Family Planning Prevalence, Acceptance and Use in Chitungwiza

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Abstract

This study utilises data collected in the Chitungwiza socio-demographic survey (1990) to determine the levels of knowledge, ever-use and current use of family planning among Chitungwiza women. Also examined is the ideal number of children and the channels used to distribute family planning information in Chitungwiza. The study has shown that whilst the level of knowledge is quite high among Chitungwiza women, levels of use particularly current use are not substantial. Discussion of the ideal family size is a common phenomenon among Chitungwiza spouses.

Introduction

Survey reports have shown that the level of contraceptive knowledge is always higher than the levels of ever-use and current use (Zimbabwe National Family Planning Council [ZNFPC] 1985, CSO 1989, Botswana CSO 1988, Ghana Statistical Service 1988, Uganda Statistical Office 1989, Liberia Bureau of Statistics 1986, Somalia Ministry of Health 1983). Using Chitungwiza as a case study, this study will explore the factors responsible for this trend. It will examine whether people are responding positively or negatively to family planning. Receptivity to family planning programmes should be reflected by an increased percentage of people effectively using family planning facilities. Reservations should be indicated by a small percentage of people adopting family planning methods.

Objectives

- To determine the extent of contraceptive awareness, knowledge and use among Chitungwiza women.
- To determine the distribution channels for family planning information.
- To determine the ideal number of children in a family and whether couples normally discuss the number of children they desire.
- To determine the relationships that exist between family planning users and some socio-economic variables.

Methodology

Sampling Design: The survey was conducted in all three residential areas of Chitungwiza. Households were used as the sampling units. The sample size was set at 2 500 households which were arbitrarily chosen on a proportionate basis from each of the three residential areas.

Household Selection: Prior to the survey households were systematically chosen using lists which indicated the total number of households in each residential area. Absenteeism was encountered in the first week of the survey when interviewers were identifying the predetermined households.

Knowledge of Family Planning

Information concerning the level of knowledge of family planning methods were collected through a series of questions on nine specific contraception methods and a residual category group 'others'. The specific methods are: pill, loop, injection, diaphragm, condom or durex, foam or jelly or foaming tablets, female sterilization, male sterilization and withdrawal. In this study, contraceptive methods are analysed in terms of two broad categories: modern and traditional. Of the nine contraceptive methods, withdrawal is the only traditional method.

The level of knowledge of family planning is high among Chitungwiza women. Table 1 shows that 99.6% of all women and 99.7% of currently married women indicated that they are aware of family planning methods. Knowledge of modern contraceptive methods is higher than that of traditional methods. 95.5% of all women know at least one modern method compared with 84.7% who know of a traditional method. This disparity in levels of knowledge can be explained by the fact that most of the awareness campaigns put more emphasis on modern methods than on traditional methods. Further, there are more distribution outlets where information on modern methods can be obtained as compared to traditional methods. There is also more media publicity given to modern contraceptive methods.

Table 1 shows that for both modern and traditional methods, levels of knowledge are higher for currently married women than for all women. This is probably because currently married women are more exposed to pregnancy risk.

When comparing the Zimbabwe Reproductive Health Survey or ZRHS (ZNFPC 1985) and the Zimbabwe Demographic and Health Survey or ZDHS (CSO 1989) with the Chitungwiza Socio-Demographic Survey or CSDS (University of Zimbabwe 1990), the CSDS reveals higher knowledge levels than the two national surveys. This may be due to Chitungwiza's proximity to Harare.

Table 2 presents the percentage distribution of specific contraceptive methods known by currently married women. Among modern methods,

Table 1: Percentage Distribution of all and Currently Married Women who Know Contraceptive Methods

Contraception Method	CSDS (1990) Know Method AW	CSDS (1990) Know Method CMW	ZDHS (1989) Know Method AW	ZDHS (1989) Know Method CMW	ZRHS (1985) Know Method AW
Any method	99.6	99.7	96.3	98.7	82.8
Any modern method	99.5	99.7	95.4	97.8	N/A
Any traditional method	84.7	84.9	75.3	86.8	N/A
Others*	6.7	7.5	34.2	40.6	N/A
Number of Women	**1 391**	**1 235**	**4 201**	**2 643**	**2 574**

AW = All Women CMW = Currently married women
N/A= Not available *'Others' include herbs and other folk methods
CSDS = Chitungwiza Socio-Demographic Survey, University of Zimbabwe Demographic Unit 1990
ZDHS = Zimbabwe Demographic and Health Survey, Central Statistical Office (CSO), 1989
ZRHS = Zimbabwe Reproductive Health Survey, Zimbabwe National Family Planning Council (ZNFPC) 1985.

