REPRODUCTIVE DECISION MAKING AMONG ZAMBIAN COUPLES: AGREEMENT AND CONFLICT

THESIS

Presented to the Graduate Council of the

University of North Texas in Partial

Fulfillment of the Requirements

For the Degree of

MASTER OF SCIENCE

By

Judy Fralick Wilson, B.S.

Denton, Texas

May, 1998

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Fertility studies have often focused on the behavioral and attitudinal attributes of women with regard to fertility. Until recently, the role of men in fertility studies have often been ignored within much of the literature concerning fertility decisions. The focus of this study will examine if differences exist between husbands and wives with regard to the following four aspects of fertility decisions: spacing of children, methods of family planning, sex preference, and desired family size.

The data were collected from 125 households in Kitwe, Zambia. Identical questionnaires were submitted to the husbands and wives during separate interviews. Content analysis was used to analyze the data.

Overall, no significant differences exist among husbands and wives with regard to the four aspects of fertility decisions being researched.

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CHAPTER 1

INTRODUCTION

Women have often been the target of family planning programs implemented by numerous health organizations, social organizations, and state governmental agencies in an effort to reduce fertility rates in many developing countries. In particular, many influential policy makers and concerned groups view the continued high fertility levels within sub-Saharan Africa as problematic. High maternal and infant mortality rates continue to exist. Therefore, research aimed at improving the health of women and children is considered necessary and important.

Traditionally, fertility research in developing societies has ignored the male's role with respect to fertility decisions. Fertility researchers often assume that the role of the wife/mother is more important than that of the husband/father. Women are seen as bearers and prime rearers of children. Consequently, health organizations and government funded agencies have targeted their efforts to educate women rather than men about contraceptive methods in an attempt to reduce fertility rates.

More recently, however, an increasing amount of research is aimed at studying male influence in all aspects of family life, including reproductive decisions. Within Africa, over 15 Demographic Health Surveys (DHS) have collected data on women and men since the late 1980s (Roudi and Ashford, 1996). Coincidentally, the results of these surveys have shown some familiar associations between men and family planning practices that were typically associated with women and fertility. The expected positive relationship between family planning use and education for women is also shown to hold true for men in Africa as well (Pillai, 1992). Various DHS have reported that men who are more educated than their peers are more likely to practice family planning than those who are less educated (Roudi and Ashford, 1996). DHS also found that men living in urban areas show a greater chance to practice family planning than those who live in rural areas (Roudi and Ashford, 1996). In addition, DHS found men in monogamous marriages practice family planning more often than those men in polygamous marriages (Roudi and Ashford, 1996). And finally, several DHS examined the relationship between age and contraceptive use among men but did not find any significant patterns of association. However, in some countries, contraceptive use was highest for men in their 40's, while in other countries

men in their 30's reportedly used contraceptives the most (Roudi and Ashford, 1996).

Demographers have continually found strong evidence to support the fact that as women attain higher educational levels, the likelihood of having children diminishes (Easterlin, 1978). However, studies have shown that among some countries in sub-Saharan Africa, while the level of women's education has increased, the expected decline in fertility rates has not occurred (Dodoo, 1992). In his research, Dodoo indicates that although the female population in Ghana has experienced significant increases in education they continue to reproduce at high levels (Dodoo, 1992). In addition to Ghana, Dodoo suggests that other countries in Africa continue to experience high levels of fertility regardless of the increase in women's education. In fact, researchers have stated that the main reason family planning programs have been unsuccessful is due to the lack of attention directed toward male attitudes and perceptions. Dodoo contends that previous efforts to bring about reductions in fertility rates "have been unsuccessful because they have neglected to approach the issue from a framework that incorporates the fertility intentions of both sexes" (Dodoo, 1994, p.379). These findings and others similar to them have made researchers and policy makers more aware of the importance of incorporating male input when

conducting research and implementing policies which address the many aspects associated with fertility research.

Inclusion of the male perspective in fertility research is important for a number of reasons. To begin with, omitting the male input and perspective may create a unrealistic account of the reproductive decision process which takes place within couples. Ultimately, this inaccurate portrayal may be reflected in social policies and programs specifically designed for the needs of the couple.

A 1991 study of family size preferences in Nigeria, found that the opinions of husbands are more influential than those of their wives with regard to family decisions (Ebin, 1996). In addition, men from traditional societies are believed to want more children than their wives and, reportedly, often have an opinion as to the number of children they plan to have. Obviously, the ommission of male input in a study of family size preferences would prove to be grossly incomplete.

Another reason to include male input is that studies have indicated that "men's support affects the adoption, choice, and correct use of contraception" (Ebin, 1996, p.3). Males may participate in the decision making process in one of two ways; either they support their wife's contraceptive choice or they choose to practice a method traditionally viewed as a male method (condoms, withdrawal, vasectomy or

periodic abstinence) (Roudi and Ashford, 1996). In addition, studies have shown that couples who frequently discuss family planning are usually found to practice some form of family planning (Roudi and Ashford, 1996).

The above mentioned statements emphasize the increasing awareness of importance among social researchers to include the male perspective and influence into research that addresses all aspects of family life, especially reproductive decisions. By examining and comparing group responses of both husbands and wives with regard to reproductive decisions, this study hopes to contribute toward a couple-based model of fertility rather than a woman oriented fertility model.

This study has two purposes. The first purpose is to describe the extensive variations in the attitudes, beliefs, and expectations which influence the various aspects of reproductive decisions among husband and wives. The second purpose is to explore the differences between spouses with regard to attitudes, beliefs, and expectations which influence reproductive decisions. The areas of interest of this study relate to family planning and specifically include the examination of couples' perceptions with regard to demand for spacing, family planning methods used by couples, sex preference, and desired family size.

CHAPTER 2

LITERATURE REVIEW

Throughout much of the sociological research, researchers typically take either one of two approaches when attempting to analyze and solve sociological problems, micro- versus macro-sociology. The macro-view of sociological phenomenon is typically seen as being social structural. The social structural approach involves analyzing the effects of social class, roles, groups, social status, and social institutions upon various human behaviors. This method of research or approach has dominated fertility research for quite some time. In the past, social and demographic factors, such as income, age, education, have been considered the most important factors in fertility research. Too often fertility research has included these principal effects as their main focus of analysis while ignoring other possible influences to understand patterns of fertility behavior.

Micro-sociology operates from a psychosocial perspective. Psychosocial research requires that the researcher emphasize the individual to a greater degree than

any outside social forces in an attempt to study behavior. While a larger amount of fertility research has been conducted using macro-sociological methods of analysis, less, yet significant, amounts of fertility research have taken the micro-sociological position.

An example of fertility research from a psychosocial perspective was produced by Hass (1974). Hass's research of wanted and unwanted pregnancies primarily views the "attitudes toward pregnancy as a set of perceived advantages and disadvantages to childbearing and as a dynamic decision-making process" (Hass, 1974, p.125).

Hass introduces a fertility decision-making model which identifies three periods of the fertility process. These periods are identified as preconception, pregnancy and postnatal. Hass proposes that changes in fertility decisions can occur throughout any of these periods and thereby affect previously established fertility goals.

As for Hass's model, it has several advantages. First, the model incorporates the dimension of time. Second, the model is applicable to decision-making within and outside the marital context. Third, the model is adaptable to both developing and developed societies. Fourth, Hass's model recognizes the possibility that both partners may contribute their input into the decision making process. And finally,

the model incorporates demographic, social and psychological components.

According to Hass, "fertility decision-making like all decision-making must be understood as a process, a situational variable, subject to various influences at different times" (1974, p. 137).

In addition, Bulatao has produced fertility research relying upon the psychosocial perspective (1974). Bulatao attempts to "present a coherent account of fertility decisions from the individual's perspective" and thereby refers to this perspective as psychosocial (Bulatao, 1974, p.159).

