year 2000 be crowded (Caldwell, 1968:1, Rockefeller, 1969:10). At the current average rates of population growth of 2% per annum, the Third World is expected to account for 90% of this world population increase (Rockefeller, 1969:1.)

It is this high population growth which is attributed by most scholars to be the major underlying cause of underdevelopment in most of these Third World countries (Musimuko, 1980:2). This rapid population growth is seen as a major bottleneck to socio-economic development in that the economies of the Third World are not able to contain the occurring population explosion. Rapid population growth is, therefore, greatest in those areas least able to afford it (Caldwell, 1968:1). This is so because the rapid population growth is not in line with the rate of industrialization and agricultural development. The size of population seems in most of these countries to have an overriding influence on the level and utilization of the developing resources (Musimuko, 1980:2). It cripples the nation's ability to progress and satisfy the growth demands of its people for a better standard of living. This rapid population growth takes up much of the Third World's economic growth; condemning people to continuing poverty due to its adverse socio-economic and demographic consequences (Musimuko, 1980:2).

In the face of this situation the problem facing socio-economic planners is how to determine suitable measures to lower and to stabilize rapid population growth being experienced in the Third World countries (Caldwell; 1968:2). Most of these Third World have in this context accepted family planning programs advocating mass contraception as an instrument to lowering and stabilising the rapid population growth rate (Musimuko, 1980:3). "Most of the Third World countries have, since the early 1960s, began to establish family planning programs which were designed specifically to lower birth rates

to a level consistent with their socio-economic development goals" (Musimuko, 1980:2). Family planning has, in this sense, been recognized as an important aspect of socio-economic planning of a country. This work is based on research which is funded by the Rockefeller Foundation (RF 76085: Allocation 12); New York, U.S.A.

1:2 PROBLEM AND REVIEW OF LITERATURE

Within the past decade the concern with social development in most of the developing countries has led to the realization of the need to develop a population policy to regulate the rapid population growth (Caldwell, 1967). Control of population has come to be accepted as a necessary condition for the proper implementation of socio-economic development. Because it is now realized that there is a link between population policy and socio-economic development many countries have been involved as a method of population control in programs of family planning. In view of this, our study aims at obtaining insights into the extent of family planning; knowledge attitudes and practice (KAP) among rural women of Zambia.

Accounts in existing literature show that the concern with population control on a scale sufficient to influence the trend of fertility goes as far back as the eighteenth century (Bogue, 1968:539). However, emphasis in most of the studies has been on fertility trends. Studies focussing on family planning as a method of population control are relatively new, especially in the Third World as Caldwell (1968) pointed out. "Until recently very little survey information has been available on family planning: knowledge, attitudes and practice in Tropical Africa". In Africa, such studies mainly started in the 1960s. One of such early studies was Okediji's (1966) in Ibadan, Nigeria. The study showed that due to acquired high standard of living and aspirations in modern areas of the city, there was widespread use of family planning techniques among women in Ibadan, to limit the number of children. In line with Okediji, Caldwell (1967) carried out a survey in Ghana in which he interviewed elite women. The findings of this study showed that there was conscious attempt among the Ghanaian elite women to prevent pregnancies through the use of some family planning techniques

and that they favoured the reduction of the number of children desired. In another study carried out in Nigeria, Caldwell and Igun (1966) found out that urbanization and greater *mobility outside agriculture have put increased pressure on* some segments of Nigerian women population, namely the elite, to restrict family size.

This raises questions about the relationship between women's new acquired urban style and their previously and traditionally prescribed role of motherhood. This can be related to studies elsewhere which have shown that women who have been involved in urban living, on retiring to rural areas serve as a catalyst for changing attitudes towards use of family planning methods in rural areas, through ideas and patterns of behaviour into which they had been exposed in urban centres (Mcnicoll, 1980).

However, In Dow's (1966) Nairobi study which was aimed at establishing basic metropolitan family planning patterns among urban men and women it has been shown that although urban exposure resulted in widespread knowledge, interest and approval of family planning methods, very few of the people over practised family planning and adopted the small family norm. Heisel (1967) also carried out a study among rural women of the six major ethnic groups of Kenya. The findings of this study showed that although the economic strains arising from large numbers of surviving children within the family were acutely felt by most of the respondents, absence of widespread knowledge of contraceptives and misinformation about the means to achieve control over fertility impeded transition to a smaller family system.

Clarke (1969), also, found out from his Tunisia study that religion had some influence on the use of contraceptives as a family planning technique. Several religious groups are opposed to any interference with natural reproductive behaviour. It is pointed out that marriage in general and sexual intercourse, in particular, are seen as primarily for the purpose of reproduction.

In Zambia, like in other Third World countries, there have been very few studies on family planning. Of the few studies that have been carried out, the first important one is by Mitchell (1965) which compared natality levels of the

different ethnic groups of the Zambia urban areas. The study showed that there were significant fertility differentials amongst the urban ethnic groups and that there were numerous rituals concerned with natality related to reproduction and child-rearing practices. Springs (1976) carried out a study on anthropological Fertility Ritual. The study aimed at showing the role of traditional medicinal ritual practices and modern medicine on natality. The findings of this study showed that village parturient population had an extremely low rate of live births per woman in contrast to the hospital parturient population which manifested a greater birth rate. From this, it was concluded that traditional ritual participation depresses natality and increases infant mortality. Other studies by Ohadike (1966, 1978, 1981), and the Central Statistical Office (1975) compared women of differing socio-economic and geographical background. These studies showed that there were regional and tribal variations in attitudes and use of birth regulation methods and that these persisted even after the women had migrated from rural areas to urban centres. These studies further revealed that women of high socio-economic status showed favourable attitudes towards the use of contraception than those of low socio-economic background. Following these studies, the Economic Commission for Africa in conjunction with the Central Statistical Office carried out a study in (1980), to examine and compare women's attitudes and practice of birth regulation in Keemba rural and Lusaka Urban. The study's findings showed that though knowledge and practice of contraception, as a birth regulating method, was not very widespread, urban women generally knew more about birth regulation methods than rural women. Chipoma's study (1981) confirms that though there is very limited knowledge and use of birth regulation methods in rural Zambia, involvement in migration and education alters women's fertility attitudes and leads to a reassessment of their role of motherhood and views held on children.

In view of this, it can be argued that given the increased participation of rural women in education, migration process

and other new socio-economic opportunities, there should be a change in their knowledge and attitude in fertility behaviour patterns and an increase in the use of contraception as a family planning method. Studies by Davies and Blarke (1966) and Kelkar (1978) showed that education is a depressant fertility factor. However, there are exceptions to this as Springs (1976) study showed that participation in modern medical facilities and education increased the natality level of the rural Luvale women, i.e. through reduced infant mortality which led to a tremendous increase in fertility.

1.3 SPECIFICATION OF PROBLEM

Zambia is located in an area of about 752,600 square kilometres. This relatively large area is the home of just five and a half million people. With an average of seven persons per square kilometre, Zambia has one of the lowest population densities in Africa (C.S.O., 1980). It is in a fortunate position of having land that is in most parts sparsely populated (Brooks, 1979:12). This low density is a factor which militates against any suggestion of population control under the assumption that the more people are in the country, the more work and produce, and therefore contribute to the socio-economic development of the country (Brooks, 1979:12).

The other factors are traditional cultural ones. These reject any method of population control due to the practical and philosophical value of children (Brooks, 1979, Esenstate, 1980). One paramount objective of, traditionally, having as many children as possible is that, children are seen as

essential for the concern of the spiritual life of the kinship group i.e. through ancestor worship. Children are also important in relationship to the continuity of the family from generation to generation. Children meant, therefore, the continuation of the lineage and the perpetuation of the family name and spirit. (Molnos, 1973:8). Children are also the physical evidence of the parents; and in particular the father's ability to perform sexually. Fertility is in a way connected with manliness. Masculinity is sometimes equated with the number of children a man has. For women, sexual intercourse itself is mainly considered from the reproductive point of view. The pressure from society on women to have children is enormous. It is, for example, the number of children a woman has that determines her relationship with her husband's and her own kinsfolk.

Practically, within the extended family network with its reciprocal responsibilities and obligations children have an economic utility. Numerous children are needed in there labour-intensive subsistence economics where they provided an available workforce for a large garden and a kind of social security for their parents, particularly in old age, (Brooks 1979:12, Molnos, 1976:9). Therefore, traditionally children, bring status, economic security and general satisfaction. More children means more status and so on (Brooks, 1979:18). It is, as much, very important in the situation of high infant mortality to ensure that supply never runs out by initially starting with a large supply (Molnos, 1976:18).

The above outlined motives account for the traditionally strong desire for numerous offsprings in the Zambian society

There are, however, many social customs which also check this desire and its realization (Molnos, 1976:19). We can, in other words say that, although large families are valued for the various reasons discussed above, it does not mean that there is completely no idea of family planning in the traditional context. The idea of birth control is recognised e.g. in the sense that it might be advantageous for the health of the mother and child to SPACE the births of children (Brooks 1979:18). Though there are natality regulations which are aimed at increasing interval between children, keeping family size low is unlikely to have been a conscious objective (Bleek, 1977:64). Sometimes birth limitation practices seem to be related more to religious ritual and ceremonies to honour supernaturals than to conscious family planning to limit family size or to prevent the birth of too many children. It cannot be denied that there is a certain amount of planning in traditional child-bearing practices, but we cannot speak here of family planning, that people plan to have a family with a fixed number of children. It is practiced primarily for reasons independent of natality levels in the family or the community (Bleek, 1977). Though the traditional family planning factors discussed above are still strong in Zambia which is 57% rural, there are several demographic, social and economic factors which seem to be changing the situation (Brooks 1979:18).

For instance, demographically, the several national censuses which have been conducted show that Zambia's annual rate of population growth of 3% is high (Ohadike 1969, C.S.O., 1980). By this rate of increase, the country's

population will double in twenty years' while the land remains static (Ohadike, 1975). Economically, it has also been realised that the development of social services, i.e. education, housing, medical facilities and so on, is not at the rate as the large increase of 3% growth rate (Brooks, 1979:13). These economic issues are also accompanied by the changing value systems. This is because, Zambia has adopted a pattern of development which is primarily western, related to urban living situation and cash or wage employment which subsequently brings with it small family norms and rising standards of living. In this context of an emerging predominantly western value system, a large number of children may hinder the achievement of designated goals unless within a small-family context.