Table 2: Percentage Distribution of all and Currently Married Women who Know Specific Modern Contraceptive Methods

Contraceptive Method	CSDS (1990) Know Method	ZDHS (1989) Know Method	ZRHS (1985) Know Method
Pill	99.4	97.0	80.5
Loop	87.2	59.1	40.2
Injection	88.2	72.4	67.6
Diaphragm	24.8	14.5	N/A
Condom	88.9	80.3	48.3
Foam*	26.6	14.9	17.4
Female sterilization	78.4	54.6	40.0
Male sterilization	49.0	17.6	10.8
Number of Women	**1 235**	**2 643**	**2 574**

* Foam or jelly or foaming tablets N/A = Not available
CSDS = Chitungwiza Socio-Demographic Survey (University of Zimbabwe 1999)
ZDHS = Zimbabwe Demographic and Health Survey (CSO 1989)
ZRHS = Zimbabwe Reproductive Health Survey (ZNFPC 1985)

the pill is the most widely known method (99.4%), followed by the condom (88.9%), the injection (88.2%), and the loop (87.2%). The diaphragm and foam or jelly or foaming tables are the least known modern methods. Widely known methods may be the ones offered in most family planning programmes in Chitungwiza and about which information is readily available. The high level of knowledge of the condom may be due to frequent advertisements on radio and television and its use in preventing the transmission of venereal diseases. Findings of the ZDHS (CSO 1989) and the ZRHS (ZNFPC 1985) have also shown higher levels of knowledge of the pill, the condom, the injection and the loop than of the diaphragm, male sterilization and foam or jelly or foaming tablets.

Knowledge Level/Background Characteristics

Due to non-response to certain questions, the total number of respondents to particular questions varies. All in all there were 1 391 respondents. There are minor variations in the level of knowledge of family planning methods by age, marital status, and level of school completed. Chitungwiza women are almost equally aware of family planning methods irrespective of their background. As can be seen from Table 3, higher levels of knowledge are reported for modern methods than for traditional methods. This trend is consistent across all the selected background characteristics. For example, of women aged 15-34 years, 98.4% indicated knowledge of modern contraceptive methods while only 15.4% know of traditional methods. The knowledge of 'other' methods is also low when compared with the other two categories.

Table 3: Percentage Distribution of all and Currently Married Women who Know Contraceptive Methods by Selected Background Characteristics

Background Characteristics	Modern Methods	Traditional Methods	Other Methods*	Number of Women
Age				
15-34 years	98.2	15.4	6.4	979
35-49 years	98.4	20.7	9.6	324
Marital status				
Never married	97.8	11.1	0.0	45
Ever married	98.2	17.6	7.5	1 346
Level of education				
Never attended	100.0	19.7	10.4	67
Primary	98.1	20.6	7.7	777
Secondary or higher	97.7	12.2	6.1	524

* Includes herbs and other folk methods

Source: CSDS (University of Zimbabwe 1990)

Age: There is little difference between younger (15-34 years) and older (35-49 years) women in their knowledge of modern contraceptives. This is probably because all people in Chitungwiza, an urban area, are equally exposed to family planning programmes. Older women, however, know more about traditional and 'other' methods. This is expected as older women probably practised traditional and 'other' contraceptive methods before modern methods were introduced.

Marital Status: Ever married women (separated, widowed, divorced and currently married) were slightly more knowledgeable than those who had never married, about both modern and traditional methods. None of the never-married women knew of 'other' methods. However, the reverse situation, that is, that never-married women are more aware than ever-married women, is expected, since it is socially unacceptable to fall pregnant before or outside marriage.

Level of Education: There is no clear pattern, with the exception of 'other' methods, between the level of knowledge of family planning methods and the level of education completed. As with the age background characteristic, this is probably because in Chitungwiza all people, whether educated or uneducated, are equally exposed to family planning awareness campaigns. Women who have been to school reported higher levels of knowledge of 'other' methods than those who have some formal education. This could suggest that women with no formal education believe these 'other' methods to be better than modern or traditional methods, or that older women have passed information to them.

'Ever-use' of Family Planning Methods

Summary data on ever-use of family planning methods by currently married women is presented in Table 4. The level of ever-use for modern methods is higher (79.0%) than for traditional (29.0%) and 'other' (0.5%) methods. Modern methods may be preferred because they are more effective and more readily available than traditional and 'other' methods. The urban environment of Chitungwiza may not be conducive to the use of traditional methods given the availability of modern methods and the many related referral services. Traditional methods such as withdrawal require a high degree of self-control, particularly on the part of the male, which, together with the high failure rate, may cause people to opt to use modern methods. The low level of ever-use of traditional methods can also be explained by the lack of mass media coverage given to these methods. Findings of the ZDHS (CSO 1989) also indicate higher levels of ever-use by currently married women of modern methods (63.0%) than of traditional (48.1%) and 'other' (9.4%) methods.