Bulatao's research of the psychosocial perspective attempts to examine the content of fertility decisions in addition to the process involved in arriving at these decisions. Bulatao defines content to include "the reasons underlying a decision, the perceptions, attitudes and expectation that determine choice." (Bulatao, 1974, p.164) Bulatao's definition of process addresses the following points: "the rules that determine how content is evaluated; the procedures or action sequences involved in making a choice, and the interactions and bargaining leading up to a choice when more than one person is involved" (Bulatao, 1974, p.164).

Bulatao identifies four factors and six strategies which enter into the fertility decision-making process. However, Bulatao acknowledges that an abundance of other uncontrollable factors exists which the couple may encounter and, as a result, influence their ultimate fertility decisions.

As mentioned earlier, traditional fertility studies have been conducted with a macro-sociological perspective utilizing a variety of demographic variables. However, an increasing amount of research is including the male prespective with greater frequency. Two such researchers have conducted research moving in this direction. Pillai examines sociodemographic factors which influence familiarity with methods of family planning from the male perspective in Africa (1993).

Dodoo has introduced a number of variables, such as, social status, parity, and gender inequality, in an attempt to understand fertility behavior (Dodoo 1992: 1993a; 1993b; 1994; Dodoo & Seal 1994). Dodoo has utilized the 1988 Ghana Demographic and Health Survey (GDHS) for several research projects (Dodoo 1992: 1993a; 1993b; 1994; Dodoo & Seal 1994) because it is one of the few Demographic and Health Surveys which has interviewed males, along with females, about their attitudes towards future reproduction (Dodoo, 1993).

In one study, Dodoo examines the effects of education, age, and parity among females toward reproduction cessation (Dodoo, 1992). The study begins with the common held belief associated with less developed countries that education among women and fertility rates are inversely related. However, Dodoo maintains that for some countries education, as a single factor, has not necessarily brought about the decline in fertility as expected. For his example, Dodoo refers to women in Ghana who have attained higher levels of education even though Ghana continues to experience high fertility. The main element Dodoo proposes is that one should control for parity when researching the relationship between female education and reproduction cessation otherwise no relationship between the two may be detected.

In another study, Dodoo (1993b) contends that wide gaps in social status and rewards exist between men and women in developing societies and the omission of this fact from earlier fertility research is unfortunate (Dodoo, 1993b).

By including the variable, status, Dodoo found "evidence to support the claim that a higher occupational status of women, vis-à-vis their spouses, inclines couples towards agreement on not having children, and away from agreement to have children" (Dodoo, 1993b, p.267). Therefore, one can conclude that as a female's status increases within society, her input into the decision-making

process is increasingly well-received within the home. Dodoo maintains this increase in female input causes couples to agree more often than disagree within the decision-making process (Dodoo, 1993b). As these findings are applied to fertility research, Dodoo proposes that policies which attempt to improve the social and occupational status of women will lead to narrowing the existing gap between men and women of developing societies and, thereby, reduce the unequal power typically held by men in decision-making (Dodoo, 1993b).

In another study Dodoo presents a joint- or couple-model in an effort to emphasize the importance of including the male perspective in studies associated with reproductive behavior (1993a). In order to present his model, Dodoo identifies and briefly reviews the two policies which are often implemented to achieve a reduction in fertility, supply-side or demand-side. Typically, supply-side policies primarily include family planning methods aimed at women to curtail or reduce fertility rates. On the other hand, demand-side policies attempt to gain an understanding of the motivation and desire for more children among couples. The idea being that once this understanding and knowledge is acquired then appropriate policies can be created and implemented to bring about a decline in fertility rates. Dodoo refrains from choosing one policy over the other and

supports the need for both supply- and demand-side policies in order to achieve a decline in fertility rates in sub-Saharan Africa (Dodoo, 1993a). Dodoo concludes his study by suggesting that "it may be time to consider policies and legislation that raise the relative burden of childbearing and rearing borne by men" (Dodoo, 1993a, p. 100).

And finally, Dodoo explores "the effect of gender inequality on spousal differences in reproductive goals at the individual level in sub-Saharan Africa" (Dodoo, 1994, p.380). Dodoo contends that measurable differences exists between couples with respect to their reproductive goals. Furthermore, he believes that these differences are a result of inequalities which exist between the sexes within developing countries (Dodoo, 1994).

CHAPTER 3

HYPOTHESES

As mentioned earlier, women have traditionally been the central focus of fertility research. In particular, many family planning programs have been developed primarily for women with little consideration given to men and their role in the reproductive decision making process. However, the situation is changing as increasing amounts of fertility research address the role of men and reproductive decisions.

The concept of reproductive decision making involves a number of variables. For the purpose of this research effort, four variables have been identified and will be tested for significance in the following areas; demand for spacing, sex preference, family planning methods, and desired family size.

Demand For Spacing

Research aimed at measuring ideal family size in Africa has shown that men often prefer more children than women. Among the various countries within Africa, husbands, typically, have a larger ideal family size than wives (Roudi and Ashford, 1996, p.5). If this holds true, then one might argue that husbands, who prefer more children, would then

prefer shorter periods of spacing compared to their wives, who prefer less children. Therefore, one might expect to find significant variations between husbands and wives with regard the reasons they provide in support of spacing. The first hypothesis to be tested is as follows:

H1) There is significant differences between husbands and wives with regard to the reasons for spacing their children.

Sex Preference of Children

A commonly held belief among those of industrial countries is that men of developing countries prefer sons over daughters due to various cultural, economic, and social reasons. Cultural reasons include those that refer to sons as less trouble than daughters and the fact that sons can remain with his parents even after marriage. Social reasons may include the perception that male children are important to the survivial of society and the family system. Economic reasons include the expectation that as male children become older they will assist their parents both financially and materially. An argument is made that husbands are more likely than wives to provide cultural, economic, and social, reasons for preferring male over female children.

Family Planning Methods

In general, there are a variety of family planning methods available to African couples. Results gathered from Demographic and Health Surveys (DHS) among 14 countries in

Africa have indicated that "men are generally more likely than women to know about family planning methods (Ebin,1996, p.1)." However, men are not as likely as women to approve of family planning in general.

Other studies have revealed that a sound relationship exists between couples who discuss family planning and those who use family planning. Therefore, among couples who discuss family planning, one might expect that the couples tend to share similar reasons for the family planning methods they choose to use.

H2: Significant differences exist between husbands and wives with regard to the reasons why they use a particular family planning method.

Desired Family Size

As mentioned earlier, African men typically prefer more children than women. According to DHS, husbands in three African countries were reported to "want at least three more children than their wives" (Roudi and Ashford, 1996, p.5). If African men prefer larger families than their wives, then one can expect that husbands differ from their wives in their reasons to have or not have children.

H3: There are significant differences between husbands and wives as to the reasons why they want to have more children.

H4: There are significant differences between husbands and wives as to the reasons why they do not want to have more children.

CHAPTER 4

METHODOLOGY

This study has two purposes. The first purpose of this study is to describe the extensive variations in the attitudes, beliefs and expectations which influence reproductive decisions. The second purpose is to explore the differences between spouses with regard to attitudes, beliefs, and expectations which influence reproductive decisions. The proposed hypotheses which were discussed earlier will be tested.

Sampling

The data needed for this study was taken from a study of reproductive decision making among low income urban households in Zambia. A country profile of Zambia is provided in Appendix A. Two urban neighborhoods from the City of Kitwe in the Copperbelt region in Zambia were randomly chosen. The maps for these neighborhoods were obtained from the Planning Office in Kitwe. The maps provided information on the location of each household in the neighborhood. The maps were prepared in the late seventies for the 1980 census operations. These maps were updated by locating new households. Several onsite visits

provided information on the location of each household in the neighborhood. The maps were prepared in the late seventies for the 1980 census operations. These maps were updated by locating new households. Several onsite visits to the neighborhoods were made in the year 1987 to revise the map in order to record the number, type and location of the households. The resulting random sample consisted of one hundred and twenty-five households or two hundred fifty total male and female respondents. Only those households in which both the husband and wife had completed questionnaires were included in this particular study.

