

CULTURAL BARRIERS TO UTILIZATION OF CONTRACEPTIVES AMONG WOMEN IN NDHIWA SUB-COUNTY, HOMA BAY COUNTY, KENYA

^{1*} **Hezron Ouma Agili**

hez@gmail.com

Kenyatta University, P. O. Box 43844 – 00100, Nairobi, Kenya

Abstract

The goal of contraceptives aims at linking fertility, nutrition and child-spacing to the mother's health, the child's health and mental development and the general family welfare. However, family planning programme has achieved only a limited success since only a small portion of the reproductive couples have been converted in favour of family planning and currently using contraceptives. The importance of meeting the unmet need for contraception is nowhere more urgent than in the countries of sub-Saharan Africa, where the fertility decline is stalling and total unmet need exceeds 30 percent among married women. Although Kenya's contraceptive prevalence rate currently stands at 46 percent, there is still a regional CPR variation at 66.7 percent in Central region of Kenya, 34.3 percent in Coast and 37.3 percent in Western region of Kenya. Total fertility rate in Ndhiwa Sub-County is on an average of 5.0. This is still above the national average of 4.6. Therefore, the aim of this study was to investigate the cultural barriers to utilization of contraceptives among women in Ndhiwa Sub-county. A questionnaire was administered to a sample of 164 married women aged 15 to 49 selected randomly from the two divisions, namely Ndhiwa and Nyarongi in Ndhiwa Sub-county. The data were analyzed through frequencies, percentages, Chi-square and stepwise multiple regression model using Statistical Package for Social Scientists (SPSS). The study revealed that polygamy had significant relationship with contraceptive use. Through stepwise multiple regression model, it was possible to identify polygamy as the predictor of contraceptive use among women in Ndhiwa Sub-county. There was no significant relationship between son preference and type of religion. The study recommended the dissemination of contraceptive information through education and creation of awareness by family planning designers and implementers due to ignorance of the respondents.

Keywords: *Polygamy, son preference, religion, contraceptive use and step-wise regression analysis*

1. Introduction

There has been a remarkable rise in contraceptive prevalence in the entire world (Carl and Toshiko, 2013). However, at the regional level, the advancement in the effectiveness of family planning programme and in the variety of contraceptive method used has been different. An investigation by Carl and Toshiko (2013) shown that Africa and sub-Saharan Africa had the lowest contraceptive prevalence at 31 percent and 26 per cent, respectively, as compared to 75 percent in Latin America and the Caribbean, and 65 percent in Asia, (Carl and Toshiko, 2013). Figures show that the practice of modern methods in Africa and sub-Saharan Africa remains to be approximately one-third of the levels in the other two developing regions. Discrepancy in contraceptive prevalence is also eminent at the sub-regional levels within each main area. For instance, Northern and Southern Africa states have much higher dominance of all methods or of modern methods of contraception

related to any other African region (Carl and Toshiko, 2013). Somewhat, utilization of modern methods of contraception is low in Middle and Western Africa (Carl and Toshiko, 2013), 8 per cent and 11 per cent, respectively, in 2013.

Compared by the rest of the world, TFR in Africa as a whole is still high. Nonetheless, Southern Africa has a remarkably low total fertility rate (TFR) of 2.5 compared to the other regions of Africa (Carl and Toshiko, 2013). For the period 2012 – 2013, total fertility rate at the world level was at 2.5 children per woman (Carl and Toshiko, 2013).

The significance of meeting the unmet need for contraception is nowhere more vibrant than in the countries of sub-Saharan Africa, (SSA). Contraceptive prevalence is low in the African region despite substantial family planning programmatic efforts. Kenya has had an official population policy since 1966. It has continuously pursued vigorously policies designed to reduce fertility rate through family planning programmes (NCPD, 2012). This would allow women produce children only through the biologically most effective and slightest dangerous age in their fertile life. It also guarantees that the total numbers in want of basic wellbeing services such as education, healthcare and housing rise less swiftly than the national aptitude to expand them.

Nevertheless, the total fertility rate drop is delaying and total unmet need for family planning still exceeds 30 percent among married women (Carl and Toshiko, 2013). Since 1984 to 1998, the Contraceptive Prevalence Rate (CPR) more than doubled from 17 percent to 39 percent in Kenya. The CPR then stagnated for some time before increasing to 46 percent in 2009, and then dropped slightly to 45 per cent in 2013. The advancement of family planning has not been the same in all the counties of Kenya. While counties like Kiambu, Nyamira, and Migori shown an increase in CPR between the years, the CPR in Homa Bay County is small. Knowledge of family planning methods remained universal at over 97 percent in Kenya (NCPD, 2012). Despite this achievement, there is an unmet need for family planning at 26 percent. Western Kenyahas the highest unmet need of 32 percent and poorly performing in the use of family planning while Central Kenya was the best performing in the utilization of contraceptives (NCPD, 2012).