Table 4: Percentage Distribution of currently Married Women who Have Ever Used Contraceptive Methods

Contraceptive Method	Ever-use	
	CSDS (1990)	ZDHS (1989)
Any methods	85.0	79.0
Modern methods	79.0	63.0
Traditional methods	29.0	48.1
Other methods*	0.5	9.4
Number of Women	**1 235**	**2 643**

CSDS = Chitungwiza Socio-Demographic Survey (University of Zimbabwe 1990)
ZDHS = Zimbabwe Demographic and Health Survey (CSO 1989)
* Includes herbs and other folk methods.

Considering ever-use of specific modern contraception methods, the pill is the most frequently used. As can be seen from Table 4 the proportion of women having ever used the pill (75.2%) is almost five times the proportion that have ever used the injection (16.0%). Ever-use of other modern methods is very limited in Chitungwiza. Only 0.2% and 0.6% of currently married women indicated ever-use of male sterilization and the diaphragm respectively. Low ever-use of male and female sterilization can be attributed to the fact that they require specialized physicians, cost much more than other methods and are permanent (irreversible) methods.

The condom is expected to be one of the most widely ever used method since it is the cheapest (free in some situations) and most readily available method. Condom use has risen dramatically in many sub-Saharan countries in response to Acquired Immune Deficiency Syndrome or AIDS (Goliber 1989). For example, the demand for condoms in Kenya rose from 10 000 per month in 1987 to 300 000 per month in 1988. In Africa, condoms have ordinarily been used by prostitutes and extra-marital partners (Goliber 1989).

Table 5: Percentage Distribution of Currently Married Women who Have Ever Used Specific Modern Methods

Contraceptive Method	Ever-use
Pill	75.2
Loop	2.2
Injection	16.0
Diaphragm	0.6
Condom	3.2
Foam or jelly or foaming tablets	1.0
Female sterilization	1.6
Male sterilization	0.2
Number of Women	**1 235**

Source: CSDS (University of Zimbabwe 1990)

'Ever-use' of Family Planning/Selected Background Characteristics

There are discernible differences in the levels of ever-use of family planning methods by selected background characteristics, as can be observed from Table 6.

Table 6: Percentage Distribution of Ever-use of Contraceptive Methods by Currently Married Women by Selected Background Characteristics

Background Characteristic	Modern Methods	Traditional Methods	Other Methods	Number of Women
Age				
15-34 years	80.8	19.2	0.4	979
35-49 years	73.7	10.5	0.6	324
Marital Status				
Never married	46.7	40.0	0.0	45
Ever married	78.3	74.3	0.4	1 346
Level of Education				
Never attended	56.7	77.6	0.0	67
Primary	76.7	78.1	0.4	777
Secondary or higher	79.4	84.4	0.5	524
Religion				
Muslim	60.0	13.3	0.0	15
Catholic	76.9	17.9	0.0	378
Protestant	78.9	19.5	0.2	527
Apostolic	72.8	15.0	1.2	246
Traditional/others	80.6	17.1	1.8	216

Source: CSDS (University of Zimbabwe 1990)

Age: For both modern and traditional methods, young women (aged 15-34) reported higher ever-use levels than older women (aged 35-49). This could be due to the greater likelihood of younger women being in formal sector employment, which may be incompatible with child-bearing. Thus they are more likely than older women to use contraceptive methods, specifically to space their children. Another contributing factor could be that young women are more educated than old women and hence are more receptive and likely to approve and use contraception. Older women may also maintain the traditional value of large families, hence the low levels of family planning ever-use.

Marital Status: Ever-married women reported higher levels of ever-use of family planning than never-married women, for both modern and traditional

methods. This may be due to married women's higher risk of pregnancy. Escalating costs of living and child-rearing contribute to ever-married women using family planning methods specifically to limit family size. Among ever-married women, those who are separated, widowed and divorced are likely to contribute to the high level of contraception ever-use because of the social stigma attached to people who have children outside marriage. For the same reason, it could also be argued, never-married women should have reported the highest level of ever-use of family planning methods. None of the never-married women have ever used 'other' methods, whilst only 0.4% of the ever married women reported ever having used them.