Questionnaire

In order to gather data on reproductive decision making, a questionnaire was developed. This questionnaire was revised after it was pretested on 20 couples from randomly selected households from a neighborhood in Ndola which is located near Kitwe.

Questionnaires were administered separately to the husband and wife. Simultaneous interviewing of the husband and wife at the same time was avoided so it would limit the opportunities for spouses to influence their individual feelings and opinions on items in the questionnaire. Female interviewers were used to interview the wives. All the interviewers were fluent in Nyanja, Bemba and English.

Due to the specfic focus of this study, the entire questionnaire was not needed. Therefore, only those questions from the questionnaire which were considered to be specifically relevant to this study were used.

Variables and Their Operationalization

The four variables of particular interest to this study as they pertain to reproductive decisions are identified as demand for spacing, sex preference, family planning methods, and desired family size. The first variable, demand for spacing, is concerned with whether couples are in agreement in terms of the best length of time between pregnancies. For this variable, both husbands and wives were asked: "What do you think is the best length of time to have between pregnancies?" and "Why?". The second variable, sex preference, involves whether couples hold conflicting opinions and preferences with regards to the sex of children they may bear. The questions associated with the second variable are: "Would you like to have more sons or daughters or both?" and "Can you tell me why you say this?". The third variable, family planning methods, is concerned with determining whether couples agree with regards to the types of contraceptive measures they use and the reasons why they use them. In order to obtain this information, husbands and wives were asked: "Can you tell me what methods you and/or husband/wife have ever used to space your

children or prevent pregnancy?" and "Can you tell me why these methods were used?". And finally, the fourth variable, desired family size, addresses whether husbands and wives agree with one another as to the reasons why they choose to have or not have children. In addition, responses reflect the specific number of children couples desire and reasons to support their response. For the fourth variable, couples were asked these questions; "Would you like to have more children?" , "Why?", "How many more children would you like to have?" and "Why?".

For each of the four variables and their corresponding questions, responses were noted and categorized according to their subject matter. Careful attention was given to protect and emphasize the diversity of the responses in creating each category. In addition, concerted efforts were made to ensure the content within each of the categories was accurate and consistent.

Once the initial responses were recorded and categorized into sub-categories, a second step was taken to further assign these sub-categories into one of the following broader categories: Biological, Cultural, Economic, and Social (Here after referred to as the four thematic factors). A list of sub-categories which form the four thematic factors is given in Appendix B. The purpose for this additional step in categorization is to gain a

better understanding of what socio-economic factors seem to be of greatest concern for the respondent when making reproductive decisions.

The Biological category consist of responses which mentions physical concerns and limitations of the human body. Often these included responses referring to sterility, infecundity, and the safety and well-being of the mother and child. Responses which are assigned to the Cultural category are those which make reference to religious beliefs or any outside influence beyond the control of the respondent. The Economic category includes those responses which are considered to have monetary value associated with them. For example, all costs associated with food, transportation, housing, education, labor, and other material goods which have a defined monetary value. And finally, responses which allude to education, law, and politics are considered to be Social. In addition, traditional customs and practices, as well as, normative statements are coded as Social.

Demand for Spacing

The first aspect of this research project attempts to explore the various attitudes, beliefs, and expectations with regards to spacing children. Male and female respondents were asked the following questions: "What do

you think is the best length of time to have between pregnancies?" and "Why?"

In reference to the first part of the question, "What do you think is the best length of time to have between pregnancies?", categories were established based on the responses gathered. Responses were assigned to one of the following categories: 1 year or less, 1 to 2 years, 1 to 3 years, 1 year, Between 1 and 2 years (exclusive), 2 years, Between 2 and 3 years (exclusive), 2 to 4 years, 3 years, 3 to 4 years, 4 years, five years, and 10 years. In addition, those who did not respond to this question were assigned to the category labeled No Response. A total of two-hundred fifty responses were gathered.

All of the categories listed above were originally derived from the responses gathered from the questionnaires. However, there were two exceptions. Categories named Between 1 and 2 years (exclusive) and Between 2 and 3 years (exclusive) were created to include responses that contained specific responses (1 year 4 months, 1 year 6 months, etc...). These types of responses were combined in an effort to reduce the amount of categories created without disturbing the contents of the data within the category.

The second part of the question, "Why?", wanted the respondents to further support their original answer for the

best length of time between pregnancies which they indicated for the first part of the question.

Responses obtained from "Why?", were assigned to the following categories: Child Self-Sufficient, Difficult Times, Difficult to Manage, Expense, Lack of Knowledge, Needs of the Child, Needs of the Mother, Recommended by Elders, Recommended by Family, Religious Beliefs, Spacing, and Traditional View.

Once these sub-categories were established, further assignments were made to one of the Four Thematic Factors. Categories assigned to the Biological category are Needs of the Child, Needs of the Mother, Spacing. The single sub-category of Religious Beliefs is assigned to the broader category, Cultural. The single sub-category, Expense, is assigned to the broader category, Economic. The remaining categories, Child Self-Sufficient, Difficult Times, Difficult to Manage, Lack of Knowledge, Recommended by Elders, Recommended by Family, and Traditional View, are assigned to the broader category, Social.

Sex Preference

"Would you like to have more sons or daughters or both?" and "Can you tell me why you say this?" were the questions asked of both husbands and wives in an effort to determine if sex preferences for children exist among Zambian couples.

In reference to the first question, "Would you like to have more sons or daughters or both?", husbands and wives could give one of three responses. Responses were categorized into one of the following four categories: Prefer Daughters, Prefer Sons, No Preference or No Response.

The second question, "Can you tell me why you say this?", was intended to encourage the respondents to provide further comments regarding the issue of sex preference. According to the initial response, categories were created to reflect the initial response and the additional explanation provided by the respondent. For those respondents who chose Prefer Daughters, the following sub-categories are: Daughters Family Labor, Daughters Less Expensive, Daughters Material Support, and Daughters Enough Sons. For those respondents which initially chose Prefer Sons, the following sub-categories were created: Sons Daughters Cause Hardship, Sons Daughters Leave You Little, Sons Family Labor, Sons Enough Daughters, Sons Financial Support, Sons Provide Help, and Sons Security. For those respondents who chose No Preference the sub-categories are All Are Children, Both Can Help, Fear of Future, Family Labor, Religious Beliefs, Good for Each Other, Limited Knowledge, Not Right Too Many One Sex, and Financial Support.

For each of the possible three responses, excluding No Response, the sub-categories are assigned to one of the Four Thematic Factors. The sub-categories of Daughters Family Labor, Daughters Less Expensive, and Daughters Material Support are assigned to the category of Economic. The sub-category, Daughters Enough Sons, is assigned to Social.

The sub-categories with the initial preference for sons are assigned to one of the four broader categories. Sons Daughters Cause Hardship, Sons Daughters Leave You Little, Sons Family Labor, and Sons Material Support are assigned to the category, Economic. The sub-categories Sons Provide Help, Sons Security, and Sons Enough Daughters are assigned to Social.

Lastly, the sub-categories related to the initial response, No Preference, are assigned to the one of the Four Thematic Factors. All Are Children and Religious Beliefs are assigned to Cultural. Both Can Help, Fear of Future, Good for Each Other, Limited Knowledge, and Not Right Too Many One Sex are assigned to Social. Family Labor and Material Support are assigned to Economic.

Methods Of Family Planning

A third aspect of this research sought to identify the various spacing methods used by Zambian couples and the reasons why these methods are preferred for preventing pregnancies among the couples. The following two questions

were asked to both husbands and wives: "Can you tell me what methods you and/or husband/wife have ever used to space your children or prevent pregnancy?" and "Can you tell me why these methods were used?"

