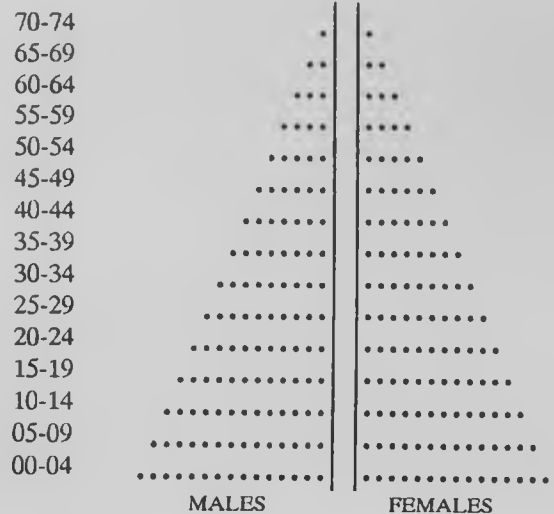


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FAMILY PLANNING PREVALENCE IN LESOTHO: DOES THE SEX OF THE
HOUSEHOLD HEAD MATTER?

by
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1.0 INTRODUCTION

Available literature suggests that generally Basotho men have a negative attitude towards use of modern contraceptives (Poulter et. al., 1981; Makatjane, 1987; Clarke, 1984; Hall and Malahleha, 1989 and Shale and Makatjane, 1988). The most commonly cited reason for Basotho men's displeasure with modern contraception is fear of high likelihood of infidelity to husbands. Literature further shows that in men's view spouse separation stemming out of labour migration invalidates the need for use of modern contraception as there is no risk of pregnancy in their absence (Makatjane, 1987).

Some studies have documented husband's non-approval of contraception use as a reason for non-use of contraception among married women (Schunter, 1979; UNFPA, 1991; Wener, 1983; Hall and Malahleha, 1989, Sembajwe and Makatjane, 1987 and 1989). These studies suggest that women residing in male-headed households should be less likely to use modern contraception than women residing in female-headed households. That is, since men are generally against use of modern contraception, households headed by men are not a conducive environment within which women can be encouraged to use modern contraception. It is arguable therefore that men's attitude towards family planning might be influencing women's use of modern contraception.

The majority of households are headed by men on a de jure basis in Lesotho. Less than a third of households in Lesotho are headed by women on a de jure basis (Sembajwe and Makatjane, 1987A: 1; Makatjane, 1990: 9; Bureau of Statistics, 1988: 7; Lawry, 1986: 8). Generally women acquire household headship late in life mainly through widowhood and to a lesser extend through separation and divorce. According to figures of Lesotho 1986/87 Household Budget Survey, about 9 out of 10 households headed by women the head was either widowed, divorced or separated while among male headed households 90 percent of the heads were currently married (Makatjane, 1990). The other category of households which are headed by women on de jure basis are those of never married women constituting seven percent of female-headed households. On the basis of this sex differences on household headship rates, the rate of acceptance of the use of contraceptives would, on the average, be expected to be slow in Lesotho based on the hypothesis that male-headed households are not necessarily a conducive environment for adoption of contraception. That is, if it is correct that since men are reported to have a negative attitude towards contraception, women residing in male-headed households would report lower

rates of family planning prevalence, acceptance of family planning would be slow because the majority of households are headed by men.

Modern contraception is not only a relatively new concept in developing countries, but is also deemed contradictory to most traditional norms which are characteristically pro-natalist. Its introduction in the majority of developing countries has been militated against by resistance influenced by the belief that since children are a gift from God, it is therefore ungodly to limit such a gift (see for example Poulter et. al., 1981). Although contraception is being accepted over time, a lot of resistance against it would still be found among old women who are also less educated than the younger lot. This is because older people should have more influence of tradition and culture than young individuals. Since on the average female household heads are older than male household heads (see Makatjane, 1990), the sex of the household head alone might not determine whether a particular household creates a conducive atmosphere for increased acceptance of use of contraception but age of the household head could also be an influencing factor.

Notwithstanding that women in general support use of modern contraception, women residing in female-headed households should be using modern contraception more than their counterparts residing in male-headed households. Since marriage is not only an affair between husband and wife but also includes parents as well as relatives of both parties, marriage dissolution through either separation or divorce does not necessarily mean that the relationship between the wife and the husband's parents and relatives is spoiled. If separated or divorced women are still in good terms with their in-laws irrespective of their marriage situation, such women might not want to spoil their relationship with their in-laws by giving birth to a child not fathered by their son. This would also be the case in a situation of someone contemplating that the marriage could still be recovered because giving birth to a child by another man would jeopardise the chances of reconciling the marriage.

