The Demography of Zimbabwe: Some Research Findings

University of Zimbabwe Demographic Unit

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Published by Earthware Publishing Services on behalf of the Demographic Unit, Department of Sociology, University of Zimbabwe, P.O. Box MP 167, Mount Pleasant, Harare, Zimbabwe.

ISBN 0—7974—1363—4

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Perceptions of fertility: the case of University of Zimbabwe students

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Introduction

A primary concern in developing countries, including Zimbabwe, is the formulation of policies that will bring about socio-economic development. Development planning and population planning are closely linked. The All Africa Parliamentary Conference on Population and Development (AAPCPD) in 1986, pointed out that the high population growth rate is frustrating "the achievement of Africa's economic and social goals in the areas of food and agriculture, environment, health, mortality and fertility, education, employment and migration" (Mhloyi, 1986a). The parliamentarians called for the introduction of development and family planning programmes.

The 29 African countries represented at AAPCPD resolved to introduce legislation and promote programmes to improve health care; strengthen family planning information, research and other support services; provide realistic and relevant approaches to education; improve the status of women; adopt realistic migration policies; protect and restore the environment, and to formulate and implement policies and programmes that attempt to decrease high rates of population growth, in order to attain a balance between the needs and opportunities of the people and available resources (Mhloyi, 1986a). Zimbabwe and other African countries aim to establish a rate of population growth conducive to predetermined socio-economic and developmental goals.

Of the major components of population growth — migration, mortality and fertility — the latter is the most important. Fertility is seen as the one variable most amenable to intervention as attempts to increase mortality or to tighten migration policies may raise moral questions. This study treats the use of family limitation techniques as the sole independent variable crucial to the study of fertility determinants and, therefore, of population growth.

In this study, education is regarded as an important socio-economic variable with an indirect negative impact on fertility. Education is important, not only in terms of the development of skilled manpower, but as a catalyst in promoting values, beliefs and perceptions that are congruent with some elements of modernism — belief in science, ability to control one's fate, openness to new ideas and new approaches to social issues such as family planning practices (Inkeles, 1966).

The three main objectives, quoted by Adamchak (1985) as identified by

Ogunbi with regards to students from developing countries in the United States, are equally applicable to the perceived role of education in a country like Zimbabwe:

- "to enable them to acquire the necessary knowledge and skills to solve the problems of their societies more efficiently;
- to train individuals so that they can act as agents of change, bringing innovative ideas to complement development efforts;
- to help their countries' effort toward modernization by waging war on poverty, illiteracy and disease and to assist in manpower development" (Ogunbi, 1978).

Evans, quoted by Adamchak (1985), argues that western education has been the catalyst for the modern aspirations of newly independent African countries. Evans asserts that western education inculcates new values, which may promote social and political development among African nations.

This study attempts to go beyond the conventional study of fertility, the knowledge, attitude and prevalence (KAP) surveys, whose main focus are females aged 15-19 years. The focus in this study is on university undergraduate full-time students of both sexes. An attempt is made to examine these students' perceptions of ideal family size, fertility and sterility, as well as the actual use of contraception.

As noted in Adamchak's paper on male fertility attitudes, university students are of special interest for several reasons:

- "University students are identified as a key group that takes active stands on policy issues ...
- University students are for the most part the future policy makers ... at least by virtue of their education.
- The men in this sample have been exposed to the outside world, ... where communication has increased their awareness of the African population explosion.
- ... because of their exposure to western influence, they are expected to manifest some of the characteristics of modernism such as attempting to control births" (Adamchak 1985).

Adamchak's study was based in Nigeria, which is similar to Zimbabwe in being a male-dominated society.

The demographic situation in Africa, and Zimbabwe in particular, is characterized by a consistently high fertility rate. Mortality levels have been declining since World War II and this, combined with individual reproductive behaviour, has contributed to the high population growth rates and had an effect on actual population size, composition, age and gender structure. An examination of

fertility determinants is necessary in order to establish their centrality as components of population growth in countries like Zimbabwe. This will facilitate the initiation of successful fertility reduction programmes.

Purpose and objectives

Three specific objectives characterize this study:

- to test the current levels of contraception knowledge, attitudes and practices among University of Zimbabwe students
- to investigate the perceived availability and accessibility of birth control services.
- to identify obstacles to contraceptive use as well as sources of motivation.