The first question, "Can you tell me what methods you and/or husband/wife have ever used to space your children or prevent pregnancy?", brought numerous responses. The sub-categories created from the couples' initial responses are Abstinence, African Medicine/Herbs, Breast-feeding, Clinic, Condoms, Loops (IUD), Female Operation, Rhythm Method, Spouse Sent Away, and Withdrawal. Some respondents provided multiple responses.

The second question, "Can you tell me why these methods were used?", attempts to gain an understanding and preference of family planning methods among Zambian couples. For this explanatory response, the following sub-categories were created: Ease of Use, Religious Beliefs, Limited Knowledge, Needs of the Child, Needs of the Mother, Prevent Pregnancy, Safety/No Side Effect, and Spouse Responsibility.

Once these sub-categories were established, further assignments were made to one of the Four Thematic Factors. Needs of the Child, Needs of the Mother, Prevent Pregnancy, and Safety/No Side Effects are assigned to the category, Biological. The single sub-category of Religious Beliefs is

assigned to Cultural. Ease of Use, Limited Knowledge, and Spouse Responsibility is assigned to the Social category.

Desired Family Size

The fourth and final aspect of this study is aimed at exploring whether or not husbands and wives agree on the overall number of children they plan to have as a family unit.

Husbands and wives were asked the following questions from the questionnaire in reference to family size: "Would you like to have more?" , "Why do you say this?" and "How many more children would you like to have?" "Why do you say this?".

For the first set of questions, "Would you like to have more?" and "Why do you say this?", the responses were grouped according to whether the couples indicated they wanted more children or no more children. Sub-categories were created based on either one of these two positions. The sub-categories which reflect the reasons couples give to have more children are: Fear of Death, Fear of Wayward Child, Family Labor, Financial Support, Ideal Size, Receive Help, Religious Belief, and Traditional View. The sub-categories which reflect the reasons couples choose not to have children are: Biological Problems, Ideal Family Size, High Cost, Infecundity, and Need Rest. The category, Undecided, was established for those respondents who were

undecided as to whether they planned to have children in the future.

For those couples who plan to have more children, the sub-categories further assigned to one of the Four Thematic Factors are as follows: Fear of Death-Cultural, Fear of Wayward Child-Social, Family Labor-Economic, Financial Support-Economic, Ideal Size-Social, Receive Help-Social, Religious Belief-Cultural, and Traditional View-Cultural.

The sub-categories grouped together to reflect those couples who do not plan to have more children are also assigned to one of the Four Thematic Factors. The category, Biological, contained the sub-categories of Biological Problems, Infecundity, and Need Rest. High Cost is assigned to Economic. Ideal Family Size is assigned to Social.

The second part of the fourth aspect, Desired Family Size, asked the following questions: "How many more children would you like to have?" and "Why do you say this?" Responses were gathered and recorded on the questionnaire for determining the number of additional children desired by the couples. However, this study chose only to examine the explanations the couples provided to support their initial response for the number of future children they intend to have. The sub-categories created to support this inquiry are Cost of Living, Manageability, Religious Belief, and Limited Knowledge.

Assignments of the sub-categories to one of the Four Thematic Factors were made. The sub-category, Cost of Living, is assigned to Economic. Religious Belief is assigned to Cultural. Manageability and Limited Knowledge are assigned to Social.

Analysis

It is the intent of this particular research effort to analyze and present the findings from the survey in a manner that appreciates the diversity of the group being interviewed. The data gathered from the questionnaire was primarily qualitative in nature. Content analysis, a qualitative method of analysis, was considered to be the most appropriate method of analysis in order to fulfill the intentions of this research effort. Content Analysis methods provide an appropriate empirical framework to analyze qualitative data and test hypothesis.

In order to obtain the best possible results from conducting content analysis research, several references were consulted which suggested guidelines to follow while performing content analysis research.

According to Budd et al (1967), there are certain steps to be taken in content analysis research. First, "the variables are defined through an operational definition or set of definitions." Second, one must "establish a system of observation." This often "implies repeatability and

reliability." And finally, "a scheme must be developed for recording observations so that the data can be analyzed."

Richard Budd (1967) recommended the following four considerations involved in content analysis research. First, potential categories should note clear direction when it exists. Second, content within the categories must be described accurately. Third, categories should be mutually exhaustive and exclusive. Lastly, the researcher must seek to minimize coder bias as much as possible.

While all four levels of measurement can be used in content analysis research, measurement at the nominal level was used in this research.

HyperRESEARCH, a software program designed for content analysis research, was utilized to analyze the data collected from the survey. Due to the open-ended format of the majority of the questions taken from the survey, HyperRESEARCH made the task of assigning categories to reflect the individual responses much easier. Although HyperRESEARCH is designed to aid the researcher in performing content analysis research, the software program does not automatically establish categories based on the content being evaluated nor does it assign responses to a particular category. The researcher, therefore, ensures that all categories appropriately reflect the data being analyzed.

After reviewing the recommended guidelines when establishing categories and recognizing the possible uses and limitations of HyperRESEARCH, the research process continued with the analysis of the data.

CHAPTER 5

RESULTS

For each of the four aspects; spacing, methods of family planning, sex preference, and desired family size, descriptive statistics are presented. Once the responses have been categorized into the Four Thematic Factors, a chi-square test of significance and Index of Dissimilarity is calculated. As mentioned earlier, one of the intentions of this research project is to reflect and maintain the diversity of the responses gathered from the respondents. So, for each of the four aspects, excerpts from the questionnaires are provided to support the descriptive statistics and to provide a sample of the types of responses gathered from the respondents.

Demand For Spacing

Frequency Distribution of Responses: Husband and Wife

Overall, male and female respondents identified similar periods which they regard as the best length of time between pregnancies. According to Table 1 (percentages have been rounded off to the nearest whole number), the largest number of husbands (58%) and wives (49%) indicated two years as the preferred length of time between pregnancies. The responses

Table 1

Variations in Responses to the "Best Length of Time Between Pregnancies": Frequency and Percent Distribution

	Husband		Wife	
	F	%	f	%
Less than 1 year	2	2	1	1
1 to 2 years			2	2
1 to 3 years			1	1
1 year	7	6	14	11
Between 1 and 2 years (exclusive)	8	6	13	10
Between 2 and 3 years (exclusive)	3	2	5	4
2 to 4 years	1	1	1	1
2 years	72	58	61	49
3 to 4 years	2	2	2	2
3 years	12	10	11	9
4 years	4	3	1	1
5 years	3	2	2	2
10 years	1	1		
No response	10	8	11	9
Total Responses	125	101	125	102

of husbands and wives varied slightly in order for the second, third, and fourth most frequently mentioned spacing intervals. Ten percent of husbands and 9% of wives identified three years as the best length of time between pregnancies. A smaller number of husbands (6%) compared to 11% of wives chose 1 year as the best period of time between pregnancies. Six percent of husbands and 10% of wives named some period "Between 1 and 2 years (exclusive)."

Frequency Distribution of Reasons: Husband and Wife

In addition to identifying a specific period of time as the preferred length of time between pregnancies, respondents were asked to provide explanations to support their initial response. Respondents were able to provide multiple explanations to support their initial response therefore total responses exceed the total sample size, one hundred twenty-five, for each group. See Table 2.

When asked to provide a explanation(s) to support their initial response, the majority of husbands (64%) and wives (66%) stated that they chose to space their children due to the needs of their children. Typical responses from both husbands and wives mentioned that spacing was needed between pregnancies in order for the child to grow well:

> "To give chance to the young baby to grow up very well."

Case 18 Int.78 H1246w[1]

Often new mothers breast-feed their young so many couples avoid becoming pregnant while the infant is still breast-feeding for fear that the child who is breast-feeding will become ill:

> "To give chance to the baby to grow up in better way without suffering from ulunsa."

Case 54 Int.07 H966w

and...

> "Because the child will suffer from ulunsa if I get pregnant before two years."