On the contrary, if the relatives of the husband think that the wife is in the wrong in a case of divorce or separation, children born after the marriage dissolution are not likely to be accepted in the husband's lineage and would be made to suffer a number of humiliations during customary and traditional family rituals such as burial formalities. A woman who is separated or divorced could also use contraception to avoid giving birth to children who might not be accepted in any lineage particularly

if she has a partner with whom they are staying together on a more or less permanent basis. These factors would seem to encourage women in these circumstances to use contraception more than would be normal.

As indicated above that generally women acquire de jure household headship through marriage dissolution, it is also worth noting that a widow would not normally assume household headship if her son is old enough to assume household headship (see Makatjane and Botana, 1990; Murray, 1980). This would suggest that female-headed households have a low overall sex ratio. This would further suggest that the majority of women in female-head households are either never married, separated, divorced or widowed. It can therefore be argued that, due to their marital status, family planning prevalence rate of women residing in households headed by women would be low because they might be sexually inactive as they might not be staying with a man. Moreover, even if these women do acquire partners despite their marital status, they would still use contraception less because of their infrequent sexual intercourse unless they are permanently staying with their newly acquired partners.

It is also arguable that spouse separation cannot necessarily be taken to mean sexual inactivity on the part of the woman. Instances where women fell pregnant while husbands were away in the South African mines (Mueller, 1977: 208) do suggest that absence of the husband does not necessarily mean that the wife is sexually inactive. On the other hand, the relatively low fertility of Lesotho by African standards, which is explained in terms of spouse separation stemming from male labour migration, imply that women falling pregnant in the absence of their husbands are isolated instances which cannot be generalised for the whole country. Since of late migrants visit their homes almost every fortnight, spouse separation was a factor to consider in the past not now. Moreover, the present data set used for this analysis has inadequate information on spouse separation in order to assess whether separated women are sexually active or not and whether it is spouse separation which influences family planning prevalence of separated women not the sex of the household head.

The preceding discussion has demonstrated that our knowledge is far from complete with respect to the role of the sex of the household head in influencing use of modern contraception. The discussion has further presented evidence which largely suggests that women residing in female-headed households would report higher rates of family planning prevalence although information which would

suggest the contrary is also presented. That is, since women generally support use of modern contraception, female-headed households are conducive for increased use of contraception while the opposite might be the case for male-headed households. On the other hand it is equally plausible that women in female-headed households can report low rates of contraception due to their marital status which suggests that they should be sexually inactive. Only empirical data can help to answer the questions raised so far; hence this study.

Since it is in the interest of the Government of Lesotho for the majority of couples to use contraception more (Lesotho, 1992), knowledge about factors influencing family planning prevalence would facilitate action in removing obstacles in the way of increased family planning prevalence. Hence this study does not only investigate the role of sex of household head on family planning prevalence for its own sake, but the results of the study would also provide valuable information for decision and policy makers to further perfect their strategies of creating a conducive atmosphere for increased use of modern contraception as a means of bringing population growth rate in Lesotho to an acceptable level. The results of the study will further provide a better understanding of female-headed households.

1.1 THE DATA

Lesotho 1991 Demographic and Health Survey is the source of data for the present analysis. The survey was a national representative sample survey covering both urban and rural households. The survey instrument was divided into several sections and this study is using information mainly from the contraception section. Sex and age of household head, marital status, education and literacy information from other sections has also been linked to data on contraception.

Only information from women in their reproductive ages has been used to measure contraception prevalence. A total of more than three thousand women form the sample size for the analysis.

1.2 METHOD OF ANALYSIS

Contraception prevalence rates are calculated for women disaggregated on the basis of the sex of household head. Comparisons of observed prevalence rates are made on the basis of several background characteristics of women. In all cases a *t*-test is made to find out whether differences in the

prevalence rates are statistically significant. In order to establish whether differences are not due to differences in the characteristics of women as indicated in the introduction but a result of the influence of the household head, the effect of background characteristics as well as children ever born per woman are later controlled for in the observed prevalence rates.