Conducting a KAP survey is important because contraception is one of the factors of intervention to lower fertility, which is the most important component of growth. Green (1969) found contraceptive use to be underreported by 13–22% of males and 26–35% of females in Pakistan. Older couples tended to underreport use and knowledge of contraceptives due to lingering taboos. The reliability and validity of survey data on family planning can, however, be assumed to be highest among the educated, particularly university graduates, among whom these inhibitions have been greatly reduced.

The Zimbabwe Reproductive Health Survey (ZRHS) conducted by the Zimbabwe National Family Planning Council in 1984 reported that 90% of respondents were aware of at least one contraceptive technique and that 86% were in favour of contraception. If such high levels of knowledge and approval are assumed to be theoretically correct for the general population, then among University students this could be as high as 100%. There could also be a high degree of correlation between knowledge, attitude and actual behaviour.

Education is one of the most important basic socio-economic determinants in fertility regulation. Cutright and Hargens (1984) point out that "to initiate fertility declines, less-developed countries still maintaining traditional levels of fertility need to increase levels of literacy and life expectancy before motivation to reduce fertility affect enough couples to effect a fertility decline." It is therefore argued that education and family planning programmes have greater impact on fertility reduction than other socio-economic development programmes.

University students have been exposed to a western type of education and to the mass media. If a proportionate number of university students exhibit a lack of knowledge and/or disapproval of contraceptives, then it can be inferred that the situation must be worse among those with limited education and limited information who live within a traditional socio-economic environment.

The study of university students may indirectly lead us to question the reliability and validity of the ZRHS study of 1984. Conversely, if University of

Zimbabwe students are more conservative than anticipated, that is, do not exhibit the influence of western education in contraception perceptions, preferences and use, then education level is not the determining factor. University of Zimbabwe students can be expected to possess western values with regard to contraception. If this is not the case, it is important, as Caldwell and Ware (1977), Mutambirwa (1984) and Mhloyi (1986c) point out, to examine the sociocultural factors influencing the attitudinal and knowledge behaviour scale. Caldwell (1976) states that rationality in actual fertility behaviour is socially induced.

In terms of western and modern values, children have a zero economic value, hence the importance of non-economic values in determining the desire for children and actual fertility behaviour. Sociocultural factors may be a major influence on fertility behaviour among university students.

One of the major limitations facing demographic surveys, in Zimbabwe and elsewhere, is the lack of emphasis on men's role in decisions that affect child-bearing practices. Fertility studies have been dominated by a focus on women of the fertile 15–49 age group. By tapping KAP information from men, the gender gap in Zimbabwean fertility studies may be partially bridged and the male factor in reproductive behaviour may be identified and harnessed in family planning programmes. Men are equally, if not more, important than women in child-bearing decisions as the fertility attitudes of women are mostly dictated by masculine values. As Arowolo confirms "if a man desires a certain family size, there is little the woman can do to prevent having that number of children. Should she fail to produce children of a particular sex, or be unable to achieve the desired family size due to fecundity impairment, infant mortality, or both, the man can and does take another woman." (Quoted in Adamchak, 1985). Men often exhibit a high pronatalist attitude to fertility.

Okedeji (1967) and Heisel (1973) also support the idea of collecting KAP data from both male and female respondents. Though contraceptive methods have a female bias it is imperative that both sexes are included in a survey sample, in order to understand the prevailing attitudes and practices pertaining to family planning.

It is in the light of the above that this investigation into University of Zimbabwe students' perceptions of fertility and sterility as well as their ever use of contraceptives was carried out in 1987.

Characteristics of the sample

Table 2.1 shows the social and demographic characteristics of the sample. A total of 113 undergraduate students were included in the sample: 74 males and 39 females. As the table shows, the university population is mostly composed of young, single adults.

Table 2.1: Social and demographic characteristics of the sample

	Males		Females	
	No.	%	No.	%
Age				
19-21 years	35	47	19	49
22-24 years	26	35	15	39
> 25 years	13	18	5	12
Total	74	100	39	100
Marital status				
Married	6	8	1	3
Single	68	92	38	97
Total	74	100	39	100
Religious preference				
Roman Catholic	21	28	10	26
Protestant	13	18	15	38
New Christian Churches	27	36	8	21
Non-Christian organizations	2	3	2	5
None	11	15	4	10
Total	74	100	39	100
Field of study				
Commerce and Law	23	31	8	20.5
Arts	15	20	11	28.0
Sciences	12	16	9	23.5
Social Studies	19	26	8	20.5
Engineering	1	1	0	0.0
Medicine and Veterinary	4	6	1	2.5
Education	0	0	2	5.0
Total	74	100	39	100

Partners

To obtain information on patterns of exposure to reproductive risk, respondents were asked whether they had a partner(s). A summary of the results is presented in Table 2.2.