Level of Education: Women who have never attended school indicated lower levels of ever-use of both modern (56.7%) and traditional (77.6%) methods than women who have received formal education. Women with secondary or higher education reported the highest ever-use of both modern and traditional methods. Educated women are more likely to adopt family planning because they are more aware of its benefits in terms of the health of both mother and child than are uneducated women. Furthermore, educated women are likely to be earning an income which enables them to buy modern contraceptives.

Religion: Religious groups in Zimbabwe are not against the principle of family planning, as can be seen from Table 6. Also evident is a preference for modern over traditional methods. For all religious groups, ever-use of modern methods is 60.0% and of 'other' methods is less than 2.0%. Since Apostolics have strong pronatalist beliefs, they are expected to have the lowest contraception ever-use levels, but the survey results show Muslims to have the lowest. The results also indicate that Catholics do not strictly adhere to the doctrine which advocates the use of traditional rather than modern methods. Of the 378 Catholic women interviewed, 76.7% indicated ever-use of modern methods, whereas 17.9% reported ever-use of traditional methods.

Current Use of Family Planning

To obtain information on current use of contraception, respondents were asked whether they were using any contraception at the time of the survey. Current-use levels of contraceptives are a good measure for assessing and evaluating the success of family planning programmes. Current use of family planning in Chitungwiza is not substantial, as shown in Table 7 which again indicates the use of modern methods to be higher (67.5%) than the traditional methods (20.0%).

With regard to specific methods, the pill is currently used by the majority (49.3%) of married women in Chitungwiza. Current use of other modern

methods is minimal, particularly of the diaphragm (0.6%), the injection (1.0%) and foam or jelly or foaming tablets (1.0%). The withdrawal method is preferred to all other methods, with the exception of the pill.

Contrary to the results in Table 7, the current use of condoms is expected to be high for the reasons mentioned earlier as well as the fact that it can be used without following instructions or elaborate preparation before sexual intercourse.

Table 7: Percent Distribution of Current Contraceptive Use by Currently Married Women

Contraceptive Method	CSDS (1990)
Any method	34.0
Modern methods	67.5
Traditional methods	20.0
Others	0.5
Pill	49.3
Loop	1.9
Injection	1.0
Condom	3.1
Diaphragm	0.6
Foam or jelly or foaming tablets	1.0
Withdrawal	4.0
Number of Women	1 235

Source: CSDS (University of Zimbabwe 1990)

Current Use of Family Planning/Background Characteristics

Table 8 presents the proportion of currently married women who were using contraception at the time of the survey by selected background characteristics.

Age: The results indicate that modern contraceptive use in Chitungwiza is more widespread among women aged 15-34 years (59.3%) than among those aged 35-49 years (42.6%). The concentration of current users of modern contraceptive methods in the younger age group (15-34) may be due to younger women being more receptive to family planning messages. With traditional methods, older women reported slightly higher levels (5.8%) of current use than younger women (4.3%). This is probably because older women are more likely to maintain the belief that traditional methods conform to their societal and cultural values and norms.

Level of Education: The results in Table 8 show that family planning use is related to women's level of education, especially with regard to modern contraceptive methods. For example, 58.8% of women with secondary and

Table 8: Percentage Distribution of Current Use of Contraceptive Use by Selected Background Characteristics

Background Characteristic	Any Method	Modern Methods	Traditional Methods	Number Methods
Age				
15-34 years	52.9	59.3	4.3	979
35-49 years	40.4	42.6	5.8	324
Level of Education				
Never attended	31.3	37.3	4.5	67
Primary	47.8	51.2	6.0	777
Secondary or higher	51.5	58.8	4.1	524
Living Children				
None	34.4	50.5	4.6	26
1-2	41.8	56.0	8.9	285
3-5	38.2	52.9	5.0	221
>5	35.4	47.7	4.6	86

Source: CSDS (University of Zimbabwe 1990)

higher education are current users of modern contraceptive methods compared with 37.3% of those who never attended school. Educated women are less likely to regard children as assets, which will yield dividends in the future, hence they are more motivated to practise contraception than uneducated women. Educated women are also more conscious of the health and cost of children and as such tend to use contraception in order to erode some traditional pronatalist tendencies, explaining higher contraceptive use among women who have been to school. In Zimbabwe, pregnant schoolgirls are expelled. There is no uniform pattern in the variation in the percentage of current users of traditional methods by level of education.

Number of Living Children: Contraceptive use is lower among women who have no living children than those who have more than five children. These results suggest that people prefer to use contraception only after they have a living child. The reason for this could be the fear of failure to have children. As regards modern methods, the majority of the current users (56.0%) have one to two living children.