2.0 CHARACTERISTICS OF THE STUDY POPULATION

For a better understanding and interpretation of the results, it is important to present the characteristics of the study population. It is also in order to present characteristics of the study population as a way of investigating whether the study population conforms to expectations. The characteristics in particular are age, marital status, rural-urban residence, educational attainment and literacy and religious affiliation. This exercise further makes it easier for the reader to consider how much confidence can be given to the results of the study, particularly if there are serious problems which suggest some defects with the data being analysed.

2.1 AGE

The age distribution of male household heads is concentrated between ages 25 and 44 years. Six percent of male heads was aged less than 25 percent while 12 percent was aged between 45 and 49 years. A similar trend is observed among female heads except that a much larger proportion of these heads is aged less than 25 or between 45 and 49 years (see Table 1). Nine percent of female heads was aged less than 25 years while 19 percent was aged between 45 and 49. It is not discernible from the distribution in Table 1 that female heads are relatively older than male heads in Lesotho. The distribution in Table 1, however, has a similar pattern to that of the 1986 population census (see Bureau of Statistics, 1991: 4-5) although the proportions for the 1986 population census are lower than those in Table 1 for all age groups except for age 50 and above where the proportion from the 1986 census is much higher than the one in Table 1 for both male and female heads. This is partly due to the fact that the survey was targeting women in the reproductive ages. Moreover, the distribution in Table 1 is based on households within which a woman in the child-bearing age was available for interview.

As regards age distribution of female respondents, women from male headed households are concentrated between ages 15 and 39 years and a similar picture is observed among female-headed households except that their concentration extends to age group 45-49. There is also a sizeable difference of about 8 percentage points between women from male-headed and female-headed households aged 20-24. Compared with the age distribution of women from the household information and the 1986 census population data, there is an under coverage of women aged 15-19. Part of the under coverage is due to absence of some female members from the household, particularly the population of school-going population, who were in boarding schools during the survey.

Table 1: Age Distribution of Household Heads and Women Respondents

Age of Household Head	Sex of Household Head		All Respondents
	Male	Female	
15-19	0.2	0.6	0.3
20-24	5.3	8.0	5.8
25-29	15.3	13.6	15.0
30-34	18.2	15.8	17.8
35-39	15.7	12.7	15.2
40-44	13.9	13.5	13.8
45-49	11.7	19.1	13.0
50 +	19.7	16.7	19.5
Age of Woman			
15-19	13.4	13.6	13.4
20-24	21.2	13.7	20.1
25-29	19.1	17.8	18.9
30-34	16.0	14.3	15.8
35-39	13.5	11.3	13.1
40-44	9.2	11.6	9.6
45-49	7.6	17.6	9.1

2.2 MARITAL STATUS

The marital status distribution of female respondents by sex of household head in Table 2 are in agreement with what was reported earlier that women in households headed by women are mainly women whose marriages have been dissolved either through widowhood, separation or divorce. While 82 percent of women from households headed by men were currently married during the survey, only one in five among women residing in households headed by women were currently married. On the contrary, only 5 percent of women from households headed by men were divorced, separated and

widowed compared to 52 percent of their counterparts residing in households headed by women. It is also according to expectation that one in five of women from female-headed households were reported as never married compared to one in ten among male-headed households.

Having indicated in the introduction that female-headed households are mainly made up of divorced, separated, widowed and never married women, the presence of currently married women in female-headed households needs explanation. Analysis of the household data indicates that more than half of these women are either daughters or relatives of the household head. Since currently married women are supposed to stay with their husbands or in-laws, one possibility why a currently married woman would stay with the mother is mainly at the time when they are expecting a baby or after delivery but before joining the husband. The other possibility is that there might have been problems with the marriage without a divorce or separation. Otherwise these women would have reported themselves as either separated, divorced or widowed if they had returned to their natal home as a result of a marriage dissolution. In accordance with the practice of returning to the natal home for child delivery, it is reasonable to conclude that the majority of currently married women residing in female headed households had returned to their natal home for child delivery or related problem such as cleansing after a miscarriage or losing a child. The results of the study on fertility and internal migration suggested that some women do return to their natal home for child delivery (see Makatjane 1985).