A study carried out by the Republic of Kenya (2009), brought out that only 32.9 per cent of the nuptial women in Nyanza province aged 15 to 49 years practicefamily planning compared to Nairobi, 49.0 per cent, Central, 62.5 per cent, Eastern, 43.8 per cent, Rift Valley, 34.7 per cent and Western, 41.1 per cent. This is despite the larger percentage, 93 per cent, of availability of facilities offering modern methods of contraception in Nyanza province compared to Central, 89 per cent, Coasts, 79 per cent, Eastern, 79 per cent, and North Eastern, 67 per cent. This is an evident that the government has not met its family planning target in Nyanza Province and there are huge shortfalls in performance in the counties of Nyanza aimed at reducing the high fertility rate to more manageable proportions. It is indispensable to re-examine and review the traditional value of unrestricted reproduction and the high fertility rate. This is because the high population endangers its present and future wellbeing by placing substantial strain on the existing resources or basic human needs (NCPD, 2012).

2. Review of Empirical Literature

A study by Baschieri (2013) revealed that in West and East Africa, more than 20percent of married women are in polygamous marriages. In Kenya, KDHS (2008 – 2009) data indicated that polygamy is diminishing. The KDHS (2008 – 2009) statistics indicate that among men, polygamy in Nyanza is leading and high as compared to that in Central Province which is at 15.4 percent and 0.5 percent respectively, KDHS (2008 – 2009) however found out that the practice of polygamy still prevails in Nyanza and have serious implications on sexual activity and fertility.

According to Ezeh (1997), this emerges since the many wives may compete in giving birth resulting to high population growth rate. The scenario is evident among the Luo, Mijikenda and the Kamba communities. In Malawi, Baschieri (2013) reported that the contraceptive use was considerably lower among women in polygamous nuptials than among those in monogamous ones. The study proposes that characteristics of polygamous marriages have caused polygamous women to be more resistant to utilization of contraceptives than monogamous women. While the study was not intended to explain the reasons for this, the investigators speculate that the ability of women in polygamous marriages to share tasks with their co-wives softens the impact of having an unplanned birth, and thus may reduce women's inspiration to practice contraception. This disclosure supports the study in explaining how types of marriage affect use of family planning.

Studies by Akintade et al., (2011) and Clements & Madise (2004) reported that between one-quarter and one-half of women in sub-Saharan Africa report that their religion negatively impacts their contraceptive use. Additionally, Ezeh and Dadoo (2001) also reported that religious systems that associate pronatalism as divine blessing and infertility as a curse could influence reverses in fertility preferences. A shift towards large fertility preferences among Muslims in Kenya was observed by Westoff and Cross (2006) while Gregson et al. (1999), Agadjanian (2001) and Agha et al. (2006), Note arise in certain Pentecostal movements, particularly among young people and the relation with doctrines opposed to modern contraceptive use in Zambia.

Muslims and Catholics contend intensely against the use of artificial methods of family planning and takes a stout stand on this and supports the natural methods which are thought to be free of side effects (Ziyane and Ehlers, 2007); to them it signifies humility (Izugbara and Ezeh, 2010).

According to Ndubani & Hojer (2001), communities that emphasize the importance of childbearing do not embrace the use of contraceptives. Even though these societies differ prominently in culture, son preference is a common feature (Jegade, 2009). This transpires because of the social responsibilities expected of men, like being an heir to the father for continuousness purposes and family's prestige and influence. A couple with only girls ends up giving birth to several children with the hope of getting a boy leading to large and unplanned families.

Kamal & Islam (2010) revealed that son preference is a principal factor influencing use of family planning especially for newly married women. For example, in Bangladesh, there is the longing for the first child to be a boy in couples. Mothers who already had a son were 60 percent more likely to use contraceptives than those who did not (Kamal and Islam, 2010).

With a TFR of 5.0 in Ndhiwa Sub-county, there is little effective contraception being practiced. Notwithstanding the available reproductive health and family planning programmes that are offered by the Government in collaboration with other stakeholders, most women particularly in rural areas are still unwilling to embrace contraceptives in Nyanza. Few survey study have been carried out in Homa Bay County. The study was meant to fill in part of such a gap by attempting to determine some of the cultural barriers to utilization of contraceptives and to add up to obtaining a more reliable and newer data and rank them so that they could be handled with thoroughness. This will hopefully provide information that will be useful to individual researchers, institutions interested in population issues and government planners for assessing alternative strategies necessary for general and national development.