Problems with Family Planning Methods

Current users were asked about the problems, if any, that they were experiencing with their family planning methods at the time of the survey. Only four methods (pill, injection, condom and withdrawal) and their

related problems are analysed since very few respondents were using methods such as the diaphragm, the loop and foam or jelly or foaming tablets. Some of the problems experienced by respondents are presented in Table 9. These suggest why the levels of contraceptive current use are lower than those of ever-use. The problems associated with some methods can lead to the abandonment of contraception.

The majority of current pill users (49.1%) reported health-related problems such as bleeding, headache, swollen breasts, rashes and itching. Although women complained about the side effects of the pill, very few (3.3%) considered it to be an ineffective method. With the injection, more than half the current users reported 'others' as the main problems they are experiencing in using this method. Ineffectiveness was cited as the main problem associated with the condom and withdrawal methods. The ineffectiveness of the condom lies in the fact that it can burst or can spill semen into the vagina. Failure to self-control is the main reason for the withdrawal method's ineffectiveness. Interference with sexual pleasure is associated with both the condom and withdrawal methods.

Table 9: Percentage Distribution of the Problems Associated with Selected Family Planning

Problem	Pill	Injection	Condom	Withdrawal
None	30.4	0.0	7.7	20.3
Health concerns	49.1	31.3	0.0	0.0
Ineffective	3.3	15.6	72.4	76.8
Interference with sexual pleasure	0.0	0.0	19.9	2.9
Others*	17.2	53.1	0.0	0.0
Total	100.0	100.0	100.0	100.0

* Includes such problems as damage of reproductive organs and failure to have children

Source: CSDS (University of Zimbabwe 1990)

Reasons for Discontinuation

Women who were no longer using contraception were asked why they had stopped. Of the 144 women who had stopped using the pill, 68.1% had abandoned it because of health problems. For the injection, health problems also dominated other reasons for discontinuation. The 'other' reasons cited for these two methods were the desire for another child or pregnancy. The condom and withdrawal methods were abandoned mainly because of their ineffectiveness.

Table 10: Percentage Distribution of Discontinuation of Selected Family Planning Methods

Reason	Pill	Injection	Condom	Withdrawal
Wanted another child	14.6	31.3	15.0	21.8
Pregnant	15.3	14.4	0.0	5.4
Health problems	68.1	45.5	0.0	0.0
Ineffective	2.0	8.8	85.0	72.8
Total	**100.0**	**100.0**	**100.0**	**100.0**
Number of Women	**144**	**48**	**20**	**55**

Source: CSDS (University of Zimbabwe 1990)

Reasons for 'Never-use' of Contraception

Summary data on the reasons for never-use of selected family planning methods is presented in Table 11. The reasons vary from lack of knowledge of the method and source to perceived problems (side-effects) associated with some contraceptive methods. With regard to the pill, 54.2% of women who have never used it cited the desire to have more children as the main reason. Only 3.3% indicated that they were unaware of the method. Husbands in Chitungwiza do not want their wives to use the loop as evidenced by 38.7% of the women citing husband's disapproval as the reason why they had never used the loop. Lack of knowledge of the method is highest for the diaphragm (77,4%) and foam or jelly or foaming tablets (73,7%). Withdrawal is not a common method in Chitungwiza. 71.4% of the never-users indicated a lack of knowledge of the method.

Table 11: Percentage Distribution of Reasons for Never-use of Selected Family Planning Methods

Reason	Pill	Loop	Diaphragm	Foam*	Withdrawal
Method not known	3.3	14.2	77.4	73.7	71.4
Source not known	7.9	5.9	3.8	10.9	0.0
Husband disapproves	8.2	38.7	1.0	2.4	25.4
Need more children	54.2	19.6	6.7	5.3	3.2
Side-effects	21.1	13.7	8.2	5.4	0.0
Others	5.3	7.9	2.9	2.3	0.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number of Women	**38**	**51**	**105**	**129**	**67**

Source: CSDS (University of Zimbabwe 1990)

Sources of Family Planning Information

There are a number of ways that family planning information is disseminated in Chitungwiza. These include television and radio programmes, pamphlets, newspapers, health workers and hospitals or clinics. Respondents who were aware of family planning methods were asked how they came to know about that method. The most common source of contraception information is health workers. From Table 12 it can be seen that more than half of the respondents had heard about modern family planning methods through health workers. Hospitals and clinics are also vital sources of family planning information in Chitungwiza. Approximately 20.0% of the women indicated that they had heard about contraceptive methods at hospitals or clinics. Television, newspapers and pamphlets are the effective dissemination methods. Television was the source of information for 2.3% of the women who know about the pill, 0.5% for the loop, 0.9% for the injection and 0.9 for the condom. This is probably because the majority of the women do not have television sets or buy newspapers.