2.3 RURAL-URBAN RESIDENCE

Eight in ten households in Lesotho are located in the rural areas (Bureau of Statistics, 1988: 7) and the figures in Table 2 are within this range. The concentration of survey households in the rural areas is portrayed by both male-headed as well as female-headed households. This high concentration of households in rural areas is typical of developing nations. There is, however, a higher concentration of female-headed households in urban areas which might not be according to the norm. That is, things being equal urban areas are places of gainful employment. Hence generally people migrate to urban areas to seek employment. Since normally men are more prone to migration, higher concentrations of men in urban areas are expected. But in Lesotho, because of migrant labour system, men engage more in international labour migration leading to higher internal migration rates among women (see Bureau of Statistics, 1981; Makatjane, 1985). Furthermore, international female labour migration into South

Africa is not encouraged (see Gay, 1980; Makatjane, 1992) and urban areas within the country are the main promising places for gainful employment for women hence the higher concentration of female-headed households in urban areas. It has also been found that women whose marital status is typical of women in female-headed households are more prone to migration due to their economic position (Makatjane, 1992).

2.4 EDUCATIONAL ATTAINMENT AND LITERACY

Generally the educational attainment of women is similar irrespective of the sex of the head of the household within which they were residing. In both households a small proportion of women have never attended any formal schooling while more than half have attended primary education which is typical of education of women in Lesotho. With respect to literacy, a similar picture is portrayed where eight in ten women reported that they could read easily regardless of the sex of the head of the household. However, among women residing in female-headed households the proportion of semi-literate women was double that of women residing in male-headed households.

2.5 RELIGIOUS AFFILIATION

Almost all women were affiliated to one Christian faith of some sort. Only a small proportion of women reported their religion as Moslem, Traditional or no religion. This is in conformity with expectation since Basotho are known to be mainly Christians.

Table 2: Women by Sex of Household Head and Selected Background Characteristics

Background Characteristic	Sex of Household Head		All Respondents
	Male	Female	
Marital Status			
Never Married	9	23	11
Currently Married	82	23	72
Living Together	5	2	5
Widowed	2	32	7
Divorced	1	10	3
Separated	2	10	3
Rural-Urban Residence			
Urban	12	17	12
Rural	89	83	88
EDUCATION			
None	5	3	5
Stds 1-4	18	30	20
Stds 5-7	51	43	49
Secondary	22	18	21
Post Secondary	5	6	5
No Response	1	0	1
LITERACY			
Literate	89	83	88
Semi-Literate	6	12	7
Illiterate	5	5	5
No Response	1	1	1
RELIGION			
Roman Catholic	50	48	49
Other Christian	44	48	45
Others	6	4	6

3.0 RESULTS

3.1 GENERAL DIFFERENCES

According to figures in Table 3, women residing in female-headed households reported family planning prevalence rate which was 29 and 37 percent lower than that reported by women residing in households headed by men for any method and any modern method respectively. With respect to any traditional method, women reported a prevalence rate of 5 percent irrespective of the sex of the head of the household within which they were residing. The differences in prevalence rates between women in female-headed and male-headed households are statistically significant at 5 percent level except for

traditional methods.

Table 3: Family Planning Prevalence Rate Differentials

Method Used	Sex of Household Head		All Respondents
	Male	Female	
Any Method	24	17*	23
Any Modern Method	19	12*	18
Any Traditional Method	5	5	5

Note: * denotes that prevalence rate differences between women in female and male heads are statistically significant at 10 percent level or less

3.2 EDUCATIONAL DIFFERENTIALS

On the average there is a discernible relationship between education and family planning prevalence. Educated women reported a higher family planning prevalence than their uneducated counterparts and this is true irrespective of the sex of the household head (see Table 4). The pattern of prevalence rate with respect to traditional methods is the only difference to the norm. In fact, with respect to use of any traditional method, women with none or less education reported more use of traditional methods than their educated counterparts (see Table 4).

As regards differences with respect to sex of household head, generally women residing in male-headed households reported higher modern contraception prevalence than women residing in female-headed households. Reported prevalence rates of traditional methods do not show any differences except between women with no education where women in female-headed households reported a higher rate than their counterparts residing in male-headed households (see Table 4).