Case 44 Int06 H941w

In addition to the needs of the child, husbands and wives mentioned the needs of the mother as the second most frequently reported reason for the need to space children. Close to 18% of husbands compared to almost 15% of wives mentioned the need for mothers to rest and regain their strength:

> To rest and gain the blood that was used during pregnancy.

Case 236 Int.46 H209w

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[1] "Int." refers to Interview. In this example, Int. 78 means Interview #78. The letter "H" before the number 1246 refers to the Household number of the Interviewee. And the letter "w" or "h" following the household number refers to either the husband or wife being interviewed.

Table 2

Reasons for the Best Length of Time Between Pregnancies: Percent and Frequency Distribution

Broad Category	Sub-Category	Husband		Wife	
		f	%	f	%
Biological	Needs of the Child	105	64	85	66
Biological	Needs of the Mother	29	17.8	19	14.7
Biological	Spacing	2	1.2		
Cultural	Religious Beliefs	4	2.4	2	1.5
Economic	Expense	3	1.8	2	1.5
Social	Lack of Knowledge	2	1.2	1	.7
Social	Child self-sufficient	9	5.5	14	11
Social	Difficult Times	1	.6	1	.7
Social	Difficult to Manage	3	1.8	4	3
Social	Recommended by Family Planning	2	1.2		
Social	Recommended by Elders	3	1.8		
Social	Traditional View			1	.7
Total		163	99.3	129	99.8

Some respondents emphasized that the female needs the rest in order to build up her strength so that she may conceive in the future:

> To have my wife to rest and to have power before she becomes pregnant again.
>
> Case 217 Int.39 H154h

Not only is the physical health and well-being of the child and the mother important, but the couples also report

that spacing between pregnancies allows their children to become more self-sufficient. This idea of self-sufficiency was reported by 11% of wives and almost 6% of husbands. Both husbands and wives often referred to the fact that the child would be able to walk on their own and play with others during this period between pregnancies:

...because the child is able to walk and take care of his or herself.

Case 122 Int.131 H321w

and...

...the child is able to play on her own.

Case 40 Int.01 H916w

Test of Significance and Index of Dissimilarity: Husband and Wife

Table 3 reflects the aggregate percentages from Table 2 according to the four thematic factors. Among both husbands (83%) and wives (80.7%), biological factors are mentioned as the primary reason couples chose to space their children. Social factors were considered by both husbands (11.5%) and wives (15.4%) as the second most important influence when determining the period of time between pregnancies.

Table 3

The Four Thematic Factors Contributing to Demand for Spacing: Percent and Frequency Distribution

Demand for Spacing	Husband		Wife	
	f	%	f	%
Biological	136	83	104	80.7
Cultural	4	2.4	2	1.5
Economic	3	1.8	2	1.5
Social	20	11.5	21	15.4

Chi square = 1.199 df = 3
N = 292

Index of Dissimilarity = 3.7%

A chi square of 7.815 is required for rejection of the null hypothesis at the .05 level. The analysis of this data produces a chi-square of 1.199. Therefore, we reject H1) There is significant differences between husbands and wives with regard to the reasons they have for spacing their children.

An Index of Dissimilarity of 3.7% indicates that almost 4% of female responses will have to be redistributed across the categories of responses to make the distribution equal to that of males. This small percentage (3.7%) indicates a relatively even distribution among husbands and wives.

Sex Preference

The majority of the tribes in Zambia are considered to be matrilineal even though most tribes in Africa are patriarchal in nature. The results from the inquiry of sex preference among Zambia couples is shown in Table 4.

Frequency Distribution of Responses: Husband and Wife

According to Table 4, the largest percentage of both husbands(52%) and wives (63%) chose not to respond to the question regarding whether they held a sex preference. A significant percentage of husbands (24%) and wives (25.6%) reported that they are infecundous which may explain the large percentage of "No responses". For those couples that did respond, 31% of husbands and almost 29% of wives reportedly had no preference with regard to the sex of future children.

It is interesting to note that the category, "Prefer Sons", reports the greatest variation between husbands and wives. Even though Zambia is considered to be matrilineal, a seemingly significant percentage of husbands (18%) prefer sons while only 4% of Zambian wives prefer sons.

Frequency Distribution of Reasons: Husband and Wife

When asked to further explain their reason for their initial response to the sex preference inquiry, couples provided a wide variety of responses. See Table 5.

Table 4

Sex Preference Among Zambian Couples: Frequency and Percent Distribution

	Husband		Wife	
	f	%	f	%
Prefer Daughters	3	2.5	6	4.8
Prefer Sons	18	14.5	5	4
No Preference	39	31	36	28.8
No Response	65	52	78	63
Total Responses	125	100	125	100.6
Infecundity	30	24	32	25.6

Among the "Prefer Daughters" category, the majority of wives (9%) compared to slightly over 1% of husbands preferred daughters with the expectation that daughters will assist in household duties.

> I like more daughters because they help in many ways like sweeping and washing.
>
> Case 206 Int.113 H261w

Among those respondents who preferred sons, 10% of husbands and almost 4% of wives mentioned that sons would be able to provide them both financial and material in the future. The category of "Family Labor" was also mentioned within the larger category, "Prefer Sons". Eight percent of husbands and 5% of wives preferred sons due to the

Table 5

Variations in Responses According to Category for Sex Preference: Percent and Frequency Distribution

		Husbands		Wives	
		f	%	f	%
Prefer Daughters					
Social	Enough Sons	3	4	2	3.6
Economic	Family Labor	1	1.4	5	9
Economic	Less Expensive			1	1.8
Prefer Sons					
Economic	Daughters Cause Hardship	5	7	1	1.8
Economic	Daughters Leave You Little	1	1		
Social	Enough Daughters			1	1.8
Economic	Family Labor	6	8	3	5
Economic	Financial Support	7	10	2	3.6
Social	Provide Help	1	1		
Social	Security	1	1		
No Preference					
Cultural	All Are Children	8	11	11	20
Social	Both Can Help	7	10	5	9
Economic	Family Labor	2	3	4	7
Social	Fear of Future	2	3	1	1.8
Social	Good for Each Other	2	3		
Social	Limited Knowledge	3	4	1	1.8
Economic	Financial Support	4	5.6	4	7
Social	Not Right, Too Many One Sex			2	3.6
Cultural	Religious Beliefs	18	25	12	22
	Total Responses	71	98	55	98.8

expectation that sons would assist with family labor needs in the future.

> Because when I retire sons can help in farming. They can build a house for me and they can even hunt game for me. Sons are very strong where cultivating is concerned.
>
> Case 93 Int.87 H646h

One interesting variation between husbands and wives reflected in Table 5 within the larger category, "Prefer Sons". Some husbands (7%) preferred sons to daughters because they perceived daughters to cause greater hardship upon the family.

> Sons can look after themselves when they grow up. Daughters can give me problems when they don't get married. They can just be getting pregnant and, as a result, I will take the responsibility to look after the pregnancy and after the baby.
>
> Case 233 Int. 45 H179h

and...

> Because daughters can bring children to me and if they do this they might give me problems of feeding (their children).
>
> Case 219 Int.139 H601h

Among the larger "No Preference" category, the majority of husbands (25%) and wives (22%) reported that because of their belief in God they could not state a sex preference.

> Anyone who go to church cannot answer this question because it is God who gives children to us and I cannot choose how many sons and daughters I want to have.
>
> Case 13 Int.2 H1251h

and...

> I can't tell because it is only God who knows what is inside the womb.
>
> Case 28 Int31 H1196w

The second most frequently mentioned sub-category within "No Preference" is "All Are Children". Husbands (11%) and wives (20%) stated they held no sex preference because they considered children to be valuable regardless of the sex.

> I can accept any sex because they are all human beings.
>
> Case 55 Int.10 H961h

and...