Table 12: Percentage Distribution of Sources of Family Planning Information

Information Source	Pill	Loop	Injection	Condom	Foam*	Withdrawal
Television	2.3	0.5	0.9	0.9	1.5	0.8
Newspaper	1.1	1.2	1.2	3.5	3.9	1.7
Pamphlets	1.1	2.2	3.0	4.2	5.3	3.1
Radio	13.1	18.0	13.7	19.1	10.6	14.2
Health worker	61.9	56.8	55.6	51.2	52.7	53.5
Clinic/hospital	20.3	20.5	24.3	19.2	24.3	0.0
Others	0.0	0.8	1.3	1.9	1.7	26.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number of Women	**1 327**	**1 167**	**1 192**	**1 210**	**409**	**1 012**

* Foam or jelly or foaming tablets
Source: CSDS (University of Zimbabwe 1990)

Fertility Preferences

One of the major goals of family planning programmes is to encourage couples to determine their desired child spacing and number of children. The preferred ideal number of children, the reasons for preferred family sizes and the occurrence of family planning discussions between spouses are examined in the following section. The CSDS questionnaire did not include questions on the desire for additional children or child spacing frequencies hence it is not possible to analyse the need for contraception.

Problems were envisaged in the interpretation of women's fertility preferences since these can change with time and can be influenced by

other people. For instance, a husband's attitude towards family planning can significantly affect a woman's fertility preferences. Furthermore, preferences can also be biased towards the number of living children. When asked to imagine restarting the fertility cycle, women may be reluctant to admit to wanting fewer children than they actually have, as that seems like rejecting them.

Ideal Number of Children

To determine the ideal number of children among Chitungwiza women, respondents were asked to consider a hypothetical situation and suggest the exact number of children they would want to have. Nearly all Chitungwiza women included in the survey have an idea of the number of children they would like to have since only 0.4% presents the distribution of the ideal number of children according to the number of living children. In many African societies children are regarded as symbols of prosperity and prestige and as such childlessness is abhorred. In Chitungwiza this view is confirmed by the fact that none of the interviewed women desired to have no children. The most commonly reported ideal family size among all women respondents is four children. 44.4% of the women stated an ideal number of four children, approximately 20% preferred six or more children, 15.2% regarded three children as the ideal number, only 0.3% preferred one child as the ideal family size.

Table 13 also shows the mean ideal number of children for all and for currently married women. The mean ideal number of children among all women is 4.3 and among currently married women is 4.4.

Table 13: Percentage Distribution of all and Currently Married Women by Ideal Number of Children and Mean ideal Number of Children, According to Number of Living Children

Ideal Number of Children	Living Children*							
	None	1	2	3	4	5	>6	Total
None	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1	0.0	0.0	0.7	0.9	0.0	0.0	0.0	0.3
2	3.8	8.7	8.1	16.8	10.1	4.3	9.1	9.7
3	11.5	16.8	14.8	12.1	21.5	12.8	13.0	15.2
4	50.0	49.0	47.4	40.2	25.3	53.3	48.1	44.1
5	7.7	5.4	9.7	10.3	8.9	8.5	10.3	8.5
>6	27.0	19.5	19.3	17.8	34.2	21.1	19.5	21.5
Non-numeric responses	0.0	0.6	0.0	1.9	0.0	0.0	0.0	0.4
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Number of Women	26	149	135	105	79	47	77	620
Mean (AW)	4.5	4.3	4.3	4.5	3.9	4.9	4.3	4.3
Mean (CMW)	4.7	4.5	4.3	4.2	4.3	4.5	4.4	4.4

Source: CSDS (University of Zimbabwe 1990)

While several studies have indicated a strong association between ideal and actual number of living children (Pullim 1980, McClelland 1983), this is not noticeable in Chitungwiza. In fact, the number of living children a woman has seems to have little impact on the ideal number of children. For all women and for currently married women, the mean ideal number of children remains almost the same as the number of living children increases. This may be an indication that women who want more children may not necessarily achieve the number. It is also possible that Chitungwiza women do not rationalise the number of children they have and the number they want.