Table 4: Family Planning Prevalence by Education and sex of Household Head, Lesotho 1992

Educational Attainment	Sex of Household Head		All Respondents
	Male	Female	
Any Modern Method			
None	7	2*	7
Stds 1-4	13	11	13
Stds 5-7	20	9*	19
Secondary	24	20	23
Post Secondary	34	26	32
Any Traditional Method			
None	5	23*	7
Stds 1-4	5	4	5
Stds 5-7	6	5	6
Secondary	3	2	3
Post Secondary	1	1	1

Note: * denotes that prevalence rate differences between women in female and male heads are statistically significant at 10 percent level or less

3.3 DIFFERENTIALS BY LITERACY OF THE RESPONDENT

As was the case with educational attainment differences, there is a positive relationship between contraception prevalence and literacy of the respondent except for traditional methods (Table 5). As regards differences by sex of household head, women in male-headed households reported higher rates of modern contraception prevalence than their counterparts in female-headed households (Table 5). The higher rate of prevalence for traditional methods for illiterate women is expected but not necessarily to be higher for women in female-headed households. Since literacy rate between women in female-headed and women in male-headed households is the same, it is not surprising that prevalence rate of traditional methods for women in female-headed households is the same as that of women residing in male-headed households.

Table 5: Family Planning Prevalence by Literacy and sex of Household Head, Lesotho 1992

Literacy Status	Sex of Household Head		All Respondents
	Male	Female	
Any Modern Method			
Literate	21	14*	20
Semi-Literate	11	6	10
Illiterate	5	9	6
Any Traditional Method			
Literate	5	4	5
Semi-Literate	6	3	5
Illiterate	6	8	6

Note: * denotes that prevalence rate differences between women in female and male heads are statistically significant at 1 percent level

3.4 RELIGIOUS AFFILIATION DIFFERENCES

The Roman Catholic Church's doctrine is reported to be against use of modern contraception. The results in Table 6 are not necessarily supportive of the fact that Roman Catholics use modern contraception less than their counterparts who are Non-Roman Catholics. As regards differences by sex of household head, women residing in male-headed households reported higher rates of contraception prevalence than their counterparts residing in female-headed households.

Table 6: Family Planning Prevalence by Religion and Sex of Household Head, Lesotho 1992

Religious Affiliation	Sex of Household Head		All Respondents
	Male	Female	
Any Modern Method			
Roman Catholic	19	11*	18
Other Christian	20	14*	20
Others	13	10	13
Traditional Method			
Roman Catholic	6	5	6
Other Christian	4	5	4
Others	4	7	4

Note: * denotes that prevalence rate differences between women in female and male heads are statistically significant at 5 percent level or less

3.5 MARITAL STATUS DIFFERENCES

As it was observed with education differentials, women residing in female-headed households use traditional methods more than women from male-headed households. As regards modern methods, the differences are influenced by marital status of the woman. Women residing in male-headed households reported higher prevalence if they were currently married or living together and reported lower rates if they were never married, widowed, divorced or separated.

Marital status differentials in Table 7 are not easy to interpret. However, on the one hand the results suggest sexual inactivity. If current use of contraception is an indication of sexual activity, women who were not currently married at the time of the survey were sexually less active compared to currently married or living together women. The low prevalence rate and lack of significant differentials for these women when separated according to the sex of the household head do support the claim except for separated women. The prevalence rate for separated women suggests that women in female-headed households are either sexually more active than their counterparts residing in male-headed households, or separated women in male-headed households would still portray prevalence rate similar to that of women in female-headed households if it were not for the influence of the head of households.

Prevalence rate for currently married women further support the claim about sexual inactivity. Currently married women are expected to be sexually active hence their high prevalence rate relative to the rest of the other women. But once they are disaggregated according to sex of household head, those residing in female-headed households are less likely to be using modern contraception. Bearing in mind who currently married women in female-headed households are, it might not come as a surprise that they should report lower prevalence rate. Since most currently married women in female-headed households are likely to be in their natal home for reasons related to child delivery as indicated earlier, they are expected to be sexually inactive which could explain their lower level of contraception.

On the other hand the differences in family planning prevalence among widowed, separated and divorced women suggest the influence of the sex of the household head. Since their marital status is the same, it is inconceivable why those residing in female-headed households should report higher rates of modern contraception unless the sex of the head of the household is most probably the influencing factor. However, a strong case cannot be made since differences in prevalence rates are not statistically significant except for separated women.

Based on marital status differences in prevalence rates it would be incorrect to conclude that instances of women falling pregnant while their husbands are away cannot be generalised on the majority of Basotho women. The results would further strengthen the claim that spouse separation invalidates the need for the use of contraception as there is no risk of pregnancy as well as the claim that constant fertility of Lesotho is a result of spouse separation stemming out of labour migration.