The data indicates that the majority of university students had a partner. It may be assumed that those with a partner have a higher probability of exposure to intercourse and therefore of risk to pregnancy, which in turn may have a positive influence on contraceptive use and knowledge of methods.

Table 2.2: Proportion of respondents with a partner(s)*

Do you have a partner?	Males		Females	
	No.	%	No.	%
Yes	56	76	32	82
No	18	24	7	18
Total	74	100	39	100

* A partner was defined as a member of the opposite sex with whom the respondent shared a stable intimate relationship. This included both married and single respondents.

Reproductive knowledge, attitudes and practices

Nuptiality and fertility

Nuptiality patterns in a society influence the fertility rate by having an effect on the duration of exposure to the risk of pregnancy among fertile couples. Stable marital unions generally have higher fertility than unstable ones. Single respondents were asked whether they intended to marry in future. Approximately 97% of male and female respondents indicated that they did intend to marry.

The age of entry into marital union is also an important determinant of actual fertility. A number of studies have shown that marital union and child-bearing are mutually related. Respondents were asked to indicate what they thought was an ideal age for a woman to commence child-bearing. Male and female attitudes towards the ideal age to start reproductive behaviour are more or less similar although males prefer slightly earlier child-bearing (see Table 2.3).

Table 2.3: Perceived ideal age for woman to commence child-bearing

Ideal age	Males		Females	
	No.	%	No.	%
18-20 years	27	36	10	25
21-24 years	37	50	21	54
25-30 years	10	14	7	18
> 30 years	0	0	1	3
Total	74	100	39	100

The reasons for respondents' choices in Table 2.3 were grouped into two categories; 81% of males and 85% of females based their choice on an age when a woman would be sufficiently mature to undertake maternal responsibility; 19%

of males and 15% of females chose a healthy reproductive age to commence child-bearing.

Interbirth interval

The interbirth interval affects fertility via its relationship with post-partum amenorrhoea. Respondents were asked to state what they considered to be the ideal spacing between babies and to give reasons for their answer. The results are summarized in Table 2.4.

Table 2.4: Percentage of respondents ideal child spacing periods

Ideal child spacing	Males		Females	
	No.	%	No.	%
1-2 years	24	32	19	49
3-4 years	42	57	16	41
> 5 years	8	11	4	10
Total	74	100	39	100

It is interesting to note that the majority of females prefer short birth intervals (one to two years) whereas males prefer three to four years. This difference may be explained by the fact that most female respondents' careers would be adversely affected by prolonged birth intervals, so they prefer to be through with child-bearing early and then to concentrate on their careers.

About 65% of males said spacing was important for the child's health and 51% of females indicated likewise; 35% of males gave financial reasons for child spacing compared to 21% of female respondents. It is interesting to note that spacing for the sake of the mother's health was mentioned by only 28% of female respondents and by no male respondents. This reflects male lack of concern for the health of their female partners.

Infertility/sterility

The impact of infertility on child-bearing has been shown to be negative in a number of studies (Mhloyi, 1986a). Respondents were asked about their perceptions with regards the issue of sterility/infertility. The questionnaire included specific questions for unmarried or married respondents. Single respondents were asked: "Suppose you discover after you are married that your partner is sterile, what would you do, assuming you are fertile?" Married respondents were asked: "Suppose your partner had turned out to be sterile, what would you have done?" It is important to mention that the questions were open

ended, the data was unsolicited and no pre-coding was done. A complete presentation of information pertaining to the perceptions of sterility is summarized in Table 2.5.

Although not the majority, a considerable number of respondents replied that they would marry another (males only) or divorce should their partners be sterile. The fact that 32% and 47% of females and males respectively chose divorce and remarriage, demonstrates the high value placed on children by university students in the sample. It also implies that family planning programmes which do not address themselves to the question of sterility may not be readily accepted.

Table 2.5: Action to take in case of sterility of respondent's partner

Action of respondent if partner is sterile	Males		Females	
	No.	%	No.	%
Marry another	21	29	0	0
Stay together	29	40	18	47
Divorce	13	18	12	32
Stay and adopt	9	13	8	21
Total	72	100	38	100

Note: 1 female and 2 male respondents who do not intend to marry were not asked this question and so are not included in the statistics.