The economies and the provision of services have together with the changing value system with its new acquired aspirations and goals, forced the government planners and leaders to at least consider family planning as a population control issue, though population is not a problem as far as Zambia is concerned. It has been realized that for economic and social progress to occur in the face of rapidly growing population, since progress is closely interrelated with the rate of population growth and also with the size of each individual family, some kind of population limitation through, i.e. family planning is needed. This has, in recent time, led to an increased effort in the implementation of family planning programs in Zambia. However the effectiveness of these programs in rural areas where the majority of the population still lives, even though Zambia is one of the most urbanized African countries, has not been ascertained (Ohadike, 1975). The picture of family planning as a population control method presented is only in relation to a small group of the population, the urbanite, rather than the farming population of the rural areas, though ironically it is this latter group which needs to be motivated most if population politics are to succeed because Zambia's rapid population increase

derives primarily from the rural areas and certainly not from the urban areas (Ohadike 1975).

1.4 OBJECTIVES OF STUDY

In view of the problem specified above, the main purpose of this study was to investigate the extent of family planning; knowledge, and practice among rural women in Zambia in relation to their general fertility behaviour, and to explore the demographic and socio-economic factors influencing their family planning; knowledge, and practice. More specifically the objectives of this study were:-

1. To determine the extent and nature of family planning; knowledge, attitude and practice among the rural women. The source through which the knowledge was acquired and if put into practice, the reasons why family planning was practiced; and
2. To determine the extent to which demographic and socio-economic factors, i.e. education, income, age and marital status influenced the women's family planning; knowledge, and practice.

To obtain information in relation to the objective of the study, the following hypotheses were formulated for testing;

- (a) Family Planning; knowledge, and practice are influenced by the respondent's age and marital status.
- (b) Family Planning; knowledge, attitudes and practice are influenced by the respondents education and income levels.
- (c) Family Planning; knowledge, and practice are influenced by the nature of the respondent's religious affiliation.
- (d) Family Planning; knowledge and practice are influenced by the respondent's desire for additional children and the number of additional children desired.
- (e) Family Planning; knowledge and practice are influenced by the respondent's desired family size for daughter.

The first three hypotheses were raised to find out whether

age, marital status, educational level, patterns of movements and religious affiliation have any effect on family planning; knowledge, attitudes and practice, among the rural women in Zambia. The other two hypotheses were generated to find out the effect of certain social factors, as intervening variables on family planning knowledge, attitudes and practice. These other social factors maybe, desired family size and expected family size (as covered by questions (i) and(iv) of Section B of Part III of the questionnaire; the number of children a woman has had and the present number of surviving children. (as covered by Part II of the questionnaire on 'Birth History')

These issues that have been raised in the hypotheses above were investigated among the rural women in Zambia because even though they had been widely studied elsewhere in Africa i.e. Ghana (Caldwell 1967, 1968) they were still pertinent to the Zambian situation. There had been no study of this nature that had ever been carried out in the Zambian rural areas.

1.5 OPERATIONAL DEFINITIONS

- (a) Family - In many third world countries, particularly in Africa, family is not a term which denotes a conjugal family. Family may include all kin members in addition to the nuclear family of husband, wife and children (Rogers 1973:230). In the Eastern and Luapula Province of Zambia, for instance the terms "Banja" and "Ulupwa" the respective words for family refer to an extended family that covers an entire lineage to a depth of about several generations and sometimes to a much wider concept of clan which is based on putative common ancestry and which may embrace several members in wide-spread area. A family may also consist of several autonomous households (kaplan 1979:21). And when the extended family is a rule the interests of the individual especially in the rural areas, are often subordinate to those of the larger family (U.N.O Seminar 1972). The extended family has, in the Zambian situation more relevance in areas of demographic decision-making than the individual or the nuclear family.

However, for demographic computation purpose, family in this study refers to the nuclear family, with the women who is the child bearer as the basic unit of analysis. The study restricted its investigations to the woman and nuptiality in line with models of demographic analysis. (Henry 1976, Keyftz, 1971:4-21).

- (b) Planning - In several third world countries, the terminology for "planning" implies national planning rather than planning and action by individuals or couples (Rogers 1971:99). In this study 'planning' means deciding, by the individual woman in a nuclear family on the number of births desired, the interval between births plus taking action to ensure that these plans were realized (Rogers 1973:230).
- (c) Family Planning - Synthesis of these two words leads to several different definitions. For instance word-equivalents for Family Planning reveal a range of meanings. The concept is used so broadly that it is regarded as synonymous with "preventing reproduction", "seasonal parenthood", "a plan for parenthood", "birth control", "population control", to plan births" and "contraception", although it is not exact equivalent of any of these.

As used in this study, the term follows the world fertility survey definition as encompassing a conscious and responsible process of deciding by an individual woman, if she wishes, to determine, the timing, spacing and number of children to be born to her. It refers to the right to have a chance as regards knowledge, attitudes and practice in relation to contraception (World Fertility Survey, 1974). There are many approaches to contraception. This study distinguished between "traditional methods and modern

methods". The latter referring to oral pill, interuterine device, condom, injection and sterilization methods. Traditional methods referred to i.e. prolonged breast feeding and abstinence. Other methods include various contraceptive materials i.e. roots and powders inserted in the birth canal and left until conception was desired. Generally, these appear to have been spermicidal in action. But other methods like roots and beads worn around the waist and various other articles stored in a bowl in the house or somewhere outside, seemed to have no medical basis for validity, but they may have psychological and spiritual effects. (Brooks, 1979-18, Molnos 1971:10).

1.6 RATIONALE

Very few studies have, as already mentioned, been carried out in Zambia to investigate women's Family Planning; knowledge, attitudes and practice, especially in rural areas. Of the few studies that have been carried out or conducted, they used questionnaires which collected data that did not allow an in-depth study of the interaction of variables i.e. interaction between socio-economic status, age and migration on one hand, and the level of knowledge and use of Family Planning on the other.

Most of the weaknesses in the studies that have been carried out stem from the methods of data collection, namely, that they had been carried out in a hurry and with minimum supervision of enumerators.

Data from most of these studies tended to emphasize on population dynamics, principles of contraception and human reproduction in general and its relation to economic development. In recent years, such general information had been criticized as being too theoretical for most types of family planning programmes implementation. It has been emphasized that information on family planning knowledge, attitudes and practice must be oriented on practical content on contraceptive techniques and methods and attitudes relating to ideal or expected family size.

If data is to be relevant to social policy need in a systematic way, it should include more knowledge directly related to respondents practice of family planning, identifying the extent of knowledge, attitudes and skill usage in certain part group which can form the content of family planning programs. In the past, family planning knowledge, attitudes and practice were studied emphasizing the medical or economic aspect of it. What was neglected almost totally was the socio-cultural factors. This study rejected this imbalance and instead stressed the need to *acquire systematic knowledge* on both the economic and social nature of family planning; knowledge, attitudes and practice in the rural areas.

Faced with inadequate data both in quantity and quality, this study was undertaken to collect together more reliable and valid data on family planning; knowledge attitudes and practice. In so doing, it provided an opportunity to gain new and more adequate insights into family planning patterns among women in the rural areas and the interrelations among migration patterns, socio-economic status and family planning; knowledge, attitudes and use. This could also identify a core of family planning that should receive priority and emphasis in the implementation of family planning programs as a method of population control. The study is significant in that it focuses on a major substantive area upon which a plan for the implementation of family planning programs could be based.

1.7 METHODOLOGY

(a) The Sample Design

This research was based on data collected in a larger survey on Migration and Fertility in Rural Zambia, in which I had participated in most phases in particular pilot study, interview and coding. The larger survey had five sections which were as follows: Household Roster, Birth History, Family Planning, Marital History and Migration History. My study use^s only one part of

these five sections, the part on; Family Planning related to Part Three of the questionnaire. The sample design of this larger survey was influenced by three important factors: the need to avoid distantly placed clusters, heavy workload and adequacy of the existing sampling frame.

To avoid heavy workload and minimise distances, the sample was limited to about 3,000 eligible women or 3,000 households on a 1:1 relationship.

Distance was minimised purposefully by selecting two provinces: Eastern and Luapula that are different and offer contrasts in various demographic, socio-economic characteristics and migration pattern and history.

Using the 1980 Population Census Results, each province was allocated a sample proportionally on the basis of population size. Within each province, two districts were randomly selected with the probability proportional to size. Within each village, all households were included in the sample. In addition to the 1980 Population Census, maps showing villages and village registers in the district headquarters were also used to select villages within each district according to size in terms of number of households.

(b) Data Collection

The aim of the research was to collect reliable and relevant data. As such interviewers were trained for for two weeks, in order to minimize most of the errors characterizing most of the data collection in previous studies.

As implied in the sample design, the most important units of enumeration were women aged 15-50 years, of each household who were identified in the household enumeration. As the study aimed at collecting data

which would enable to answer questions that had been raised in the statement of the problem; offering insights into the problem of knowledge, attitudes and practice in relation to contraception in rural Zambia and helping to throw light on the determinants of attitudes towards family size, as individual questionnaire was administered to all identified, de-facto, eligible women aged 15-50 years. However, by interviewing women only it does not mean that the study did not consider the men's family planning knowledge and attitudes to be important. Men according to Colson (1971) play a major role in the decision-making of the women's reproductive behaviour, in Zambia. But women, and in particular women aged 15-50 years were the selected category because they were regarded as the people best equipped to provide reliable data for computation of fertility behaviour patterns and family planning knowledge, attitudes and practice (N.A.S., Manuals, No. 11:20).

c) Data Analysis

The data collected in this study was analysed using: frequencies, crosstabulations and correlations.

CHAPTER 2

This chapter presents the description and analysis of a set of socio demographic variables and their relation to family planning. The chapter tests some of the generalizations of previous KAP research in relation to the population under study. The variables analysed in this chapter are three; age of the women, marital status and religious affiliation.

2.1 AGE

It is generally agreed that age and family planning knowledge and practice are negatively associated, though there are several studies in which this was not found to be the case (Bogue in Williams 1971:41, Caldwell 1968:98).

TABLE 2:1 PERCENTAGE DISTRIBUTION OF THE RESPONDENTS BY FAMILY PLANNING KNOWLEDGE AND AGE

AGE	FAMILY PLANNING KNOWLEDGE						
	PILL	IUD	INJECT	STERILIZATION	CONDOM	TRAD.	OTHER
0 -19	31.3	1.6	10.1	1.9	2.4	51.5	42.3
20-29	41.6	2.0	14.8	4.9	2.6	62.5	64.2
30-39	39.7	1.1	17.2	6.2	2.3	67.7	69.1
40-49	30.6	0.6	12.7	5.8	3.0	60.9	66.8
50 AND OVER	17.3	2.5	8.6	1.2	3.7	28.4	19.5
DONT KNOW	18.9	0.4	4.9	1.4	1.0	60.5	59.2
TOTAL	30.4	1.2	10.8	3.5	2.1	59.7	59.2
COEFF. CORR	0.1417	0.1356	0.1356	0.1308	0.1288	0.1190	0.1190

N.B TRADITIONAL- Prolonged breast feeding and abstinence

OTHER- Herbs, shrubs and medicines

It has, however, been shown from most previous KAP surveys that persons who practice family planning tend to be younger than those who do not.