> I can like both because they are both children.
>
> Case 227 Int.144 H491h

Another interesting finding from Table 5 indicates that both husbands (10%) and wives (9%) perceive children, regardless of sex, as capable of contributing equally to whatever needs the family or parents may have in the future:

The help that I can receive from a son a daughter can also offer it to me.

Case 117 Int.95 H311h

Other responses which were frequently mentioned by both husbands and wives included those relating to "Family Labor" and "Financial Support". An aggregate of these two categories shows over 8% of husbands and 14% of wives perceive both sexes to assist them in household duties and provide financial support and material goods when necessary.

Test of Significance and Index of Dissimilarity: Husband and Wife

According to Table 6, within the larger category of "Prefer Daughters", over 10% of wives compared to slightly over 1% of husbands state an Economic reason for preferring daughters. However, in contrast, 26% of husbands compared to over 10% of wives provide an economic reason, within the "Prefer Sons" category. See Table 7.

Table 6

The Four Thematic Factors Contributing to Sex Preference for Daughters: Percent and Frequency Distribution

Prefer Daughters	Husband		Wife	
	f	%	f	%
Economic	1	1.4	6	10.8
Social	3	4	2	3.6

chi square = 2.74 df = 1
N = 12

Index of Dissimilarity = 4.9%

A chi square of 3.841 is required for rejection of the null hypothesis at the .05 level so we accept the null hypothesis.

An Index of Dissimilarity of 4.9% reflects that almost 5% of female respondents have to be redistributed across categories of responses to make the distribution equal to that of males.

It is interesting to note that only Social or Economic reasons were associated with those who preferred sons or daughters. Respondents did not mention reasons of a Cultural or Biological nature.

Table 7

The Four Thematic Factors Contributing to Sex Preference for Sons: Percent and Frequency Distribution

Prefer Sons	Husband		Wife	
	f	%	f	%
Economic	19	26	6	10.4
Social	2	2	1	1.8

Chi Square = .124 df = 2
N = 28

Index of Dissimilarity = 7.9%

A chi square of 5.991 is required for rejection of the null hypothesis at the .05 level so we accept the null hypothesis.

An Index of Dissimilarity of 7.9% reflects that almost 8% of female respondents have to be redistributed across categories of responses to make the distribution equal to that of males.

Among the larger category, "No Preference", the largest number among both husbands and wives were associated with cultural factors. See Table 8. Thirty-six percent of husbands and 42% of wives indicated a cultural reason for not indicating a sex preference for future children. In addition, social factors are reflected by both husbands (20%) and wives (16.2%) among the "No Preference" category.

Table 8

The Four Thematic Factors Contributing to No Sex Preference: Percent and Frequency Distribution

No Preference	Husband		Wife	
	f	%	f	%
Cultural	26	36	23	42
Economic	6	8.6	8	14
Social	14	20	9	16.2

Chi Square = 1.14 df = 2
N = 86

Index of Dissimilarity = 7.6%

A chi square of 5.991 is required for rejection of the null hypothesis at the .05 level so we accept the null hypothesis.

An Index of Dissimilarity of 7.6% reflects that over 7% of female respondents have to be redistributed across categories of responses to make the distribution equal to that of males.

Family Planning Methods

Frequency Distribution of Responses: Husband and Wife

In response to the question regarding family planning methods, Zambian couples named several methods in order to prevent pregnancy. Table 9 indicates that for the husband and wife, 48% and 41% respectively, the primary method used by the couples is abstaining from sexual intercourse.

According to Table 9, the use of birth control pills is second only to abstinence among Zambian couples. Eighteen percent of husbands and 21% of wives reportedly rely on birth control pills in order to prevent pregnancy.

The third most frequently mentioned method by Zambian couples is their reliance on African medicine or herbs to prevent pregnancy. Husbands (9.2%) and wives (12%) indicate that they use African medicine or herbs as a form of contraception to prevent pregnancy.

As Table 9 indicates, abstinence, African medicine, herbs, and birth control pills are used most often by Zambian couples. An aggregate percentage of these three methods reveal that 75% of husbands and 74% of wives use one of these three methods. The majority of the remaining methods used include those who stated they use no method or did not provided a response.

Table 9

Family Planning Methods Used by Zambian Couples: Percent and Frequency Distribution

Method	Husband		Wife	
	f	%	f	%
Abstinence	68	48%	60	41%
African Medicine/Herbs	13	9.2%	18	12%
Birth Control Pills	25	18%	30	21%
Breast-feeding			3	2%
Clinic			1	.7%
Female Operation	1	.7%		
Condoms	1	.7%		
Loops (IUD)	1	.7%	1	.7%
Rhythm Method	3	2%	1	.7%
Spouse Sent Away	3	2%	1	.7%
Withdrawal	2	1.4%	2	1.4%
No Method Used	10	7%	14	10%
No Response	14	10%	14	10%
Total Responses	141	99.7%	145	100.2%

Frequency Distribution of Reasons: Husband and Wife

The primary reason, indicated in Table 10, Zambian couples choose one of the above mentioned family planning methods is to prevent pregnancy. Over half of both husbands (56%) and wives (57%) reportedly practice some form of family planning in order to prevent pregnancy. Couples often mentioned that the method they preferred to use allowed them to space their children and prevent unwanted pregnancies.

Table 10

Reasons for Family Planning Methods Used by Zambian Couples: Percent and Frequency Distribution

		Husband		Wife	
		f	%	f	%
Religious Belief	Cultural	2	1.6	1	1
Ease of Use	Social	1	.8		
Limited Knowledge	Social	8	6	13	12
Needs of the Child	Biological	31	25	19	17
Needs of the Mother	Biological	10	8	7	6
Prevent Pregnancy	Biological	71	56	63	57
Safety/No Side Effects	Biological	2	1.6	7	6
Spouses Responsibility	Social	1	.8		
Total Responses		126	99.8	110	99

Among both husbands and wives, the second most frequently provided reason for using a particular family planning method was to protect and meet the needs of their children. Husbands (25%) and wives (17%) recognized their children's needs are a factor they consider when making a decision to use a particular family planning method. One example of this concern is the fact that both husbands and wives reportedly avoided intercourse while the wife is breast-feeding a young child for the child's well-being:

> If I get pregnant while breast-feeding the baby, the baby will suffer from ulunsa.
>
> Case 244 Int. 173 H771w

In addition to the needs of the child, husbands (8%) and wives (6%) expressed concern for the well-being of the wife and mother as to what particular family planning methods they rely upon. Special concern and attention is given to the female as she is the one who must bear children:

> I want to rest for awhile and to prevent the unwanted pregnancies.
>
> Case 08 Int.60 H1016w

and...

> This method is used because it gives time for my wife to rest.
>
> Case 137 Int.167 H1191h

Table 10 also reflects couples who reportedly practice a family planning method due to their lack of knowledge and understanding of alternative methods. Husbands (6%) and wives (12%) frequently mention that they practice a particular family planning method because they were instructed by various family members:

> This is the method that I was told by both my parents and elderly people.
>
> Case 91 Int.76 H636h

and...

> Because I am not educated to know other methods so I only know the method taught by my parents.
>
> Case 154 Int.22 H1121w

Test of Significance and Index of Dissimilarity: Husband and Wife

Upon examining the Four Thematic Factors in Table 11, an overwhelming majority of husbands (90.5%) and wives (87%) cite biological factors as the primary reason they practice some form of family planning. The remaining amount of responses among husbands (7.9%) and wives (12%) identify some type of social factor as to why they practice a particular family planning method. Economic reasons for

family planning methods did not appear as a concern by any of the couples.

Table 11

The Four Thematic Factors and Reasons for Family Planning Methods Used by Zambian Couples: Percentage Distribution

	Husband		Wife	
	f	%	f	%
Biological	114	90.5	96	87
Cultural	2	1.6	1	1
Social	10	7.9	13	12

Chi Square = .02 df = 2
N = 236

Index of Dissimilarity = 4.8%

A chi square of 5.991 is required for rejection of the null hypothesis at the .05 level so we accept the null hypothesis.