Table 2.6: Respondents' attitudes to sterility

Perceived action of majority of the opposite sex if partner is sterile	Males		Females	
	No.	%	No.	%
Commit adultery	28	37	4	10
Would stay	15	20	4	10
Divorce	26	36	28	72
Not sure	3	4	1	3
Adopt	2	3	2	5
Total	74	100	39	100

Respondents were asked to indicate what they thought the majority of men (in the case of female respondents) or women (in the case of male respondents) would do if a partner is sterile. Approximately 37% of male and 10% of female respondents said the fertile partner would commit adultery; approximately 36% of the males and 72% of the females indicated that the opposite sex would divorce. Table 2.6 gives a summary of respondents' attitudes to sterility. The general

thinking for the majority in the sample was that sterility leads to unstable marital unions. The high prevalence of venereal diseases has been shown to be one of the major causes of sterility. Among the educated, the ability to obtain medication in the early stages of disease means that the influence of sterility in limiting children ever born to a woman or a couple is limited.

Abortion

Abortion is another proximate determinant which has a direct and negative influence on fertility. Respondents were asked to indicate whether they approve or disapprove of legalized abortion being made readily available to all who seek it. A divergence of opinion is evident from the respondents' answers. Men strongly disapprove of abortion, as is evidenced by 81% disapproval. Men mostly disapprove of abortion on moral grounds, regarding abortion as murder. Approximately 59% of women disapprove of abortion, on the basis of endangering the mother's health and subjecting the foetus to suffering. About 41% of females approve of abortion as against 19% of the male respondents. Most females who approve of abortion feel that the moral responsibilities should be left to the individuals concerned. They also feel that legalizing abortion would make the termination of unwanted and untimely pregnancies safer.

Taking into cognizance male dominance in Zimbabwean society, it is most unlikely that abortion will be legalized in the near future. Yet abortion is a proximate determinant that has a negative impact on fertility. In spite of the condemnation of abortion, *The Herald* of 17 May 1987 estimated that more than 40 000 abortions occur every year, often with tragic consequences. An examination of the relationship between attitudes to abortion and contraceptive use, as presented in Table 2.7, is important.

Table 2.7: Respondents' attitudes to abortion

Contraceptive ever use?	Males		Females	
	Approve	Disapprove	Approve	Disapprove
Yes	9	43	12	8
No	5	17	4	15
Total	14	60	16	23

Males: $n = 74$ $df = 1$ $x^2 = 0.30$
Females: $n = 39$ $df = 1$ $x^2 = 6.11$

Since the critical value in x^2 (1) at the 5% level of significance is 3.84, there is no reason among males to reject the null hypothesis that contraceptive ever use is independent of attitude to abortion. The null hypothesis is rejected among

female respondents. There is a relationship between contraceptive use and attitude towards abortion. Women who approve of the use of abortion are more likely to have ever used contraception.

Infant mortality

Perceptions of infant mortality can influence fertility behaviour. Respondents were asked a pre-coded question about their perceptions of changes in relation to infant mortality in Zimbabwe. The majority of respondents (65% of males and 64% of females) were of the opinion that infant mortality is decreasing. About 19% of males and 10% of females were not sure of the direction of change, if any; 12% of males and 23% of females thought infant mortality was increasing; 3% of females and 4% of males thought there was no change in the rate of infant mortality.

Perceptions of infant mortality can have an influence on the desired number of children. For example, lower mortality rates can result in smaller family sizes with the perception that all births result in live children. The fact that up to 23% of females thought infant mortality was increasing, could be an indicator of reproductive functional difference between men and women.

Child-bearing age

Pregnancy complications and foetal wastage increase with the increasing age of a woman. Respondents were asked to state what they considered an ideal age for a woman to stop child-bearing. They were further asked to explain the reasons for their answer. No pre-coding of responses was done. A summary of the results is given in Table 2.8.

Table 2.8: Respondents' attitudes to the ideal age at which a woman should stop child-bearing

Age to stop child-bearing	Males		Females	
	No.	%	No.	%
< 30 years	2	3	5	13
30-33 years	8	11	8	20
34-37 years	33	45	17	44
38-41 years	24	32	8	20
> 42 years	7	9	1	3
Total	74	100	39	100

It is interesting to see that males have a preference for late child-bearing, with 41% preferring cessation of child-bearing at above 38 years of age. This is likely

to increase the duration of child-bearing and have a positive impact on fertility and indicates little concern among males for the health of females. Approximately 45% of males and 23% of females indicated that their choice of a particular age was motivated by the age of a woman; 37% of males and 51% of females mentioned health reasons; 18% of males and 26% of females indicated that a woman will have produced the desired number of children at the selected age, making it necessary to stop child-bearing.