Table 2:1 indicates that family planning knowledge varied in the different age groups by types of methods. The data show that the traditional and other methods were the most widely known in almost all the various age groups. Almost over 50 percent of all the respondents in each age group reported being aware of these methods, though the elder women of the 40th age groups were more of them than the younger women of less than 30 years of age. On the other hand, relatively very few women were, irrespective of age, aware of the modern methods. Of these who reported having heard of some modern method of contraception, about 30 percent were aware of the pill; 10 percent of the injection and 3 percent of sterilization. Only a very negligible proportion were aware of the other two methods, IUD and Condom.

It may then be said that a high proportion of the respondents were, in almost all age groups aware of the traditional and other methods than of the modern methods of contraception. This could be attributed to lack of availability and accessibility of knowledge about modern methods among rural Zambian women.

In general an age wise breakdown shows very little knowledge at the younger age range of 15-19 years, but increases with age reaching a maximum among women in the 30-39 age group and then declined among older women of 40 and over years. This pattern suggests that there is a high proportion of women with knowledge of the various contraceptive methods in the younger age groups of less than 30 years than in the older age group of 40 and over. This may reflect the effect of a tendency for greater proportions of women in a particular cohort to learn about contraception as they get older and become more in need of it, and a tendency for younger women to be more exposed to modern ideas, of which contraception is one. We can, therefore, say contraceptive knowledge in a society spreads through channels to which the younger cohort

ages are more attuned and that as a particular proportion or cohort age find that they have all the children they want, they increasingly tend to learn about contraception. These two tendencies may intersect in such a manner that contraceptive knowledge is most common among women midway in their childbearing ages. It could also be attributed to the fact that data collected for women in the younger age group, 15-19 years included a lot of unmarried women who had not yet been exposed to the childbearing experiences and hence had less need to know about contraception and only begin to be aware of it as they grow older and get married.

Analysis by coefficient correlation tests showed that there is a comparatively low positive relationship of 0.11 to 0.14 between age and knowledge of the various methods of contraception at one percent significance level. This indicates that there is a tendency among rural women to acquire more knowledge about family planning methods as they grow older.

The study also gathered data on the proportion of women who had ever used, and who were currently using the different birth regulating methods within the various age ranges. Table 2:2 presents the proportions of women who had ever used the different methods of contraception by age.

TABLE 2:2 PERCENTAGE DISTRIBUTION OF WOMEN WHO HAD EVER USED FAMILY PLANNING METHODS BY AGE

AGE	EVER USE OF FAMILY PLANNING					
	PILL	IUD	INJECTION/ STERILIZA- TION	CONDOM	TRAD.	OTHER
15-19	8.9	0.0	1.2	0.2	35.8	29.0
20-29	13.4	1.0	2.1	0.5	47.6	53.0
30-39	11.0	0.2	3.4	0.4	49.0	59.9
40-49	8.5	0.0	3.0	0.3	36.6	58.4
50-& OVER	8.6	0.0	1.2	0.0	13.6	16.4
DONT KNOW	6.1	0.1	0.7	0.4	51.4	45.4
TOTAL %	9.4	0.3	1.8	0.4	45.1	47.7
COFF. CORR	0.1287	0.1276	0.1286	0.1280	0.1113	0.1

The data indicates that the traditional and other methods were the most widely ever used. They accounted for over 40 to 50 percent of all the reported ever use of the methods of contraception. When it comes to modern methods, comparatively very few women claimed to have ever tried any of them. Of the reported past use of the modern methods, the pill was shown to be the most widely ever used, with a proportion of about 6 to 13 percent; followed by the injection and sterilization, with about one to three percent, but almost none of the women had ever used the other two methods, IUD and condom. We can attribute this lack of extensive use of contraception to the presence of the high fertility norm in rural Zambia, lack of widespread knowledge, and nonavailability of contraceptives, especially the modern ones.

The general proportion of women who had ever used the various contraceptive methods is lowest in the younger age group, 15-19 years, but tends to increase with age, with the highest proportion of ever use falling within the 30-39 age range. It, however declines in the older age groups, 40 and over. This pattern suggests that there were more users of family planning in the middle age groups and that the proportion of users rose up as the women grew older and fell again as they got into their 40s. This pattern is consistent with the proportions characteristic of females as found out in other previous family planning studies (Dow. et. al., 1977). The pattern observed may be indicating that there was an increase in sterility or subfecundity, especially among older women of 40 years and over.

Further statistical analysis shows that age had some relative influence on the reported past use of contraception coefficient correlation values of about 0.1 at 1 percent significance level. This strengthens the view that use of family planning increases with an increase in age.

The study also examined the relationship between age and reported current use of family planning methods. As

indicated in Table 2:3 differences of the reported current use of the contraceptive methods within the various age groups show that the traditional and other methods of abstinence, prolonged lactation, herbs, shrubs and medicines were the principal methods which were currently being used by the women. Almost 20 percent of the women in each age range, between the years 15-49, claimed they were currently using these methods. The pill, IUD, injection, and sterilization and other relatively modern methods were least being used. Of these methods, the pill was the most popular method, while a very negligible proportion reported currently using the other modern methods; the IUD, injection and sterilization and condom. This small proportion of women currently using modern contraception agrees with earlier findings of African rural surveys, such as those of Caldwell and Igun (1970:23) and Ekanen (1973:10) which reported that rural women were hardly practicing modern contraception due to lack of widespread knowledge about modern contraception methods.

TABLE 2:3 PERCENTAGE DISTRIBUTION OF WOMEN CURRENTLY USING FAMILY PLANNING BY AGE

AGE IN YEARS	CURRENT USE OF FAMILY PLANNING						
	PILL	IUD	INJECTION/ STERILIZA- TION	CONDOM	TRAD.	OTHER	TRAD/ OTHER
15-19	4.5	0.2	0.2	0.0	20.9	12.2	4.2
20-29	5.1	0.1	0.1	0.0	28.7	24.3	4.2
30-39	3.0	0.0	0.2	0.2	31.8	22.5	3.4
40-49	1.7	0.0	0.8	0.0	13.2	19.8	1.1
50 & OVER	3.7	0.0	0.0	0.0	6.2	4.9	1.2
DONT KNOW	1.5	0.1	0.2	0.1	31.2	15.4	3.9
TOTAL %	3.1	0.1	0.2	0.1	26.4	18.3	3.8
COEFF. CORR	0.0279						

On the whole, current use of contraception was highest among the younger women aged less than 40 years and then tends to decline among these aged over 40 years. The relatively high proportion of young women currently using contraception may be ascribed to larger proportion of them having received some education. This may also be attributed, as already mentioned, to the fact that a high proportion of older women believe they are subfecund or sterile, and hence may not feel a strong need to use contraceptives.

Further analysis by Pearson correlation indicates that there is a relatively low positive correlation of 0.0279, between reported current use of family planning methods and age of the women. From this it may be said that the age distribution of the respondents does not have distinct effect on the proportion of women who had reported currently using contraception in rural Zambia.

2:2 MARITAL STATUS

Previous research on fertility and family planning suggests that women's marital status is one of the major determinants of fertility in general and of the extent of family planning knowledge and practice. Entry into a marital union is almost a universal cultural ideal in the rural Zambian society. A phenomenon which does not allow for penal celibacy, hence almost over half of the women will be married (Brooks 1979:12). In this study, five marital categories were used. These range from single, married, divorced, widowed to separated, each signifying the category in which the individual woman fell at the time of the interview.

TABLE 2:4 PERCENTAGE DISTRIBUTION OF WOMEN BY KNOWLEDGE AND MARITAL STATUS

MARITAL STATUS	FAMILY PLANNING KNOWLEDGE						
	PILL	IUD	INJECT	STERILIZ	CONDOM	TRAD.	OTHER
SINGLE	41.2	0.0	0.0	0.8	3.8	70.6	61.7
MARRIED	31.6	0.1	1.0	0.2	2.2	61.7	62.9
DIVORCED	29.9	0.0	0.0	0.0	0.6	56.8	53.3
WIDOWED	26.6	0.0	0.0	0.0	0.0	62.9	57.3
SEPERATED	29.0	0.0	0.0	0.0	0.0	64.5	51.7
NO RESPONSE	0.8	0.0	0.0	0.0	0.0	1.4	1.4
TOTAL %	30.4	0.1	1.0	0.2	2.1	59.7	59.3
COFF. CORR	0.6586	0.6625	0.6617	0.6615	0.6625	0.6616	0.6616

It is indicated in Table 2:4 that there are variations in the spread of birth regulating knowledge among the five marital categories. Traditional and others were the most commonly known methods by the majority of the women in all the marital categories. These two methods account for 50 percent of the respondents in each marital category. Comparately very low proportions reported being aware of the modern methods of contraception except for the pill which was reported by 30 percent of the women in the sample. The table shows that there were more women aware of traditional, 59.7 percent and other, 59.3 percent, than of modern contraceptives among women of each marital category. This could be a function of lack of knowledge of modern methods of contraception in rural areas. The data indicate that single women had the highest proportion of family planning knowledge in the sample. As Table 2:4 shows there were 41 percent and 70.6 percent single women aware of the pill and traditional methods respectively compared to only 31.6 percent and 61.7 percent of the married, and 29.9 percent 56.8 percent of the divorced who had heard of these family planning methods. This could be due

to the fact that the women in the single category were mostly young and have some education and wanted to prevent pregnancy before marriage and saw family planning as a way out that.

The study also examined the relation between marital status and reported past use of the various contraceptive methods. Table 2:5 presents the distributions of reported past use in the five marital categories. The data here again show that the traditional and other methods were the most widely used, each of which accounts for over 50 percent of the respondents in each marital category. The modern method on the other hand only account for a small proportion of ever use of contraception. The pill was the most widely ever used modern method of contraception, it accounts for almost a percent of the respondents followed by the injection and sterilization which account for about 2 percent only. Only a very low proportion had ever tried the other two methods; IUD and condom.