An Index of Dissimilarity of 4.8% reflects that almost 5% of female responds would have to be redistributed across the categories of responses to make the distribution equal to that of males.

Desired Family Size

The final aspect of this study attempts to further understand why couples plan to have or not have children. Initially, couples were asked if they would like to have more children. The couples were then asked to support their

initial answer with further explanations as to why they planned to have or not have more children. Second, for those couples who reportedly wanted more children, they were asked to state how many children they expected to have and to explain why they desired this number of children. For the purpose of the research, only the supporting explanations were analyzed.

Frequency Distribution of Reasons: Husband and Wife

The analysis will begin by explaining the reasons couples chose to have children. In reviewing Table 12, there are several categories among the husbands' and wives' responses that appear to be in close agreement with one another. To begin with, husbands (11.6%) and wives (11.8%) reportedly wanted more children due to the relatively high mortality rate, which exists in Zambia. Many parents expressed concern that some of their children may die at an early age and, consequently, the parents would have less children than they originally anticipated. Respondents stated the following:

> It is not good to have few children. They may die and I can remain with nothing.
>
> Case 131 Int.91 H656h

and...

I want to have five children because one or two of them might die so I would remain with three children.

Case 231 Int.41 H159h

Table 12

Reasons Why Couples Choose to Have More Children: Percent and Frequency Distribution

		Husband		Wife	
		f	%	f	%
Economic	Expense	24	20	17	16.6
Economic	Family Labor	8	6.6	11	10.8
Cultural	Fear of Death	14	11.6	12	11.8
Economic	Financial Support	17	14	15	14.7
Social	Ideal Family Size	14	12	14	13.7
Cultural	Religious Beliefs	22	18	20	19.6
Social	Wayward Children	5	4	7	6.8
Social	Traditional View	17	14	6	6
	Total	121	100.2	102	100

Couples also tend to agree on how their children may assist them financially in the future. Several husbands (14%) and wives (14.7%) share the belief that their children will be in a position to buy them material goods and provide them with money:

I can get old and one can look after me (by) sending money if he starts working. He can buy clothes for me.

Case 14 Int.2 H1251w

Eighteen percent of husbands and 19.6% of wives reportedly desire more children due to their belief in God. Couples often mentioned that they remained open to having children because God designed it this way.

It depends on what God gives me because He is the one who gives.

Case 107 Int.14 H1031h

and...

God is the one who knows how many children I shall have. No matter how I can long for children and He doesn't want to give me children there is nothing I can do.

Case 209 Int.26 H114h

Among the category of "Ideal Family Size", 12% of husbands and 13.7% of wives reportedly desire children due to the fact that they have not yet reached the number of children they originally planned to have.

I want four children in order to make the total number of six because in my family we are only two.

Case 220 Int.69 H601w

One interesting variation between husbands and wives has to do with the category, "Traditional View". Fourteen percent of husbands compared to 6% of wives shared beliefs that are considered to be more traditional in nature:

> Because my father and mother produced 15 children and I must do the same.
>
> Case 77 Int.85 H801h

and...

> And when I have many children I will be rich. I will consider myself richer than the salary I get.
>
> Case 37 Int.17 H1061h

and...

> ...males like to have more children.
>
> Case 130 Int.181 H234w

The second half of this analysis concerning desired family size examines the reasons why Zambian couples reportedly do not want more children. As shown in Table 13, husbands and wives appear to be in agreement within several categories. A large number of husbands (51%) and wives (45%) perceive the high cost of living as a deterrent to have more children:

> I don't want more children because food is very expensive and I can't manage to feed a large family. Like in the past food and clothes used to be cheaper

than today. And nowadays salaries are very low because the Kwacha has lost its value.

Case 03 Int.14 H1031w

Table 13

Reasons Why Couples Choose Not to Have More Children: Percent and Frequency Distribution

		Husband		Wife	
		f	%	f	%
Biological	Female Complications	3	4.2	2	2.5
Economic	Cost of Living	36	51	36	45
Biological	Infecundity	30	42	32	40
Social	Ideal Family Size	2	2.8	2	2.5
Biological	Health Concerns			8	10
	Total	71	100	80	100

Infecundity prohibits many couples from having more children. Forty-two percent of husbands and 40% of wives stated that they were not able to produce children.

It is interesting to note that 10% of wives mentioned physical and health concerns while husbands failed to mention these concerns at all.

I wouldn't like to have more children because I want to

rest and to gain back blood which I used when I was producing.

Case 140 Int.21 H1086w

And finally, couples who responded positively to the question, "How many more children would you like to have?", provided several reasons why they want to a specified number of children. According to Table 14, husbands (44%) and wives (47%) agreed that the high cost of living is a deciding factor when planning to have additional children.

Table 14

Couples who Plan to Have More Children and the Reasons Why: Percent and Frequency Distribution

		Husband		Wife	
		f	%	f	%
Economic	Cost of Living	24	44	17	47
Social	Limited Knowledge	6	11	3	8.3
Social	Manageability	9	16.6		
Cultural	Religious Beliefs	15	27.7	16	44.4
	Total	54	99.3	36	99.7

The next largest group of responses was centered on the religious beliefs of the couples. Husbands (27.7%) and wives (44.4%) mentioned their belief in God as a factor in

determining how many additional children they would have. Although, the variation in percentages between the husbands and wives appears to be substantial, the actual frequency, 15 to 16, is almost identical.

Some husbands (11%) and wives (8.3%) indicated that they planned to have more children, however, they provided a response that was considered to be limited by the amount of knowledge they possessed.

> I cannot stop having children because there is nothing I can do about it.
>
> Case 235 Int.44 H209h

And finally, husbands (16.6%) who indicated their desire for more children did so because they perceived that their desired family size would be something they could manage:

> I want this number of 4 children because I can manage to keep them properly. I can feed them properly. And if I have too many children, I can fail to provide them with good food and good education.
>
> Case 13 Int.117 H276h

It is interesting to note that the wives failed to mention this concern.

Test of Significance and Index of Dissimilarity: Husband and Wife

Overall, there is little variation between husbands and wives among the three thematic factors; cultural, economic, and social. See Table 15. Neither the husbands nor wives mentioned any reasons to have children that could be considered biological in nature.

Table 15

The Four Thematic Factors Contributing to Reasons to Have More Children: Percent and Frequency Distribution

	Husband		Wife	
	f	%	f	%
Cultural	36	29.6	32	31.4
Economic	49	40.6	43	42.1
Social	36	30	27	26.5

Chi Square = .37 df = 2
N = 223

Index of Dissimilarity = 3.40%

A chi square of 5.991 is required for rejection of the null hypothesis at the .05 level. Therefore, we accept our null hypothesis that there are no significant differences between husbands and wives and their reasons to have more children.

Roughly 3.4% of the female responses would have to be redistributed across the categories of responses to make the distribution equal to that of males.

In reviewing Table 16, it appears that Zambian couples are in agreement with regards to the reasons why they may decide not to have children. It is interesting to note that the majority of the responses among the husbands (51%) identify reasons that are considered to be economic in nature. In comparison, the majority of the responses from the wives (52.5%) are biological.

Table 16

The Four Thematic Factors Contributing to Reasons Not to Have More Children: Percent and Frequency Distribution

	Husband		Wife	
	f	%	f	%
Biological	33	46.2	42	52.5
Economic	36	51	36	45
Social	2	2.8	2	2.5

Chi Square = .56 df = 2
N = 151

Index of Dissimilarity = 6.3%

The chi square of .56 is not statistically significant. Therefore, we accept the null hypothesis that there are no significant differences between husbands and wives and their reasons for not having children.

Roughly 6.3% of the female responses would have to be redistributed across the categories of responses to make the distribution equal to that of males.