3. Research Hypothesis

The subsequent null hypothesis was established and verified in this proposed study to find responses to the problem under analysis in Ndhiwa Sub-county;

H₀: There is no significant relationship between cultural factors and contraceptive use among women in Ndhiwa Sub-county.

4. Research Methodology

A descriptive survey approach was employed in this study. The researcher used Rea and Richard (1997) comprehension table guide while determining a sample size in a survey research. Since the households' size was 16,888 where the research was based on, a desired confidence level of 99 per cent and a margin of error of ±10 per cent were preferred. Therefore, the resulting sample size of respondents was 164 women aged 15 to 49 who had been in marriage for at least six months. The widened sample size ensured reliability. Data collection encompassed individual oral questioning with the aid of a questionnaire

Two divisions were selected out of five and a total of 164 respondents were sampled. Simple random sampling method adopted was used by writing the name of each division on a slip of paper. These divisions were Ndhiwa, Nyarongi, Pala, Riana and Kobama. The five slips of papers so prepared were put into a cup and mixed and then the researcher drew as a lottery the two slips, one after the other without substitution. The first two pieces of papers drawn out of the cup were Pala division and Kobama division that were used for the study

Quantitative data was analyzed using Statistical package for social Scientists (SPSS) and Microsoft Excel. Chi-square test was used to assess the nature and degree of the relationship between contraceptive use and the cultural variables using P values. The results were tested for significance at 0.01 (99 percent confidence levels).

Chi-square was calculated by the formula:

$$\chi^2 = \sum \left[\frac{(O - E)^2}{E} \right]$$

Where, $\chi^2 = chi - square$, O = Observed frequencies and E = Expected frequencies

Step-wise multiple regression analysis was performed in order to find how the independent variables were related to contraceptive use in Ndhiwa Sub-county. The independent variables were son preference, polygamy and religion while the dependent variable was contraceptive use. The independent variables were put into the model to determine the predictor variables of contraceptive use among the sampled population. Thus, the formula for the model was:

$$Y = f(X_1, X_2, \dots, X_n) + e$$

Where, Y = dependent variable, contraceptive use, $f(\cdot)$ = signifies the function of explanatory variables, and e = stochastic error term, (held constant)

By the nature of the step-wise regression model, independent variables which did not contribute significantly in explaining (predicting) the dependent variable were eliminated.

5. Results and Discussions

This chapter presents quantitative data analysis described as follows: respondents’ demographic characteristics, factors affecting contraceptive use and spouses’ perceptions on contraceptive use.

5.1 Results of stepwise multiple regression model

The study sought to investigate the influence of cultural barriers in Ndhiwa Sub-county that had significant influence on contraceptive use. A step-wise multiple regression examination was performed and three variables: polygamy, religious preference and son preference on contraception were considered while the dependent variable was use of contraceptives. The model summary of the analysis findings are as shown in Table 5.1.

Table 5.1: Model summary of the stepwise multiple regression

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.438 ^a	.200	.185	.435

Source: Field Survey, Author (2014)

a. Predictors: (Constant), Polygamy

The predictor variable in the model was polygamy. The stepwise multiple regression output disclose that the value of the R² is 20 per cent. This indicated that over 20 per cent of the total variance in the dependent variable is accounted for by the variable. The stepwise multiple regression model eliminated the other two variables; respondent's religious preference, and son preference (Table 5.2).

Table 5.2: Evaluation of each predictor variables to the prediction of the dependent variable

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	.757	.111		6.838	.000
	Polygamy	.443	.070	.456	6.250	.000

Source: Field Survey, Author (2014)

The results in Table 5.2 reveal how polygamy was able to predict contraceptive use, and how much unique variance it explains in the dependent variable. Interpretation was based on the standardized coefficients in Table 5.3 to ascertain the contribution of the predictor variable to the prediction of the dependent variable using the beta values. The output indicates that the most important single predictor variable of contraceptive use was polygamy. The multiple coefficient of determination (r²) for this variable is 0.200, (Table 5.1), indicate that 20 per cent of the variation in contraceptive use is accounted for by the polygamy on contraceptive use. Its beta weight is 0.456 and is statistically significant (t = 6.250). It is statistically significant (t = .456). Its beta weight is .456. The sizes of the beta weights in the regression model indicate the relative importance of each independent variable. The larger the absolute value of beta weight, the more important the contribution of the

independent variable. The beta weights show that much of the variation in contraceptive use is caused by polygamy.