TABLE 2:5 PERCENTAGE DISTRIBUTION OF THE WOMEN BY EVER USE OF FAMILY PLANNING AND MARITAL STATUS

MARITAL STATUS	EVER USE OF FAMILY PLANNING					
	PILL	IUD	INJECT/ STERILI ZATION	CONDOM	TRAD.	OTHER
SINGLE	9.2	0.0	1.1	0.0	43.9	45.9
MARRIED	10.2	0.4	2.2	0.4	47.1	51.9
DIVORCED	44.9	0.0	0.1	0.5	44.3	37.3
WIDOWED	12.0	0.0	0.0	0.6	51.3	40.1
SEPERATED	0.0	0.0	0.0	0.0	61.3	38.7
NO RESPONSE	0.7	0.0	0.0	0.0	0.0	0.7
TOTAL %	9.4	0.3	1.8	0.4	45.1	47.7
COEFF. COFF	0.6596	0.6625	0.6588	0.6688	0.6477	0.6390

Analysis by marital categories shows that (Table 2:5) though there are variations in the proportion of women who had ever used the various methods of contraception, within the five marital categories the only distinct pattern which comes up is that the divorced women used the pill most while the separated and widowed the most users of the traditional methods.

There are comparatively much lower proportions of women who had ever used the various contraceptives in relation to those who had reported being aware of them (see Table 2:1). This is more significant in relation to modern methods which may be due to nonavailability of this type of contraceptive methods. The low use of the pill among the single is peculiarly surprising since this is a category that has a very high proportion of its members being aware of method (Table 2:4). As single women they do not use it or were shy to admit it as this would indicate their being involved in sexual relations outside marriage in contrast to other traditional views.

Further statistical analysis shows that there is a relatively high positive correlation between past practice of family planning and marital status at 1 percent significance level (coefficient correlation value = .66). It may then be said that the extent of family planning past practice was to a large extent determined by the kind of marital status a woman was involved in.

The relationship between marital status and family planning was again further examined in terms of the proportion of women who were currently using the various family planning methods. Table 2:6 summarizes the distribution of women who were currently using the various family planning methods by marital status.

TABLE 2:6 PERCENTAGE DISTRIBUTION OF WOMEN CURRENTLY USING CONTRACEPTION BY MARITAL STATUS.

MARITAL STATUS	CURRENT FAMILY PLANNING USE							
	PILL	IUD	INJECTION/ STERILIZA- TION	CONDOM	TRAD.	OTHER	TRAD/ OTHER	NON
SINGLE	3.8	0.4	0.0	0.0	27.1	15.6	1.1	51
MARRIED	3.2	0.1	0.3	0.0	27.9	21.0	3.6	43
DIVORCED	1.6	0.0	0.0	0.1	24.3	10.3	7.0	55
WIDOWED	5.4	0.0	0.0	0.0	24.6	9.6	9.0	51
SEPERATED	0.0	0.0	0.0	0.0	45.2	3.2	9.7	41
NO RESPONSE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
TOTAL %	3.1	0.1	0.2	0.1	26.4	18.3	3.8	47
COEFF. CORR	0.1879							

The data show that there are variations in the proportion of women who were currently using contraception in the different marital categories by types of methods. The traditional method was the most widely currently used method in all the marital categories; not less than 20 percent of the respondents in each marital category were currently using it. Only a few of the women were using the other methods, 18.3 percent. Of the reported current use, for modern methods, the pill was the only one that was mostly being used, 3.1 percent, followed by the injection, 0.2 percent and a negligible proportion, 0.1 percent were using IUD and condom. Table 2:6 indicates that currently only very few of the respondents were using any of the contraceptive methods. The highest proportion of current users were the separated ones; who had 45.2 percent of them using traditional methods. The difference for the use of traditional methods among the single, married, divorced and widowed is very small. For the pill, the widowed had the highest proportion of users, 5.4 percent followed by the single, 3.8 percent and the

married, 3.2 percent. This low proportion of women currently using contraception is due to the prevailing high fertility norm characteristic of rural Zambia and nonavailability of contraception.

2:3 RELIGION

Besides age of the women perhaps no other sociodemographic variable has been associated with family planning knowledge and practice as frequently as religion. It is generally postulated that the nature of one's religious affiliation will greatly affect the number of desired children and also the degree of fertility planning. Six categories of religious preference were recognized in this study. Table 2:7 presents the proportion of women with family planning knowledge in the various religious groups.

TABLE 2:7 PERCENTAGE DISTRIBUTION OF WOMEN WITH FAMILY PLANNING KNOWLEDGE BY RELIGIOUS AFFILIATION

RELIGIOUS AFFILIATION	FAMILY PLANNING KNOWLEDGE						
	PILL	IUD	INJECT	STERIL	CONDOM	TRAD.	OTHER
CATHOLIC	28.4	0.8	9.9	3.2	1.8	60.7	62.3
U.C.Z.	27.0	0.0	7.1	1.4	2.1	58.2	65.2
J. WITNESS	23.5	0.6	6.8	2.5	0.6	58.6	61.7
ANGLICAN	26.8	1.1	4.7	0.4	0.0	58.1	54.3
R.C.Z.	40.4	2.7	19.4	7.4	0.4	57.1	56.5
OTHER	33.4	1.4	12.6	4.3	0.3	63.1	59.3
NO RESPONSE	15.3	1.4	5.6	1.4	1.4	41.7	41.7
TOTAL %	30.4	1.2	1.8	5.5	2.1	59.7	59.3
COEFF. CORR	0.1008	0.1156	0.1058	0.1157	0.1148	0.1097	0.115

NOTE OTHER - Miscellaneous small sects.

The data show that religious affiliation leads to no differences of the respondents' knowledge of traditional contraception and

other methods. However, religious affiliation does lead to differences in the respondents knowledge of modern contraception in particular the pill. The data also reveal that the Reformed Church and other small churches were the most informed, 40.4 percent and 33.4 percent respectively and that the less informed were the Jehova's Witnesses, 23.3 percent, followed by Anglican 26.8, U.C.Z., 27.0 and Reformed Church 28.4 percent. The Roman Catholics in line with the official policy of the church to contraception had a low proportion of women with some knowledge of both traditional and modern methods in relation to most protestant groups.

Statistical tests also show a relative positive relationship between family planning knowledge and religious affiliation indicating that a woman's religious affiliation to some extent affects the extent of her family planning knowledge.

Data on reported past use within the various religious groups was also collected and examined.

TABLE 2:8 PERCENTAGE DISTRIBUTION OF WOMEN BY EVER USE OF FAMILY PLANNING AND RELIGIOUS AFFILIATION

RELIGIOUS AFFILIATION	EVER USE OF FAMILY PLANNING					
	PILL	IUD	INJECTION/ STERILIZA- TION	CONDOM	TRAD.	OTHER
CATHOLIC	9.5	0.4	1.4	0.3	44.4	48.6
U.C.Z.	8.5	0.0	2.5	2.1	39.0	47.5
J. WITNESS	4.3	0.6	0.2	0.0	43.2	52.5
ANGLICAN	9.5	0.0	2.5	0.2	34.8	43.0
R.C.Z.	11.1	0.4	3.0	0.2	62.5	45.6
OTHER	9.6	0.3	0.0	0.4	52.5	51.1
NO RESPONSE	5.6	0.0	0.0	0.0	33.3	31.9
TOTAL %	9.4	0.3	1.8	0.4	45.1	47.7
COEFF. CORR	0.1151	0.1151	0.1165	0.1181	0.1347	0.1046

Table 2:8 shows that there were some differences in the reported past use of the various religious preference by type of contraception. The traditional and other methods of birth regulation had been more widely used than the modern ones in all religious groups. For the modern contraception, only the pill had a reasonable proportion of users, 9 percent for the whole sample reported having ever used it.

On the average, the data show that the highest use of contraception was among the Reformed Church and other unspecified churches. There were, for example, 11.1 percent and 62.5 percent Reformed Church women who had ever used the pill and traditional methods respectively, while only 9.5 percent and 44.4 percent Catholics reported having used these methods. On the other hand, the Reformed Church's proportion of users of the pill, 9.5 percent, was twice as high as that of the Jehova's Witnesses, 4.3 percent and was much higher than that of the U.C.Z's, 7.8 percent. These findings confirm the assumption that religious affiliation leads to differences in the ever use of contraception. Correlation tests also show a positive association between religious affiliation and past practice of family planning at 1 percent significance coefficient correlation value = 0.11 (see Table 2:8). It seems from these findings that the nature of the woman's religious preference had an influence on the extent of reported past use of family planning.

The study further examined the relationship between family planning and religion by reported current use of contraception.

TABLE 2:9 PERCENTAGE DISTRIBUTION OF WOMEN BY REPORTED
CURRENT FAMILY PLANNING USE AND RELIGIOUS
AFFILIATION

RELIGIOUS AFFILIATION	CURRENT FAMILY PLANNING USE						
	PILL	IUD	INJECT/ STERILI	CONDOM	TRAD.	OTHER	TRAD/ OTHER
CATHOLIC	2.8	0.1	0.4	0.0	29.7	17.7	3.4
U.C.Z.	7.8	0.7	0.0	0.0	36.2	8.5	6.4
J. WITNESS	3.1	0.0	0.0	0.0	26.5	18.5	1.2
ANGLICAN	2.9	0.0	0.2	0.0	37.7	16.6	8.6
R.C.Z.	3.7	0.2	0.2	0.1	13.4	21.4	1.4
OTHER	3.3	0.0	0.1	0.0	20.9	21.5	2.0
NO RESPONSE	4.2	0.0	0.0	0.0	19.4	5.6	13.9
TOTAL %	3.1	0.1	0.2	0.1	26.4	18.3	3.8
COEFF. CORR	0.0617						

It is observed from the data in Table 2:9 that although traditional and other methods were the main family planning methods currently being used, only very few women were doing so. The proportions of women who reported currently using the modern methods of contraception were only about 3 percent for the whole sample, and were using the pill. A quite insignificant proportion reported using the other modern methods, injection, sterilization, IUD and condom. On the whole data presented in Table 2: suggest no clear pattern of use of both traditional and modern methods along religious lines. Similarly the correlation coefficient test shows a low positive association between family planning practice and religious affiliation. From this data

it is not easy to say what effect religious affiliation has on the extent of reported current use of the various family planning methods in rural Zambia.

SUMMARY

The data on the three variables, age, marital status and religion suggest that though rural Zambia women had a degree of general awareness of the various family planning methods, their awareness in respect to these different contraceptive methods was not widespread.

On the average there was more widespread knowledge and practice of traditional and other methods defined as abstinence, prolonged breastfeeding, coitus interruptus and various medicines and herbs than of modern contraception irrespective of age, marital status and religious affiliation. But age, marital status and religious affiliation tend to lead to differentials in knowledge and use of the various family planning methods among rural Zambia women.

CHAPTER 3

The purpose of this chapter is to examine the relationship between education, income on one hand and family planning knowledge and practice on the other.