Family size preferences

Family size norms are regarded as an indicator of expected fertility in a given society. Three indications of family size preference were used in the study:

- the desired family size
- the number of children considered too few
- the number of children considered too many.

Tables 2.9, 2.10 and 2.11 depict the three family size norm measures. Generally, males preferred larger families than female respondents. The mean family size for males is 3.8 children; for females it is 3.6 children. This shows that even the educated are in a transition stage between desiring large families of four or more, and the replacement level of two children. Not surprisingly, the desire for a large family has a strong influence on contraceptive use. In the study it was apparent that the more children desired by a respondent, the less likely s/he is to use contraceptives. Table 2.9 gives a summary of data on the desired number of children.

Table 2.9: Desired number of children

Number of children desired	Males		Females	
	No.	%	No.	%
None	1	2	0	0
1	0	0	0	0
2	18	24	16	41
3	18	24	12	31
4	23	31	11	28
5	12	16	0	0
6	2	3	0	0
Total	74	100	39	100

The results in Table 2.10 summarize the data on the number of children considered too many. The mean number of children considered excessive is 6.4

children for female respondents and 5.7 children for males. The implication is that respondents preferring families below these means may be seen to be acting consistently with expected and desired family size norms.

Respondents cited several reasons for considering a certain number of children as excessive; 95% of males and 82% of females cited financial resources; 8% of females and 1% of males stated health problems; 10% of females compared to 1% of males had no specific reason and 3% of males cited population pressure.

Table 2.10: Number of children considered excessive

Number of children considered too many	Males		Females	
	No.	%	No.	%
3	1	1	2	5
4	4	5	4	10
5	17	23	14	36
6	20	27	10	26
7	16	22	4	10
8	6	8	2	5
9	4	6	3	8
> 10	6	8	0	0
Total	74	100	39	100

Table 2.11 examines the number of children considered too few. Respondents were asked to explain why they considered the number as insufficient. 54% of males and 77% of females considered one child to be too few. It is significant that 27% of males, compared with 8% of females, considered two children to be too few, implying a higher male than female fertility rate. This means that any policies aimed at fertility reduction must be directed towards men, considering that Zimbabwe is a male-dominated society.

Table 2.11: Number of children considered insufficient

Number considered too few	Males		Females	
	No.	%	No.	%
None	14	19	6	15
1	40	54	30	77
2	20	27	3	8
Total	74	100	39	100

Respondents were asked to state the reasons for their choice of number of children considered too few. 82% of the males and 80% of the females had no particular reason; the remainder said they feared the death of children.

Gender preference

An issue frequently raised is the influence of gender preference on fertility behaviour. Respondents who desired having children were asked to indicate their gender preference, if any. Table 2.12a shows that 77% of males and 74% of females indicated a gender preference and of these, 92% of males and 69% of females preferred boys (Table 2.12b).

Table 2.12a: Preferred gender of children

Gender preference?	Males		Females	
	No.	%	No.	%
Yes	57	77	29	74
No	16	23	10	26
Total	73	100	39	100

Note: Gender preference is inapplicable to 1 male who does not intend to have children.

Table 2.12b: Distribution in terms of gender preferences

Gender preference	Males		Females	
	No.	%	No.	%
Girls	3	8	9	31
Boys	54	92	20	69
Total	57	100	29	100

Note: 16 males and 10 females who have no gender preference were left out. They comprise 23% and 26% of the total sample of males and females respectively.

Respondents were also asked to indicate reasons for their gender preference. These reasons vary according to the gender of the respondent. Males generally prefer boys for the benefits that are perceived to flow from boys to parents, for the sake of continuity of the family name and as heirs. Females prefer boys for the sake of family stability and because they are perceived to be less problematic than girls. This implies that failure to produce a male child may result in marital breakdown or an unhappy marital union, which is likely to increase fertility.

Female respondents who preferred girls (31%) think they are more responsible and likely to help parents than are boys. The few males who preferred girls (8%) chose them in terms of providing the family with joy and fun. This indicates that, even among current undergraduates, women are seen as subservient to males. The role of males is seen as instrumental, that of females as satisfying the family's expressive needs. It can be deduced that the students' response reflects an acceptance of the low status of women.