CHAPTER 6

CONCLUSION

According to the results of this study, women and men generally agree with one another with respect to each of the four variables being examined; demand for spacing, sex preference, family planning methods, and desired family size. Although there may have been slight variations between the responses of husbands and wives, the variations were not shown to be significant. A discussion and review of each of the hypothesis being tested follows.

The first hypothesis (H1) predicted that significant differences exist between husbands and wives with regard to the reasons they space their children. From the results of this study, it can be concluded that husbands and wives share similar reasons for spacing their children. There were no significant percentage differences between husbands and wives among any of the four thematic categories. In fact, over 80% of husbands and wives identified a biological reason for the need to space their children. Evidently, the couples share a concern for the health and welfare of the child and the mother who gives birth.

For the second variable, sex preference, an argument

was made that husbands prefer sons to daughters due to cultural, economic, and social factors. The argument is strongly supported by the fact that almost 28% of husbands indicated a preference for sons compared to a little over 12% of wives. Most often, husbands indicated economic reasons for preferring sons to daughters. This suggests that husbands prefer sons as a way to acquire more wealth.

The second hypothesis (H2) predicted that significant differences exist between husbands and wives with regard to the reasons why they prefer to use a particular family planning method. The chi-square test of significance indicated that the differences between husbands and wives regarding their reasons for choosing a particular family planning method were not statistically significant. The majority of husbands (90.5%) and wives (87%) chose to use a particular family planning method for biological reasons. Of these percentages, over half of husbands and wives chose a particular method in order to prevent pregnancy.

And finally, the last two hypothesis (H3 and H4) predicted that significant differences exist between husbands and wives as to the reasons why they want or do not want to have more children. The results from this research proved that no statistically significant differences exist between husbands and wives for the reasons they may consider to have or not have more children. Generally, the results

indicate that Zambian couples agree with one another as to the reasons why they choose to have more children or why they choose to stop producing. Among "Reasons to Have Children", no more than a 3.5% variation appeared between husbands and wives for each of the following three thematic factors; cultural, economic, and social. Similarly, among "Reasons Not to Have Children", a little over 6% variation appeared between husbands and wives for each of the three thematic factors; biological, economic, and social.

In addition to examining both the male and female perspective toward reproductive decisions, this study provided the reader the opportunity to fully appreciate the diversity of responses obtained from the interviews and preserved through qualitative analysis. The incorporation and presentation of the actual responses in the study enable the reader to see firsthand the degree of influences that shape reproductive decisions.

Due to the relatively small sample size for each group of male and females, the task of establishing the existence of a relationship is made more difficult than if the sample size is large. Consequently, a small sample size that proves to be statistically significant is considered by some social researchers to be more important than from a large sample size. Therefore, it is possible that this study

could have produced results that were statistically significant if a larger sample size was used.

Understanding the reproductive intentions of both males and females will prove to be beneficial in any society. As mentioned earlier, the lack of attention and concern in the past to understand the male's role in reproductive decision making has proven to be unsuccessful in terms of reducing high fertility rates in many developing countries (Dodoo, 1994). Therefore, more research aimed at examining both male and female perspectives toward reproductive decisions within developing countries is essential.

Researchers and policy makers can no longer ignore male input with regards to the fertility decision making process. By including male input and becoming more sensitive to their total environment, our knowledge and understanding of fertility behavior can only improve. Family planning programs aimed at educating both males and females has proven to be more accepted among its' users and consequently, be more effective in terms of reducing fertility rates and improve the health of women and children.

APPENDIX A

PROFILE OF ZAMBIA

Profile of Zambia

Zambia is located in Southern Africa with both natural and man-made boundaries. The natural boundaries include the Zambezi River and the southern rim of the Congo Basin. The man-made boundaries include the countries of Zaire, Zimbabwe, Mozambique, Botswana, Angola, Tanzania, Malawi and South-West Africa. Zambia's natural environment consists of swamps, deserts, and flat, treeless grasslands. Zambia covers a land area of 290,586 square miles.

In 1985 the population of Zambia was estimated to be over 6.5 million people based on the official census conducted in 1980. By the year 2000, the population is expected to reach 11 million people.

In 1980, the capital of Zambia, Lusaka, had a population of over one-half of a million people. Other major urban centers with populations exceeding 100,000 people include Kitwe, Ndola, Chingola, Mufulira, Luanshya, and Kabwe.

English is the official language of Zambia. In addition to English, over thirty different native tribal languages are also spoken in Zambia.

Statistics on religious practices by Zambians are considered to be unreliable. Estimates for those practicing traditional African beliefs are expected to be as high as

82%. The percentage of Zambians of the Christian faith range from 17% to 45%. And finally, those who practice the Asian religions of Hinduism and Islam make-up the remaining 1% (Kurian, 1987).

The majority of the Zambian labor force is employed by the agriculture industry. Others are employed within metal mining industries, domestic services, construction, commerce, manufacturing, and government services.

APPENDIX B

Demand for Spacing

What do you think is the best length of time to have between pregnancies?

Categories used in response to the above question:

Less than 1 year
One year
Between 1 and 2 years (exclusive)
1 to 2 years
1 to 3 years
2 years
Between 2 to 3 years (exclusive)
2 to 4 years
3 years
3 to 4 years
4 years
5 years
10 years
No Response

Why?

Categories used in response to the above question:

Child Self-Sufficient - Social
Difficult Times - Social
Difficult to Manage - Social
Expense - Economic
Lack of Knowledge - Social
Needs of the Child - Biological
Needs of the Mother - Biological
Recommended by Elders - Social
Recommended by Family - Social
Religious Belief - Cultural
Spacing - Biological
Traditional View - Social

Sex Preference

"Would you like to have more sons or daughters or both?",

"Can you tell me why you say this?".

Categories used in response to the above questions:

Daughters
Daughters Family Labor - Economic
Daughters Less Expensive - Economic
Daughters Material Support - Economic
Daughters Enough Sons - Social
Sons
Sons Daughters Cause Hardship - Economic
Sons Daughters Leave You Little - Economic
Sons Family Labor - Economic
Sons Enough Daughters - Social
Sons Material Support - Economic
Sons Provide Help - Social
Sons Security - Social
No Preference
No Response
Why All Are Children - Cultural
Why Both Can Help - Social
Why Fear of Future - Social
Why Family Labor - Economic
Why Religious Beliefs - Cultural
Why Good for Each Other - Social
Why Limited Knowledge - Social
Why Not Right Too Many One Sex - Social
Why Material Support - Economic

Methods of Spacing

"Can you tell me what methods you and/or husband/wife have ever used to space your children or prevent pregnancy?"

Categories used in response to the above question:

Abstinence
African Medicine/Herbs
Breast-feeding
Clinic
Condoms
Loops (IUD)
Female Operation
Rhythm Method
Spouse Sent Away
Withdrawal

"Can you tell me why these methods were used?"

Categories used in response to the above question:

Ease of Use - Social
Religious Beliefs- Cultural
Limited Knowledge - Social
Needs of the Child - Biological
Needs of the Mother - Biological
Prevent Pregnancy - Biological
Safety/No Side Effects - Biological
Spouse Responsibility - Social

Desired Family Size

Would you like to have more? Can you tell me why you say this?

Categories used in response to the above question:

MC Yes
MCY Fear of Death - Cultural
MCY Fear of Wayward Child - Social
MCY Family Labor - Economic
MCY Financial Support - Economic
MCY Ideal Size - Social
MCY Receive Help - Social
MCY Religious Belief - Cultural
MCY Traditional View - Cultural

MC No
MCN Biological Problems - Biological
MCN Ideal Fly Size - Social
MCN High Cost - Economic
MCN Infecundity - Biological
MCN Need Rest - Biological

Uncertain/Undecided

How many more children would you like to have? Can you tell me why you say this?

Categories used in response to the above question:

HM Cost of Living - Economic
HM Manageability - Social
HM Religious Belief - Cultural
HM Limited Knowledge - Social

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