3:1 EDUCATION

Many studies have shown the existence of the relationship between education and family planning, (Caldwell, 1968:598). In his study of West Africa Caldwell (1968) shows that the proportion of women who were aware of contraception decreased with a decline in their education. A consistent increase was observed in the percentage of women who were aware of and practiced family planning with a rise in the educational levels. The basic assumption from this is that the more educated women are the more likely they are to have heard of and used some method of contraception. Table 3:1 presents the educational distribution of the sample as related to knowledge of family planning methods.

TABLE 3:1 PERCENTAGE DISTRIBUTION OF WOMEN BY FAMILY PLANNING KNOWLEDGE AND EDUCATIONAL LEVEL

EDUCATIONAL LEVELS (IN GRADES)	FAMILY PLANNING KNOWLEDGE						
	PILL	IUD	INJEC- TION	STERILI- ZATION	CON- DOM	TRAD	O
No Schooling	26.6	8.7	8.6	2.6	1.7	60.7	6
1-4	43.5	1.1	11.6	3.6	1.8	64.5	6
5-7	38.7	0.8	12.0	3.9	1.2	59.7	5
8-10	60.3	6.1	21.0	3.8	8.4	53.4	4
11-12	80.0	12.0	32.0	12.0	0.0	36.0	4
DONT KNOW	15.0	2.2	0.8	0.0	2.2	62.2	5
TOTAL %	30.4	1.2	10.8	3.5	2.1	59.9	5
COEFF. CORR .	0.1977	0.1734	0.1753	0.1724	0.1726	0.1680	

The data shows that traditional and other methods were the most widely known methods. About 59.9 percent of the women reported they had heard about these methods. The pill was the most popular of the modern methods, about 30.4 percent of the women knew of it. The injection was known by 10.8 percent, followed by sterilization, 3.5 percent; condom, 2.1 percent and IUD was the least known, 1.2 percent.

Overall the data shows that the traditional and other methods were more known; the knowledge increased with decrease in educational level. On the other hand knowledge of modern methods of contraception increased with increase in educational level (see Table 3:1). These findings are in line with others from previous family planning research (E.C.A, 1980:5, Caldwell et.al, 1968:40). Findings on the relationship between educational attainment and family planning knowledge had coefficient correlation values of 0.17 at 1 percent significance level.

Further analysis of the relation between family planning and educational attainment was through the reported past use of the methods. Table 3:2 summarizes the differences in the proportion of women who had ever used the various methods of contraception by educational levels attained.

The data show that the proportions of women who had ever practiced family planning within the different educational levels varied by types of contraceptive methods. However, traditional and other methods had the highest proportions of reported past use within all the educational levels (see Table 3:2). Among the modern methods only the pill was widely used and very low proportions reported having ever used the other four modern methods, injection and sterilization, 10 to 20 percent, IUD and condom were least ever used methods with a percentage of less than 2.0 percent women who ever used these methods.

women have more access to information in general than the other women.

In order to further test the effect of education of family planning, the women were asked about their current use of the contraceptive methods. Table 3:3 shows the distribution of women currently using family planning by educational level.

TABLE 3:3 PERCENTAGE DISTRIBUTION OF WOMEN CURRENTLY USING FAMILY PLANNING METHODS BY EDUCATIONAL LEVEL

EDUCATIONAL LEVEL (IN GRADES)	CURRENT USE OF FAMILY PLANNING							
	PILL	IUD	INJECT- ION/ STERILI- ZATION	CON- DOM	TRAD	OTHER	TRAD/ NO OTHER	
No Schooling	1.5	0.1	0.1	0.1	27.8	18.1	3.1	49
1-4	4.2	0.0	0.4	0.0	27.3	22.4	4.9	40
5-7	3.2	0.3	0.8	0.0	28.2	18.5	3.9	45
8-10	10.7	0.0	0.0	0.8	26.7	11.5	2.3	47
11-12	40.0	0.0	0.0	0.0	4.4	8.0	4.0	44
DONT KNOW	4.4	0.0	0.0	0.0	26.7	17.8	6.7	49
TOTAL %	3.1	0.1	0.2	0.1	26.4	18.3	3.8	47
COEFF. CORR.	0.0798							

The data indicate that the proportion of users of modern contraception is higher among those with higher education. The pill was the most widely currently used and only very few women were using any of the other four modern methods. The correlation test also indicates a positive correlation between educational level and current use of the various family planning methods with a coefficient correlation value of 0.079 a 1 percent significance level.

3:2 INCOME LEVEL

Another variable related to family planning knowledge and practice is income. Studies have shown that family planning and relative affluence go hand in hand, and that income is negatively correlated with fertility and positively related with family planning. One of the basic assumptions related to this is that women from higher income groups are more likely to know of and practice contraception than those from lower income groups (Caldwell, 1968:29).

In this study the annual income of the respondents was recorded as reported. It was hypothesized that the higher the annual income the higher would be the women's knowledge and practice of family planning.

Table 3:4 presents the proportions of women by their knowledge of the various family planning methods and by income levels.

TABLE 3:4 PERCENTAGE DISTRIBUTION OF WOMEN WITH FAMILY PLANNING KNOWLEDGE BY INCOME LEVEL

INCOME LEVEL (IN KWACHA)	FAMILY PLANNING KNOWLEDGE					
	PILL	IUD	INJECT- ION	STERILI- ZATION	CONDOM	TRAD
0-99	28.9	1.2	11.6	2.1	2.1	63.5
100-199	37.5	1.6	15.6	1.6	0.0	60.9
200-299	54.2	0.0	20.8	4.2	8.3	50.0
300-399	57.1	0.0	21.4	7.1	0.0	64.3
400-499	0.0	0.0	0.0	0.0	0.0	99.0
500-599	0.9	0.0	9.1	9.1	4.5	77.3
1000 & OVER	54.4	3.8	20.3	7.6	2.5	55.3
DONT KNOW	35.9	0.8	12.6	8.0	2.4	50.2
TOTAL %	30.4	1.2	10.8	3.5	2.1	59.7
COEFF.CORR.	0.0533	0.0668	0.0691	0.0538	0.0657	0.0762

In general, the data do not present any distinct pattern of knowledge of the various contraceptive methods by income level, except that slightly higher proportions of women of incomes less than 400 kwacha were aware of modern methods of contraception than those from income levels of 400 kwacha and above. And that more women within the K400 + K999 income levels were more aware of the traditional methods than those of lower income levels, less than 400 kwacha. Affluence does not seem to have a strong impact on family planning knowledge, and the coefficient correlation value was 0.05 at 1 percent significance level.

This lack of relationship between high income and family Planning knowledge could be due to the fact that the

majority of the people in rural Zambia are still either subsistence farmers or fishermen and hardly have any annual income, and that only a few of high income were interviewed.

In the analysis of the relationship between family planning and income level, the study looked at data on the reported ever use of contraception. Table 3:5 presents the distribution of reported ever use of various birth regulating methods within the different income levels.

TABLE 3:5 PERCENTAGE DISTRIBUTION OF WOMEN WHO HAD EVER PRACTICED FAMILY PLANNING BY INCOME LEVELS

INCOME LEVEL (IN KWACHA)	EVER USE OF FAMILY PLANNING					
	PILL	IUD	INJECT- ION/ STERILI- ZATION	CONDOM	TRAD	OTHER
0-99	8.5	0.1	0.9	9.5	49.3	46.9
100-199	17.2	1.6	1.6	0.0	34.4	64.1
200-299	12.5	0.0	0.0	0.0	29.2	45.8
300-399	21.5	0.0	0.0	0.0	35.7	35.7
400-499	0.0	0.0	0.0	0.0	99.0	66.7
500-999	9.1	0.0	0.0	0.0	40.0	68.2
1000 & OVER	26.5	1.3	2.5	1.3	25.0	50.6
DONT KNOW	8.0	0.0	1.3	0.0	34.9	52.0
TOTAL %	9.4	0.3	1.8	0.4	45.1	47.7
COEFF.CORR.	0.0615	0.0657	0.0557	0.0650	0.0742	0.0573

The data indicate that not only were traditional and other the most widely known methods in almost all income

groups but they were also the most commonly ever used methods, 20 to 60 percent, while relatively fewer proportions had ever used the modern methods, 8 to 20 percent had used the pill, and less than 2.0 percent had used IUD, injection, sterilization and condom. Analysis of coefficient correlation indicates a very low positive association between annual income level and past family planning practice among rural Zambian women. The coefficient correlation values were about 0.06 at 1 percent significance level.

Reported current use was also one of the factors used in the analysis of the relation between income and family planning. Table 3:6 reports the percentage distribution of women currently using contraception according to method and income level.

TABLE 3:6 PERCENTAGE DISTRIBUTION OF WOMEN CURRENTLY USING
FAMILY PLANNING BY INCOME LEVEL

INCOME LEVEL (IN KWACHA)	CURRENT USE OF FAMILY PLANNING							
	PILL	IUD	INJECT- ION/ STERILI- ZATION	CON- DOM	TRAD	OTHER	TRAD/ OTHER	NO
0-99	3.1	0.1	0.3	0.1	30.0	17.6	3.2	45
100-199	7.8	0.0	0.0	0.0	7.8	26.6	1.6	56
200-299	8.5	0.0	0.0	0.0	4.8	41.7	0.0	45
300-399	14.3	0.0	0.0	0.0	14.3	21.4	0.0	50
400-499	0.0	0.0	0.0	0.0	38.3	33.3	0.0	33
500-999	4.5	0.0	0.0	0.0	13.6	40.9	9.1	31
1000 & OVER	19.0	0.0	0.0	0.0	12.7	16.5	1.3	50
DONT KNOW	2.1	0.3	0.3	0.0	17.2	26.6	4.0	49
TOTAL %	3.1	0.1	0.2	0.1	26.4	18.3	3.8	47
COEFF. CORR	0.0739							

The data show that relatively very few of the respondents from all income groups were currently using any method of contraception. However, the reported current use varies by type of contraceptive method. The methods that were mostly being used were the traditional and other, 8 to 40 percent of the respondents. Very low proportions were currently using the modern methods in nearly all income levels, the pill 1 to 9 percent, being the most commonly used modern method and hardly any of the women reported currently using the injection, sterilization, IUD or condom.

SUMMARY

The findings of the study show that socio-economic status has some relationships with family planning. This is particularly so with education attainment of a woman and the extent of family planning; knowledge and practice. This confirms the assumption that the level of education of the woman is one of the factors affecting the extent and nature of family planning; knowledge and practice in rural Zambia. However, the data also suggest that though there were variations in the extent of family planning; knowledge and practice among women of different annual income levels, annual income does not seem to have any distinct influence on the spread of knowledge and use of the various family planning methods among rural Zambian women. This finding calls for further research into this area.