Table 7: Family Planning Prevalence by Marital Status and sex of Household Head, Lesotho 1992

Marital Status	Sex of Household Head		All Respondents
	Male	Female	
Any Modern Method			
Never Married	2	12	5
Currently married	22	13*	21
Living Together	25	0	24
Widowed	6	11	9
Divorced	14	16	15
Separated	6	18*	12
Any Traditional Method			
Never Married	1	0	1
Currently married	5	10*	6
Living Together	6	18	6
Widowed	5	2*	3
Divorced	6	4	5
Separated	10	3	6

Note: * denotes that prevalence rate differences between women in female and male heads are statistically significant at 10 percent level or less

3.6 DIFFERENTIALS BY AGE OF HOUSEHOLD HEAD

There are no differences in contraception use between women in female-headed households and male-headed households as long as the head of the household is aged less than 30 years. Women in male-headed households do, however, report higher rates of contraception prevalence when the household head is aged 30 years or above. It was argued in the introduction that age of the household head among female headed households could be negatively related to contraception use and the figures in Table 8 are suggestive of that.

It is also plausible that the results in Table 8 are a result of sexual inactivity among women residing in female-headed households due to their marital status. The majority of the women residing in male-headed households are in their early ages of child-bearing (54 percent is aged less than 30 years) while the opposite is the case among women residing in female-headed households (45 percent of women in female-headed households are aged less than 30 years). While women residing in male-headed households would still use modern contraception to prevent unwanted pregnancies even if they have already achieved their required fertility due to presence of partners, among women in female-headed households this is not necessary due to the marital situation of most women residing in these households.

Table 8: Family Planning Prevalence by Age of Households Head and sex of Household Head, Lesotho 1992

Age of Household Head	Sex of Household Head		All Respondents
	Male	Female	
Any Modern Method			
< 30	19	19	19
30 +	22	11*	20
Any Traditional Method			
< 30	4	4	4
30 +	6	5	6

Note: * denotes that prevalence rate differences between women in female and male heads are statistically significant at 1 percent level

3.7 DIFFERENTIALS BY AGE OF RESPONDENT

According to figures in Table 9 women in male-headed households use modern methods of contraception more than women from female-headed households irrespective of the age of the respondent. As for traditional methods women reported the same prevalence irrespective of either age of the woman or sex of the household head. Among women in male-headed households, prevalence for modern methods suggests that older women are using contraception for stopping child-bearing. As regards women in female-headed households, the rate of prevalence among women aged 30 years or above could be a result of sexual inactivity. That is, while women in male-headed households have to protect themselves with contraception against pregnancy since their partners are around, women in female-headed households do not need to protect themselves since they are sexually inactive as result of their marital status.

Table 9: Family Planning Prevalence by Age of the Woman and sex of Household Head, Lesotho 1992

Age of Woman	Sex of Household Head		All Respondents
	Male	Female	
Any Modern Method			
< 30	18	14	18
30 +	22	11*	20
Any Traditional Method			
< 30	5	3	5
30 +	6	5	5

Note: * denotes that prevalence rate differences between women in female and male heads are statistically significant at 5 percent level or less

3.8 DIFFERENTIALS BY RURAL-URBAN RESIDENCE

Rural-urban residence differences continue to re-confirm earlier finding that women in male-headed households use modern contraception more than their counterparts from female-headed households. The figures in Table 10 indicate that the influence of the sex of the household head is more pronounced in rural areas which would be in accordance with expectation since literacy is higher in urban areas and use of contraception is positively correlated with contraception use.

Table 10: Family Planning Prevalence by Rural-Urban Residence and Sex of Household Head, Lesotho 1992

Rural-Urban Residence	Sex of Household Head		All Respondents
	Male	Female	
Any Modern Method			
Urban	24	20	24
Rural	19	11*	18
Any Traditional Method			
Urban	4	1*	3
Rural	5	5	5

Note: * denotes that prevalence rate differences between women in female and male heads are statistically significant at 5 percent level or less

3.9 CONTROLLING FOR OTHER EFFECTS

Some of the difference could be due to differences in the characteristics of the respondents. For instance male household heads were much younger than female heads. But more importantly there is an obvious difference between respondents with respect to marital status. Lastly parity is also an important factor in influencing family planning prevalence. Women who have already achieved desired number of children are more likely to use contraception than women who are desiring more children. In order to establish whether the difference in the family planning prevalence are real and not necessarily due to differences in certain characteristics of the study population, factors such as marital status, age of both the respondent and the head of the household as well as the average number of children ever born per woman have been controlled for.