Table 5.3: Standardized coefficients of the stepwise multiple regression for excluded variables

Model	Beta In	T	Sig.
Respondent's religious preference	.046 ^c	.735	.434
Respondent's son preference	.063 ^c	1.063	.273

Source: Field Survey, Author (2014)

Table 5.3 shows multiple stepwise regression analysis demonstrating the excluded variables. The beta values for respondent's religious preference and son preference was .046 and .063 respectively. These beta values were very low indicating that they made very less of a unique contribution to explaining the dependent variable hence excluded in the model. The excluded variables had significant values greater than .05 (Table 5.3), therefore, the variables did not make a statistically significant contribution to the prediction of barriers to utilization of contraceptives and hence left out of the multiple stepwise regression model.

The statistical analysis using Chi-square test shows that there was a significant relationship between type of marriage and contraceptive use. Since p-value (0.001) is less than the statistical significance, (0.01), the null hypothesis stated is thus rejected. Therefore, there is a significant relationship between contraceptive use and type of marriage. The results of this analysis underscore the previous studies in Kenya by Ezeh (1997). Wives symbolized wealth – both in terms of the man’s ability to provide bride wealth for several women, and increased labour provided by women and children that enhances the family wealth while ensuring a continued lineage.

Table 5.4: Chi-square test for relationship between contraceptive use and type of marriage

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	10.144 ^a	1	.001
N of Valid Cases ^b	164		

Source: Field Survey, Author (2014)

Concerning type of marriage, findings indicate that 55 and 109 respondents were in polygamous and monogamous marriages respectively. Table 5.5 shows that only 40 per cent of the married women in polygamous unions used contraceptives while 60 per cent did not use contraceptives within respondent’s type of marriage. Most of the women in monogamous unions, 66.1 per cent embraced the use of contraceptives within type of marriage as compared to 33.9 per cent who did not use contraceptives. However, a similar study in Malawi by Baschieri et al, (2013) revealed that women in polygamous marriages were less likely than those in monogamous marriages to use contraceptives. The polygamous men tended to be married to men who had not gone to primary school and who desired more children than monogamous couples and thus may reduce women’s motivation to practice contraception.

A regression analysis carried out revealed a significant relationship between woman’s marriage type and utilization of contraceptives. Therefore, type of marriage was a predictor variable (Table 5.2).

5.1.2 Relationship between religion and utilization of contraceptive in Ndhiwa Sub-county.

The results indicate that, across the 164 respondents surveyed, there were is 63.5 percent protestant church members using contraceptives whilst women in Muslim religion recorded the least number in terms of contraceptive use that is 31.8 percent. Catholic Church recorded 58.6 percent of women using contraceptives while African Independent Churches recorded 52.9 percent of women using contraceptives.

Table 5.5: Chi-square test for relationship between contraceptive use and religion

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	7.521 ^a	3	.057
N of Valid Cases	164		

Source: Field Survey, Author (2014) Respondents type of religion showed no statistically significant relationship with contraceptive use $p \geq 0.01$ ($df=3$, $p=p.057$) as shown in table 4.8. The study results indicate that the Catholics believed that all sexual acts were for procreation, while the Muslims said that the Quran states that it is against God’s will to use contraceptives, thus hindering them from using contraceptives.

5.1.3 Relationship between son preference and contraceptive use in Ndhiwa district

Table 5.6: Chi-square test for relationship between contraceptive use and son preference

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.116 ^a	2	.347
N of Valid Cases	164		

Source: Field Survey, Author (2014)

Since p-value (0.347) is more than the statistical significance value, (0.01), $p \geq 0.01$ ($df=2$, $p=0.347$), the null hypothesis was accepted and therefore there was no significant relationship between son preference and contraceptive use, contrary to Kamal and Islam (2010) and Brunson (2010). Brunson (2010) established that son preference remains strong in among women in Nepali culture due to pressure from their society, community and family to produce sons.

Son preference was established and there were 120 women respondents who preferred either child gender preference. They regarded children as the same and God given. 26 preferred males whom they see as central in the continuity of the family name and as heirs, while 18 preferred the females because they supposed that females were more accountable and could support parents more than the males.

6. Summary of key findings

The study shows that there was a significant relationship between polygamy and contraceptive use $p \leq 0.01$ ($df=1$, $p=0.001$). The study therefore rejects the null hypothesis that stated, “there was no significant relationship between contraceptive use and polygamy”. This was further supported by the stepwise multiple regression analysis which revealed that the proportion of variance in the dependent variable, 20 per cent was predicted from polygamy. Therefore, polygamy was amongst the predictor variables. This finding is unanticipated. It is possible that for women in polygamous marriages to utilize contraceptives. Nevertheless, if their need were hindered by other factors such as husbands’ disapproval, then these married women would have low utilization of contraceptives.

7. Recommendations

On the basis of findings from the study, it is proposed that further research into polygamy on the utilization of modern contraceptive methods be done. The study recommends the dissemination of contraceptive information through education and creation of awareness by family planning designers and implementers due to ignorance of the respondents.

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