CHAPTER 4

The proceeding chapters have examined how a number of demographic and socio-economic variables are related to family planning. However, it is generally agreed that ultimately the adoption of family planning not only depends on these situational variables but on attitudes related to personal opinion, aspirations, concerns and other personal feelings expressed towards family planning (Dow, 1967:780, Heisel, 1968:632). Okediji (1976) has, for instance, pointed out that in order to limit fertility voluntarily, in addition to knowledge of the means, a favourable attitude towards these means by the person is necessary.

Since attitudes, as already mentioned, are characterized by personal inner feelings which are more or less under the control of the person himself, they are mostly assessed through a number of explanatory variables, as a response which portray these inner feelings that assist in understanding whether approval of family planning is increasing or not (Heisel, 1968:633).

In this study the respondents' attitudes towards family planning were assessed through their responses to the questions on desire for additional children, and if so, the number of additional children desired and desired family size for daughter.

4:1 DESIRE FOR ADDITIONAL CHILDREN AND NUMBER OF ADDITIONAL CHILDREN DESIRED.

In order to examine whether the respondents' desire

for additional children and number of additional children desired are related to family Planning; knowledge and use, it was hypothesized that if a woman wanted additional children and the larger the number of additional children she wanted the lesser would be the extent of her family planning knowledge. Table 4:1 and 4:2 present the distribution of family planning knowledge and desire for additional children and number of additional children desired, respectively.

TABLE 4:1 PERCENTAGE DISTRIBUTION OF WOMEN BY FAMILY PLANNING KNOWLEDGE AND DESIRE FOR ADDITIONAL CHILDREN

DESIRE FOR ADDITIONAL CHILDREN	FAMILY PLANNING KNOWLEDGE						
	PILL	IUD	INJECT- ION	STERILI- ZATION	CON- DOM	TRADI- TIONAL	OT
YES	18.8	0.7	6.7	2.2	1.3	36.5	34
NO	10.1	0.3	3.6	1.2	0.3	20.5	22
NO RESPONSE	1.4	0.2	0.5	0.1	0.2	2.5	2
TOTAL %	30.4	1.2	10.8	3.5	2.1	59.7	59
COEFF. CORR.	0.7406	0.7585	0.7605	0.7562	0.7581	0.7501	0.

TABLE 4:2 PERCENTAGE DISTRIBUTION OF WOMEN AWARE OF FAMILY PLANNING BY NUMBER OF ADDITIONAL CHILDREN DESIRED

NUMBER OF ADDITIONAL CHILDREN DESIRED	FAMILY PLANNING KNOWLEDGE						
	PILL	IUD	INJEC- TION	STERILI ZATION	CON- DOM	TRAD.	OTHER
NONE	22.5	1.3	7.9	6.0	1.3	57.0	57.6
1-4	33.9	1.1	13.7	3.6	2.5	62.2	65.0
5-6	34.6	1.7	12.1	2.6	3.0	58.9	64.9
7-8	37.4	0.8	7.5	2.4	1.6	65.9	59.3
9 AND MORE	36.4	1.6	6.2	5.4	1.6	58.9	50.4
ANY NUMBER	43.7	0.0	13.7	6.9	2.9	64.3	70.4
DONT KNOW	22.3	1.9	3.8	0.6	1.3	70.1	65.6
NO RESPONSE	24.5	1.4	9.5	2.8	1.8	55.3	51.3
TOTAL %	30.4	1.2	10.8	3.5	2.1	59.7	59.3
COEFF. CORR.	0.3119	0.3027	0.3054	0.3000	0.3040	0.2816	0.304

The data indicate that, though, there was in general more widespread knowledge of traditional and other methods than of modern ones, higher proportions of women wanting additional children were more aware of the various family planning methods than those who did not want additional children. (see Table 4:1) It is also shown that most of the women who only wanted a smaller number of additional children were either not or less aware of any birth regulating method. (see Table 4:2). On the whole, the findings do not show existence of a strong relationship between family planning knowledge, and desire for additional children and

number of additional children desired. The coefficient correlation tests, however, indicate a positive association between the variables, at 1 percent significance level, of 0.75 and 0.31 respectively.

The study also examines whether there is a relationship between desire for more children, and number of additional children wanted and "ever use" and "current use" of family planning as an approximate measure of past and present fertility behaviour. The aim was to see whether past and present family planning practice was influenced by the desire for more children and number of additional children wanted among rural Zambian women.

Table 4:3 and 4:4 present the distributions of women by reported past use of birth regulation methods and their desire for additional children and required number of additional children. The data show that over half of the women wanting additional claim to have used the traditional and other methods. This may suggest that these methods were being used mainly for spacing births and not for limiting them. This was supported by the fact that there were more women wanting more children who reported having used the pill than those who did not want any more children. This could be a realization among rural women of the fact that the pill was another readily available contraceptive method which could be use for spacing births.

TABLE 3:1 PERCENTAGE DISTRIBUTION OF WOMEN WITH FAMILY
PLANNING KNOWLEDGE OF EDUCATIONAL LEVEL

EDUCATIONAL LEVELS (IN GRADES)	FAMILY PLANNING KNOWLEDGE						
	PILL	IUD	INJEC- TION	STERILI- ZATION	CON- DOM	TRAD	O
No Schooling	26.6	8.7	8.6	2.6	1.7	60.7	6
1-4	43.5	1.1	11.6	3.6	1.8	64.5	6
5-7	38.7	0.8	12.0	3.9	1.2	59.7	5
8-10	60.3	6.1	21.0	3.8	8.4	53.4	4
11-12	80.0	12.0	32.0	12.0	0.0	36.0	4
DONT KNOW	15.0	2.2	0.8	0.0	2.2	62.2	5
TOTAL %	30.4	1.2	10.8	3.5	2.1	59.9	5
COEFF.CORR	0.1977	0.1734	0.1753	0.1724	0.1726	0.1680	0

N.B Other = traditional herbs, shrubs and medicines
Traditional = Abstinence, prolonged lactation.

The data shows that traditional and other were the most widely known methods. About 59.9 percent of the women reported they had heard about these methods. The pill was the most popular of the modern methods, about 30.4 percent of the women knew of it. The injection was known by 10.8 percent, followed by sterilization, 3.5 percent; condom, 2.1 percent and IUD was the least known, 1.2 percent. Overall the data shows that the traditional and other more methods were known; the knowledge increased with decrease in educational level. On the other hand knowledge of modern

TABLE 4:3 PERCENTAGE DISTRIBUTION OF WOMEN BY EVER USE OF FAMILY PLANNING AND DESIRE FOR MORE CHILDREN

DESIRE FOR MORE CHILDREN	EVER USE OF FAMILY PLANNING METHODS					
	PILL	IUD	INJECTION/ STERILIZATION	CONDOM	TRADITIONAL	OTH
YES	16.7	0.2	1.8	0.4	52.3	51.
NO	18.9	0.5	2.3	0.3	46.1	54.
NO RESPONSE	3.2	0.0	0.5	0.0	10.4	10.
TOTAL %	9.4	0.3	1.8	0.4	45.1	47.
COEFF.CORR.	0.7553	0.7555	0.7470	0.7556	0.7547	0.74

TABLE 4:4 PERCENTAGE DISTRIBUTION OF WOMEN BY CURRENT FAMILY PLANNING USE AND NUMBER OF ADDITIONAL CHILDREN DESI

NUMBER OF ADDITIONAL CHILDREN DESIRED	EVER USE OF FAMILY PLANNING METHODS					
	PILL	IUD	INJECTION/ STERILIZATION	CONDOM	TRADITIONAL	OTHE
NONE	9.4	0.7	2.6	0.0	45.7	45.0
1-4	11.3	0.4	2.7	0.3	42.4	55.6
5-6	10.6	0.4	1.7	1.7	48.9	51.9
7-8	8.9	0.0	0.0	0.0	48.8	48.0
9 & MORE	14.0	0.0	1.6	0.0	41.9	41.1
ANY NUMBER	9.4	0.0	1.1	0.0	57.4	57.8
DONT KNOW	10.2	0.6	0.6	0.6	69.4	43.9
NO RESPONSE	7.0	0.2	1.5	0.3	40.5	39.1
TOTAL %	9.4	0.3	1.8	0.4	45.1	47.7
COEFF.CORR.	0.3063	0.3004	0.3022	0.3030	0.2824	0.3060

TABLE 4:6 PERCENTAGE DISTRIBUTION OF WOMEN BY CURRENT FAMILY PLANNING USE AND NUMBER OF ADDITIONAL CHILDREN DESIRED

NUMBER OF ADDITIONAL CHILDREN DESIRED	CURRENT FAMILY PLANNING USE						
	PILL	IUD	INJEC- TION/ STERILI- ZATION	CON- DOM	TRAD	OTHER	TRAD/ OTHER
NONE	2.6	0.0	1.3	0.0	25.2	15.2	7.6
1-4	4.0	0.0	0.2	0.0	20.9	23.8	1.8
5-6	3.5	0.4	0.0	0.0	27.3	20.3	3.5
7-8	3.3	0.0	0.0	0.0	25.2	22.0	6.5
9 & MORE	6.2	1.6	0.0	0.0	25.6	17.1	3.1
ANY NUMBER	0.7	0.0	0.0	0.0	43.3	21.7	9.1
DONT KNOW	1.9	0.0	0.6	0.0	47.8	12.1	5.1
NO RESPONSE	2.0	0.0	0.2	0.2	24.7	13.7	4.3
TOTAL %	3.1	0.1	0.2	0.1	26.4	18.3	3.8
COEFF.CORR.	0.0363						

The data indicate that roughly over half of the women not who did not want any more children were currently not using any of the birth-regulating methods. It is further indicated that almost a third of these wanting additional children and a large number of additional children were mostly using the traditional and other methods. This could also be an indication of use of contraception for spacing and not limiting births.

The data did not, however, show any clear-cut pattern of association between desire for additional children, and required number of additional children and current use of the various family Planning methods. The coefficient correlation tests which indicate low positive associations of 0.27 and 0.03 between

these variables, at 1 percent significance level confirm this.

4:2 DESIRED FAMILY SIZE FOR DAUGHTER

Apart from desire for additional children, desired family size for others is, according to Roberts et. al., (1965) one of the important attitudinal variables which can influence the extent and nature of family planning, knowledge and practice. "Expectations for others regarding family size, may reflect attitudes towards family planning" (Roberts et.al., 1965:93)

In this study expectations regarding family size for others were, as an attitudinal variable, measured through the women's responses to the question on desired family size for daughter. It was assumed that women who desired small family for their daughters were more likely to be aware of, to have tried and to be currently using some method of contraception.