According to the figures in Table 11, most of the differences in family planing prevalence for any method or modern method between women in households headed by men and those headed by women are due to the difference in their characteristics. Controlling for marital status reduces the differences to almost zero. As regards traditional methods, controlling for marital status increases the differences. It is noteworthy though that other variables have not been used as factors because marital status proved to be the most important factor. That is, other factors do not explain as much variation in contraception prevalence as marital status alone explain. Marital status alone explains more variation than other factors collectively explain.

Table 11: Family Planning Prevalence Controlling for Marital Status, Age of Household Head and Average Children Ever Born Per Woman

Sex of Household Head	Family Planning Prevalence Rate		
	Observed	Adjusted for Factors	Adjusted for Factors Plus Covariates
Any Method			
Male	26	25	25
Female	18	27	26
Any Modern Method			
Male	21	20	20
Female	14	20	19
Any Traditional Method			
Male	5	5	5
Female	5	7	7

Notes: 1. Factors denote Marital status
2. Covariates denote age of both the respondent and the household head and children ever born

4.0 DISCUSSION AND CONCLUSION

Results of this study have not supported the hypothesis that women in female-headed households use more modern contraception than women in male-headed households except for separated women. Contrary to expectation women in male-headed households reported higher rates of modern contraception. This was generally true irrespective of the background characteristics of the women. With respect to traditional methods, it was either differences were nonexistent or women from female-headed households were more inclined to use this methods than their counterparts in male-headed households.

Prevalence rate differentials for separated women, however, do support the proposal about the influence of the sex of the household head. The higher prevalence rate for separated women residing in female-headed households compared to their counterparts residing in male-headed households is interpreted to suggest the influence of the head of the household. That is, currently married women residing in male-headed households are expected to use contraception more since they are with their partners and the opposite is the case for women residing in female-headed households. This is because currently married women residing in female-headed households are separated from their husbands. They are also expected to abstain from sexual intercourse due to breastfeeding taboo. But among

separated women it is not easy to explain the significantly lower prevalence rate of women residing in male-headed households hence the conclusion that it is a reflection of the influence of the head of the household.

It was hypothesized in the introduction that, due to their marital circumstances, women in female-headed households should use modern contraception less than their counterparts in male-headed households. The major underlying assumption for this hypothesis was that women in female-headed households are sexually inactive due to their marital circumstances. The results of the study do support this hypothesis with respect to currently married women. This is based on the lower prevalence rate reported by currently married women in female-headed households. It is however noted that part of sexual inactivity among currently married women residing in female-headed households is probably a result of having returned to their natal home for child delivery and they have to rely on sexual abstinence as argued earlier in the paper. This is further supported by a higher use of traditional methods of contraception for these women.

It was not easy to establish the role of age of the household head as a factor influencing contraception use. Although differentials with respect to age of the household head are suggestive of the influence of the age of the female head, it is equally plausible that the results are a reflection of sexual inactivity. The latter is further supported by a reduction of 45 percent in the differentials for women whose head is aged more than 29 years.

Controlling for marital status of respondents produced no differences in modern contraception prevalence between women irrespective of sex of the household head. The disappearance of differences once marital status of women is controlled for brings one to the conclusion that the sex of the households head does not matter when it comes to contraception prevalence in Lesotho. As indicated earlier, currently married women in female-headed households are reporting lower prevalence rates because it is either they are not staying together with their husbands or they are pregnant or breastfeeding and are expected to abstain from sex. This is not to say that women in male-headed households are not expected to abstain from sex when breastfeeding, but that currently married women in female-headed households are mainly women who are to abstain from sex and the presence of the mother or relative who is also relatively old facilitates abstaining from sex.

When controlling for other variable marital status proved to be the most important factor. It was further indicated that marital status was important as long as it produces spouse separation. This supports the claim that the constant fertility of Lesotho is a result of spouse separation resulting from male labour migration. It is therefore arguable that instances of women falling pregnant in the absence of their husbands are rare and cannot be generalised for Basotho women. The results further nullifies the hypothesis that women can be sexually active in the absence of their husbands.

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