Respondents gave various reasons for their preferred family sizes. The two dominant reasons are manageable number of children and cost of rearing children. Table 14 shows that 39.6% of all women respondents gave the expense of childrearing as their reasons for choosing their respective ideal family size. Women who have ideal family sizes of six or more children want old-age support. Since there is a move towards nuclear as opposed to extended families, having many children does not always guarantee old-age support. The desire for financial support was the reason given by 6.5% of women. 11.9% have 'other' reasons for their preferred family sizes.

Table 14: Percentage Distribution of all Women Ideal Family Size by Reason

Reason	Ideal Number of Children						
	1	2	3	4	5	>6	Total
Existence of family	0.0	0.0	3.2	2.3	3.4	4.4	2.7
Financial support	0.0	6.9	5.3	6.5	3.4	8.1	6.5
Old age help	0.0	0.8	1.1	2.0	1.7	22.2	2.6
Children are expensive	66.7	53.1	50.0	41.4	33.6	22.6	39.6
Manageable number	0.0	30.8	28.7	37.2	42.2	35.1	35.5
Health reasons	0.0	0.0	2.2	1.6	1.9	0.7	1.2
Others	33.3	8.4	9.5	9.0	13.8	6.9	11.9

Source: CSDS (University of Zimbabwe 1990)

Ideal Number of Children/Background Characteristics

Table 15 presents the ideal number of children by the background characteristics of women's age, marital status and education level. Four children is considered the ideal number by Chitungwiza women, irrespective of their backgrounds. The ideal number of children rises from one child, peaks on four children and then declines.

Table 15: Percentage Distribution of all Women Ideal Number of Children Selected Background Characteristics

Background Characteristic	Desired Ideal Number of Children								No of Women
	None	1	2	3	4	5	>6	Total	
Age									
15-39 years	0.0	0.4	11.1	17.2	46.6	9.0	15.7	100.0	979
35-49 years	0.0	0.5	9.1	7.0	42.6	10.1	30.7	100.0	324
Marital Status									
Never married	0.0	2.2	17.8	11.1	51.1	8.9	8.9	100.0	45
Ever married	0.0	0.0	9.4	13.1	47.9	9.1	20.5	100.0	1 346
Education									
Never attended	0.0	0.0	6.5	11.3	32.3	22.6	27.3	100.0	76
Primary	0.0	0.3	7.5	11.0	49.1	9.6	22.5	100.0	777
Secondary or higher	0.0	0.2	13.3	17.9	49.0	6.0	13.6	100.0	524

Source: CSDS (University of Zimbabwe 1990)

Age: The majority of women in both age groups (15-34 and 35-49) consider the ideal family size to be four children. More older women (30.7%) think six or more children is the ideal number than younger women (15.7%). This pattern supports the supposition that older women tend to prefer larger family sizes than younger women do.

Marital Status: Women who never married want smaller families than do ever-married women. Of the never-married women, 17.8% regard two children as the ideal number whereas 9.4% of the ever-married women consider two children as ideal compared with 20% of ever-married women. It is possible that never-married women are more aware of the high cost of rearing children or that they have other priorities, such as career development, which have led to their preference for small families.

Level of Education: women who never attended school reported higher ideal numbers of children than those who have been to school. 13.3% of women who have secondary or higher education prefer an ideal family size of two children compared with 6.5% of those who have never attended school. More women who have never been to school (22.6%) reported an ideal family size of five children than those with primary (9.6%) and secondary or higher (6.0%) education. In general, education exerts a negative influence on the desired number of children, probably due to delayed entry into marital union. Uneducated women are more likely to believe that God decides on the number of children a couple is supposed to have.

Ideal Family Size Discussion/Background Characteristics

Couples in Chitungwiza often discuss the number of children they desire to have. Summary data on the number of times couples have discussed the number of children they desire by age, level of education and religion is presented in Table 16.

Table 16: Parentage Distribution of all Women by Number of Times They Have Discussed Ideal Family Size by Background Characteristics

Background Characteristic	Number of Times Couples Have Discussed None	1	2	3	> 3	Total	No. of Women
Age							
15-34 years	18.8	8.3	2.1	5.8	65.0	100.0	979
35-49 year	25.8	3.3	6.5	29.0	35.4	100.0	324
Education Level							
Never attended	38.9	5.6	3.7	5.6	46.2	100.0	67
Primary	25.9	4.7	2.4	6.7	60.3	100.0	777
Secondary or higher	17.8	4.8	2.9	4.0	70.5	100.0	524
Religion							
Muslim	23.1	7.7	0.0	0.0	69.2	100.0	15
Catholic	22.0	4.8	1.6	6.4	65.2	100.0	378
Protestant	21.0	3.9	2.4	6.6	66.1	100.0	527
Apostolic	25.0	6.3	2.2	4.9	61.6	100.0	246
Traditional & Others	28.3	5.1	5.6	3.5	57.5	100.0	216

Source: CSDS (University of Zimbabwe 1990)

Age: both young and old women have discussed the ideal number of children with their spouses. The highest percentage of couples discussing the issue more than three times is reported by women aged 15-34 years (65.0%) and the lowest by women aged 35-49 years (35.4%). This is probably because most women in the older age group have reached their desired family sizes and no longer need to discuss the issue. There are women in both age groups who have never discussed the ideal number of children with their spouses. This may be because all decisions in these households are made by husbands, who oppose family planning.