Table 4:7 summarizes the distribution of women with family planning knowledge by desired family size for daughter.

TABLE 4:7 PERCENTAGE DISTRIBUTION OF WOMEN WITH FAMILY PLANNING KNOWLEDGE BY DESIRED FAMILY SIZE FOR DAUGHTER

DESIRED FAMILY SIZE FOR DAUGHTER	FAMILY PLANNING KNOWLEDGE						
	PILL	IUD	INJEC- TION	STERILI- ZATION	CONDOM	TRAD.	OT
1-4	33.3	7.4	25.9	3.7	11.1	59.3	59
5-6	41.7	0.0	12.5	0.0	4.2	45.8	62
7-8	56.0	4.0	20.0	0.0	68.0	68.0	60
9 & MORE	36.1	2.6	6.3	1.0	2.1	78.5	68
ANY NUMBER	31.2	0.8	7.8	3.1	1.3	65.2	66
DONT KNOW	32.7	1.4	15.1	5.5	2.6	63.2	62
NO RESPONSE	20.9	1.0	9.1	1.7	2.3	35.6	35
TOTAL %	30.4	1.2	10.8	3.5	2.1	59.7	59

The data suggest that the traditional and other methods were more widely known than the modern ones irrespective of desired family size for daughter. It is further indicated that there was an increase in knowledge of traditional and other methods, and the pill with an increase in the size of family desired for daughter. This, as pointed out in the proceeding analysis, could be an indication of the fact that traditional and other methods, and the pill were more likely known for child-spacing purposes rather than for prevention of further births as supported by the positive coefficient correlation values of 0.40 between desired family size for daughter and knowledge of birth regulating methods, at 1 percent significance level.

The study also examines the relationship between desired family size for daughter and reported past use of the birth regulating methods. Table 4:8 summarizes the distribution of women who had used the various family planning methods by desired family size for daughter.

TABLE 4:8 PERCENTAGE DISTRIBUTION OF WOMEN WHO EVER USED FAMILY PLANNING BY DESIRED FAMILY SIZE FOR DAUGHTER

DESIRED FAMILY SIZE FOR DAUGHTER	EVER USE OF FAMILY PLANNING METHODS					
	PILL	IUD	INJECTION/ STERILIZATION	CONDOM	TRADITIONAL	OTHER
1-4	3.7	0.0	3.7	3.7	48.1	51.9
5-6	16.7	0.0	4.2	4.2	45.8	37.5
7-8	12.0	0.0	4.0	0.0	60.0	52.0
9 & MORE	9.9	0.0	0.0	1.0	62.8	47.1
ANY NUMBER	9.5	0.3	1.1	0.5	54.5	53.9
DONT KNOW	10.2	0.4	2.8	0.2	41.4	51.1
NO RESPONSE	7.2	0.2	1.8	0.0	25.7	28.1
TOTAL %	9.4	0.3	1.8	0.4	45.1	47.7
COEFF.CORR.	0.3868	0.3963	0.3894	0.3981	0.4088	0.3739

The data shows that reported ever use of the family planning methods does not have a systematic association with desired family size for daughter, though there was a widespread use of the traditional and other methods, and the pill. This could, again, be an indication of the fact that most rural Zambian women are positively inclined towards methods of contraception which could be used not only to limit child-bearing, but to space births as well. This lack of a strong pattern of association between reported past family planning use and desired family size for daughter is, however, underscored by the coefficient correlation tests which suggest a positive relationship of 0.40, between these variables, at

1 percent significance level.

The extent of reported current use, was another index used in the analysis of the relationship between family planning and desired family size for daughter. Table 4:9 shows the distribution of family planning current use by desired Family size for daughter.

TABLE 4:9 PERCENTAGE DISTRIBUTION OF WOMEN CURRENTLY USING FAMILY PLANNING BY DESIRED FAMILY SIZE FOR DAUGHTER

DESIRED FAMILY SIZE FOR DAUGHTER	CURRENT FAMILY PLANNING USE						
	PILL	IUD	INJEC- TION/ STERILI- ZATION	CON- DOM	TRAD	OTHER	TRAD OTHE
1-4	7.4	0.0	0.0	0.0	37.0	22.2	0.0
5-6	4.2	0.0	0.0	0.0	29.2	20.8	0.0
7-8	8.0	0.0	4.0	0.0	36.0	4.0	4.0
9 & MORE	3.1	0.0	0.0	0.0	40.3	12.6	2.6
ANY NUMBER	2.8	0.1	0.1	0.1	33.2	19.6	5.4
DONT KNOW	3.0	0.2	0.3	0.0	22.6	22.1	3.1
NO RESPONSE	3.5	0.0	0.3	0.2	14.2	10.1	2.3
TOTAL %	3.1	0.1	0.2	0.1	26.4	18.3	3.8
COEFF.CORR.	0.1627						

It is observed from the data that a large proportion of the women wanting small families for their daughters were currently not using any contraception. The majority of the women who reported currently using contraception were using the traditional and other methods, followed by the pill. On the whole desired family size for daughter does not show any

clear-cut effect on the reported current use of the birth-regulating methods, even though the coefficient correlation analysis indicate a comparatively positive association of 0.16, at 1 percent significance level.

SUMMARY

This chapter shows that desire for more children, number of additional children desired and family size desired for daughter are not strongly associated to the family Planning; knowledge and practice of the rural Zambian women. However, the coefficient correlation tests suggest comparatively positive associations between these variables and family planning.

We can on the basis on these findings say that rural women do not limit their child-bearing due to lack of inclination or desire to do so, implying negative attitudes towards family planning methods. On the other hand, this could be due to lack of widespread knowledge and availability of contraceptive methods.

CHAPTER 5

SUMMARY

This chapter presents a summary of the findings of the study. As shown in Table 5:1 which presents a summary of selected demographic and socio-economic characteristic of the respondents (see Appendix A), the literacy rates among rural Zambian women is low. Consequently most of the women did not know their ages, and most of these who knew their ages, were aged 20-29 years. Of those who stated their ages, the median age was 35 years.

In the sample, the married women constituted the largest proportion, accounting for 76.1 percent of the sample; the rest of the women were either single, divorced, widowed or separated. This shows that most women in rural Zambia are married.

On religious affiliations the largest proportion of the women belonged to the Roman Catholic Church, 39.1 percent, Protestants, 36.7 percent; made up of 14.7 percent Reformed Church and 4.3 percent United Church members. The rest belonged to either Anglican, Jehova's Witnesses or other miscellaneous sects.

Socio-economically data suggest that over two thirds of the respondents (37.7 percent) had little or no education and that the largest proportion of them came from low income families; about 60 percent of the women reported annual incomes of less than a hundred kwacha.

Data on attitudinal factors related to the desire for additional children and desired family size indicate that most of the women wanted additional children. It is, however questionable as to whether this reflected real fertility desires or whether it was in part a post fact rationalization. A significant number of the respondents were, however, not able to provide a numerical answer to the question on desired family size for daughter, about 3.6 percent of them said "Any number," and/or "I do not know." It was, therefore, difficult to calculate mean desired family size for daughter.

This kind of response could be an indication that the respondents were not accustomed to thinking in hypothetical terms.

In addition to demographic and socio-economic characteristics of the respondents, data was also collected on the nature and extent of the respondents' knowledge and use of the birth - regulating methods, their source of information, and reason for using one or more of the available family planning methods.

Table 5:2 shows women's extent of knowledge and use of the various family planning methods, sources of contraceptive information and reasons given for practicing contraception. The data show that over two thirds of the respondents were aware, of and had tried, and were currently using abstinence, prolonged breastfeeding, traditional charms and medicines while knowledge and use of modern family planning methods was comparatively low. This reflects lack of information on, and availability of modern contraception. This may also indicate conservative attitudes towards modern ideas among rural Zambian women.

As the women differed in their demographic, socio-economic characteristics and extent of family planning knowledge and use, their sources of information and reasons for putting it into practice, also varied. The majority of the women heard of, or learnt about family planning from their local women's group, usually made up of traditional mid-wives and elderly women. A relatively large number of them also mentioned family planning clinics. However, the major source of family planning information was still the local women's group of traditional mid-wives. Of the reasons given for using one or more of the family planning methods, child-spacing was the most commonly mentioned. Very few of the women said they were using contraception to avoid further pregnancy.

The findings show that the highest proportion of the women with family planning knowledge and those who were using contraception falls within the 20-29 age group. Knowledge and use was lowest in the younger age group, 15-19 years. It, however, increased with age but declined again in the

higher age group, 40 and above.

On the relationship between family planning knowledge and use and marital status, no consistent pattern emerged. On the other hand, single women had more knowledge of family planning methods, especially of modern methods, than either the married, divorced or widowed. A large proportion of the single women were in the younger age groups, had more schooling and access to sources of methods of family planning.

Religious affiliation does not seem to lead to any distinct differences in the respondent's knowledge and use of traditional and other methods. There are, however, some religious variation in the knowledge and use of modern methods, especially of the pi Protestant Churches had a higher proportion of women aware of, had tried and were currently using this method than the Catholic

There were differences in family planning; knowledge and use by educational attainment of the women. The trend shows that the higher a woman's education, the more likely she was to have heard of, used and be using the modern family planning methods.

The income differences seem to have very little effect on family planning, knowledge and use. However, less affluent women with less than K400 income per annum, were aware of, had used and were using modern family planning methods more than women with K400 and above incomes per annum.

On the link between additional and number of additional children desired and family planning, most of the women who did not want additional children did not know, had not tried and were not using any contraception. Family planning; knowledge and use does not also distinctly differ by desired family size.

CONCLUSION

This study demonstrates that family planning knowledge and practice levels among rural Zambian women are, irrespective of age, marital status, religious affiliation, socio-economic status and desired family size, very low. The extent and nature of knowledge and use show that traditional and other

methods of abstinence, prolonged breastfeeding are still the most prevalent, while knowledge and use of the modern methods except for the pill, is relatively low. It has also been indicated that though most rural women recognized the need for family planning, it is more as a method of spacing their children to, for instance, improve the survival of their children, and not as a method of limiting the number of children they will finally have.

The study again shows that there has not been any extensive social change with regard to family size norms in rural Zambia, for most women family size preferences are still relatively large. It seems there has been no change in the perceived value of children socially and economically which implies low family planning practice.

The findings of the study, therefore, suggest that the majority of the women in rural Zambia still needed to be motivated to adopt small family size norms and hence to develop favourable attitudes towards family planning information and use.

However, when interpreting the findings of this study it should be realized that the study was limited in several ways. First the data was collected from only rural women, aged 15-50 years, though it was recognized that men, and women of other age ranges could also have provided useful data. But because women aged 15-50 years were regarded as best able to provide reliable information on family planning; knowledge and practice, it was decided to limit the study to these women. Second, the sample was limited to only two provinces and two districts in each province. The study may not, therefore, be quite representative of rural Zambian women, although the findings are suggestive. Third, there is the difficulty of concepts being translated in vernacular languages. Even after the translated questionnaire was tested in a pilot study there were still problems of definition and interpretations by the respondents of the two language groups: Bemba and Nyanja. Fourth, there was the limitation in the methodology which is related to the use of a questionnaire based on a structured questionnaire. To investigate some of the topics in more detail

there should have been some open-ended questions included in the interviews.

However, despite these limitations the findings go a long way to show the extent of family planning in rural Zambia.

APPENDIX A

TABLE 5:1 SUMMARY DISTRIBUTION OF SELECTED DEMOGRAPHIC AND
SOCIO-ECONOMIC CHARACTERISTICS OF THE RESPONDENTS

SELECTED CHARACTERISTICS	NUMBER	PERCENTAGE
AGE		
15-19	425	12.9
20-29	842	25.5
30-39	871	14.4
40-49	363	11.0
50 AND OVER	81	2.5
DONT KNOW	1020	33.9
TOTAL	3302	100.0
<u>MARITAL STATUS</u>		
SINGLE	262	7.9
MARRIED	2512	76.1
DIVORCED	185	5.6
WIDOWED	167	5.1
SEPARATED	31	0.1
NO RESPONSE	145	4.2
TOTAL	3302	100.0
<u>RELIGIOUS AFFILIATION</u>		
CATHOLIC	1291	39.1
UNITED CHURCH (U.C.Z)	141	4.3
JEHOVA'S WITNESS	162	4.9
ANGLICAN	451	13.7
REFORMED CHURCH	485	14.7
OTHER	697	21.1
NO RESPONSE	75	2.3
TOTAL	3302	100.0

TABLE 5:1 (continued)

SELECTED CHARACTERISTICS	NUMBER	PERCENTAGE
<u>EDUCATIONAL LEVEL</u>		
NONE	1563	47.3
1-4	612	18.5
5-7	724	21.9
8-10	131	4.0
11-12	25	0.8
DONT KNOW	49	1.4
NO RESPONSE	202	6.1
TOTAL	3302	100.0
<u>INCOME LEVEL</u>		
0-99	1754	53.1
100-199	64	1.9
200-299	24	0.7
300-399	14	0.4
400-499	3	0.1
500-999	22	0.7
1000 AND OVER	79	2.4
DONT KNOW	373	11.3
NO RESPONSE	969	29.3
TOTAL	3302	100.0
<u>DESIRE FOR ADDITIONAL CHILDREN</u>		
YES	1810	54.8
NO	1074	32.5
NO RESPONSE	412	12.4
TOTAL	3302	100.0

TABLE 5:1 (Continued)

SELECTED CHARACTERISTICS	NUMBER	PERCENTAGE
<u>NUMBER OF ADDITIONAL CHILDREN DESIRED</u>		
NONE	151	4.6
1-4	997	30.2
5-6	231	7.0
7-8	123	3.7
9 MORE	127	3.9
ANY NUMBER	277	8.4
DONT KNOW	137	4.8
NO RESPONSE	151	4.6
TOTAL	3302	100.0
<u>DESIRED FAMILY SIZE FOR DAUGHTER</u>		
1-4	27	0.8
5-6	24	0.7
7-8	25	0.8
9 - MORE	191	5.8
ANY NUMBER	1279	38.7
DONT KNOW	1152	34.9
NO RESPONSE	604	18.3
TOTAL	3302	100.0

TABLE 5:2 DISTRIBUTION OF THE RESPONDENTS, NATURE AND EXTENT OF FAMILY PLANNING; KNOWLEDGE AND USE, THEIR SOURCE OF CONTRACEPTIVE INFORMATION AND REASON FOR PRACTICING CONTRACEPTION

CHARACTERISTICS	NUMBER	PERCENT
<u>KNOWLEDGE</u>		
PILL	1004	30.4
IUD	40	1.2
INJECTION	300	10.2
STERILIZATION	116	0.1
CONDON	70	0.1
TRADITIONAL/OTHER	1571	57.9
NO RESPONSE	201	
TOTAL	3302	100.0
<u>EVER USE</u>		
PILL	300	9.4
IUD	10	0.2
INJECTION/STERILIZATION	60	1.8
CONDON	12	0.4
TRADITIONAL	1346	42.5
OTHER	1372	45.7
NO RESPONSE	202	
TOTAL	3302	100.0

TABLE 5:2 (Continued)

CHARACTERISTICS	NUMBER	PERCENT
<u>CURRENT USE</u>		
PILL	103	3.1
IUD	3	0.1
INJECTION/STERILIZATION	8	0.2
CONDOM	2	0.1
TRADITIONAL	875	26.4
OTHER	605	18.3
TRADITIONAL/OTHER	125	3.8
NONE	1583	47.9
TOTAL	3302	100.0
<u>SOURCE OF INFORMATION</u>		
FRIEND	347	10.2
HUSBAND	134	4.1
M.C.H. CLINIC	789	23.9
MASS MEDIA	57	1.7
WOMEN'S GROUP	865	26.2
OTHER	445	13.5
NOT HEARD OF	140	4.2
NO RESPONSE	518	15.7
TOTAL	3302	100.0
<u>REASON FOR CONTRACEPTION</u>		
SPACING	1464	44.3
BIRTH CONTROL	461	14.0
OTHER	408	12.4
NO RESPONSE	935	28.4
TOTAL	3302	100.0

APPENDIX B

SURVEY QUESTIONNAIRE

This study's questionnaire is divided into five parts: which are as follows: Household roster: Birth history: Family Planning, Marital Status and Migration history. This study mainly used data collected on Part Three of the questionnaire "Family Planning" though some of the data from the other parts i.e. Household roster was used to.

Card No.

Province

District

Village

Household No.

Now we would like some information about the people who ordinarily live in this household; persons who usually sleep and share at least one daily meal with your household.

List names and particulars of all persons who normally live in this household and those who slept here last night.

Names of usual residents and visitors	Persons Aged 10+				
	Relation	Age	Sex	Religion	Marital Status
List names of all persons who usually live in this household and who slept here last night	Detail relationship to the head of household		M = 1 F = 2	RC = 1 UKZ = 2 JW = 3 Anglican = 4 RCZ = 5 Other = 6	Single = 1 Married = 2 Widowed = 3 Divorced = 4 Separated = 5
				State whether ever/never been to school: Ever = 1 Never = 2	State highest grade completed
					State if born in this District: District = 1 Outside = 2
1					
2					
3					
4					
5					
6					
7					
8					
9					
0					

[illegible]

PART II: BIRTH HISTORY--(FOR ALL WOMEN AGED 15-49 YEARS)

Card No.

Province

District

Village

Household No.

Line No.

Would like to get a complete record of all the babies you have given birth to in your life time. Have you ever had any children?

Yes = 1, No = 2

If YES list details of each child, as given below:

Birth Order No.	Was it a first, second, etc. child? (List all the children who are here, elsewhere, or dead)	Sex of child M = 1 F = 2	Date of Birth Year Month	Whether the child is alive or dead? Alive = 1 Dead = 2	Any two consecutive births, did you experience any still birth or miscarriage? No = 1, Yes = 2	Breastfeeding in month. For period of less than one month, write 00
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

NOTE: For twins give same order number and change next order. If, say, twins were fifth both would be No. 5, changing No. 6 to be 5, and then 7 becomes 6, and 8 becomes 7, etc.

For still births and miscarriages ask the following: (i) Before birth of X (e.g., first born) did you have a pregnancy which did not result in a live birth? and (ii) After Y (e.g., last born) did you have a pregnancy which did not result in a live birth?

PART III: FAMILY PLANNING—(FOR WOMEN AGED 15-49 YEARS)

Card No. Province District Village
 Household No. Line No.

SECTION A: Contraception, Knowledge and Use

Provide answers in terms of YES = 1, NO = 2

	Pill	I.U.D.	Injection	Sterilisation		Condom	Traditional	Others
				Female	Male			
(i) Methods heard of	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(ii) Methods ever used	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(iii) Methods currently using	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(iv) Among ever used; preferred method	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(v) Among never used; preferred method	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(vi) If currently married, method husband now using	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(vii) How did you hear about family planning?

friend = 1, Husband = 2, N.C.H. Clinic = 3, Mass Media = 4, Womens Group = 5, Other = 6.

(viii) Reasons for contraception.

spacing = 1, birth control = 2, other = 3.

(ix) If you don't practice contraception, can you tell me why?

unreligious = 1, discouraged by husband or relatives = 2, no knowledge = 3, other = 4.

SECTION B: Desired Family Size

(i) You said you have X number of children. Are you planning to have more?

YES = 1, NO = 2

(ii) If YES, how many more? Boys

Girls

(iii) If NO, why? Physical impairment = 1, don't want anymore = 2, other = 3.

(iv) If your daughter were getting married today, how many children would you advise her to have?

Boys

Girls

Don't know

Any number

Country.	District	Village	Household No.	Line No.

Marital status: Never married = 1, currently married = 2, widowed = 3, divorced = 4, separated = 5.

(For ever married only) Give details of each marriage contracted: dependent on

[illegible]

NOTE
A deer in this Vgs = 1, some live in this Vgs = 2, some in this Vgs and occurs in other Vgs = 3, no other Vgs are surviving = 4.

PART VI: MIGRA - (ALL WOMEN AGED 15-49 YEARS)

Card No.

Province

District

Flags

Household No.

Line No.

Name (From Part I)

Where did you live mostly at the age of 15 years? Rural - Urban - 2, Both - 3

List all past moves, where you or your husband, (if married, were away from the current place of residence (for a period of one year or more):

Yourself					Husband (if married)					
Move	Date left	Place moved to	Reason of migration	Date returned to this place	Move	Date left	Place moved to	Reason of migration	Date returned to this place	
	Month	Year		Month		Year	Month	Year		Month
First										
Second										
Third										
Fourth										
Fifth										
Sixth										

NOTE * Place moved to: within same district/urban = 1, rural = 2, another district within same Province/urban = 3, rural = 4, another Province/urban = 5, Rural = 6, Outside the country = 7.

Interviewed By
Date of Interview
Date of 1st Recall
Date of 2nd Recall
Date of Final Recall
Date of Interview Discontinued

Checked by: Date:
Crosschecked by: Date:

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