Level of Education: Women who have never attended school reported a higher level of non-discussion (38-9%) than those with secondary or higher education (17.8%). Of the 524 women with secondary or higher education, 70.5% reported having discussed the ideal number of children with their spouses more than three times compared with 46.2% of the 67 women who

never attended school. Educated women are more likely to be employed and in equal partnership with their husbands in household decision-making, and hence freer to discuss family planning than uneducated women are.
Religion: The need to discuss ideal family sizes has also penetrated every religious sect. Almost 60% of women in every religious group have discussed the ideal number of children with their spouses more than three times. Traditional and 'other' religious groups reported the highest level of non-discussion (28.3%). This may be a result of husbands' negative attitudes towards family planning.

Summary and Conclusions

This study shows that there is a substantial level of knowledge of family planning methods among Chitungwiza women, irrespective of their background. The level of knowledge of modern methods are higher than those of traditional methods. The modern methods, which are most widely known, are the pill, loop, injection and condom. This high level of knowledge can be attributed to the family planning awareness campaigns of the Zimbabwe National Family Planning Council, the government and non-governmental organisations. Since Chitungwiza is an urban area, high levels of contraceptive knowledge are expected because the population has access to mass media facilities such as radio, television and written materials.

There is a large gap between the levels of knowledge and actual use of contraception. Whilst nearly every woman in Chitungwiza is aware of family planning methods, only a small proportion of them were using contraception at the time of the survey. There are also distinct differences between the levels of ever-use and current use. People discontinue contraceptive use for various reasons. The need for another child and pregnancy are the main reasons given for temporarily ceasing to use contraceptives, while some abandon contraceptives completely because of health problems (bleeding, headache, swollen breasts and so on). Some women have never used contraception, either because of ignorance of sources or because their husbands do not approve of family planning.

The study established that health workers are the main providers of family planning information in Chitungwiza, followed by hospitals and clinics. Since health workers are local people, clients tend to trust them and to believe that they assure greater privacy than other sources of family planning information.

In Chitungwiza, the majority of women are free to discuss family planning with their spouses and this is reflected by the number of times (that is, more than three times) couples have discussed family planning. This indicates that the need to decide the number of children in a family is recognised rather than 'leaving everything to God'.

An ideal family size of four children is preferred among Chitungwiza women. Evidence from this study suggests that younger, educated women (primary and higher education) are more likely to use contraception and prefer smaller families than older women. Younger women tend to prefer temporary family planning methods such as oral contraceptives whereas older women, who have usually reached their desired family size, tend to prefer more reliable and permanent methods to avoid further pregnancies.

Recommendations

User Perspective: Family planning designers and implementers should be aware of the cultural and social environment in which people live. They must respect the values and traditions of the user and potential user. The methods advocated should not undermine the user's attitudes, needs and problems as these affect the approval and use of contraception. The low level of contraceptive use in Chitungwiza may be a result of the lack of consideration of cultural values by the advocates of family planning and the fact that some of the contraceptive methods on offer do not conform with the social and cultural norms of the respondents.

Method Mix: There needs to be a variety of methods from which people can choose the one best suited to their needs. All available methods in Chitungwiza should be given equal publicity. The choice of an appropriate and affordable method should be the responsibility of the potential user. The popularity of the pill, loop, injection and condom can be attributed to the fact that these methods are the most widely advertised in Chitungwiza.

Cost: Contraceptives should be made available at an affordable cost for low-income earners. While the level of contraceptive knowledge in Chitungwiza is high, the cost of some contraceptives (IUD, Norplant) is prohibitive. Contraceptives should be easily accessible in terms of the distance to the nearest hospital, clinic or health centre.

Advantages and Disadvantages: Providers of family planning services should be frank in discussing contraception methods, particularly the side effects, efficiency and problems of misuse. People who are left to discover contraceptive side effects after having adopted a method are likely to be discouraged from using other methods, and are likely to discourage other potential adopters of family planning.

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