Respondents were also asked whether they would continue with child-bearing if they were to attain their desired number of children without a child of their gender preference. The results in Table 2.13 show that the majority of males (63%), would continue, compared with 26% of females; 69% of females and 37% of males said they would not continue.

Table 2.13: Attitudes towards continuation of child-bearing until fulfilment of gender preference

Child-bearing continuation	Males		Females	
	No.	%	No.	%
Yes	46	63	10	26
No	27	37	27	69
Do not know	0	0	2	5
Total	73	100	39	100

Note: 1 male respondent does not intend to have children.

As can be seen from Table 2.13, males are determined to continue child-bearing if their gender preference is not forthcoming. This intention is especially strong where the desired gender is male. Although the majority of females said they would not continue child-bearing, it is worth noting that male dominance in Zimbabwe is still influential in terms of household decisions. The implication is that fertility regulation mechanisms may be weakened in the absence of male offspring.

Knowledge about contraception

Contraception methods

The survey results show that about 96% of males and 97% of females know at least one contraceptive method, demonstrating that there is no significant variation between genders in terms of contraception knowledge. However, significant differences do exist in the number of methods known. The results also

indicate a high prevalence of contraception knowledge. Table 2.14 shows the variations in the percentage of male and female students who know specific contraception methods.

Table 2.14: Respondents who know and have seen contraceptives

Method	Total who know		Males				Females			
			Know		Seen		Know		Seen	
	No.	%	No.	%	No.	%	No.	%	No.	%
Pill	102	90	64	87	48	65	38	97	30	77
Condom	108	96	71	96	67	91	37	95	27	69
Injection	53	47	31	42	–	–	22	56	–	–
IUD	60	53	32	43	12	16	28	72	7	18
Diaphragm	54	48	30	41	10	14	24	62	7	18
Douche	17	15	8	11	3	4	9	23	0	0
Spermicidal jelly	38	34	26	35	15	20	12	31	3	8
Sterilization (male)	51	45	31	42	–	–	20	51	–	–
Sterilization (female)	47	42	26	35	–	–	21	54	–	–
Foaming tablets	26	23	18	24	11	15	8	21	4	10
Suppositories	9	8	1	1	1	1	8	21	2	5
Withdrawal	76	67	49	66	–	–	27	69	–	–
Rhythm (calendar)	67	59	45	61	–	–	22	56	–	–
Rhythm (thermometer)	21	19	7	10	–	–	14	36	–	–
Aerosol foam	7	6	6	8	1	1	1	3	0	0
Tampon	15	13	7	10	1	1	8	21	3	8
Traditional (herbs, roots)	19	17	12	16	6	8	9	25	1	3
Traditional other	12	11	6	8	2	3	6	15	0	0

– denotes not applicable

The condom is the most widely known method, followed by the pill and then the withdrawal and rhythm (calendar) methods. It is interesting to note that in spite of the respondents' high level of knowledge, only a few methods are known by more than 50% of the respondents. Traditional methods are not widely known although males tend to be more knowledgeable in this regard. Knowledge of specific methods is slightly higher among females, which is probably a reflection of males placing responsibility for contraception on females.

Where applicable, respondents were asked to indicate whether they had seen the method they claim to know. This item was included in the interview schedule as it was considered that a person was likely to use a method s/he knows and has seen. As indicated in Table 2.14, not all who know a method have seen it.

Age of initial information

Respondents who knew at least one method of contraception were asked the age at which they first knew about contraceptives. Respondents were divided into nine categories as indicated in Table 2.15. The distribution of knowledge about contraceptives takes a similar pattern for both males and females. Knowledge of methods is fairly widespread by the age of 17. From these results it can be inferred that sex education is limited in Zimbabwean schools.

Table 2.15: Age of initial contraceptive knowledge

Age	Males		Females	
	No.	%	No.	%
< 14	9	13	7	18
15	10	14	4	11
16	12	17	5	13
17	15	21	6	16
18	12	17	6	16
19	7	10	7	18
20	3	4	2	5
> 21	3	4	1	3
Total	71	100	38	100

Note: 3 males and 1 female claimed that they have no knowledge of contraceptives.

Reliability of contraceptive methods

Respondents were asked to indicate which method, other than sterilization, they thought was the most reliable and to give reasons for their particular choice. The condom is thought to be the most efficient method by 55% of males and 32% of females. Only 20% of males think the pill is the most efficient method, compared with 45% of females. Each gender group perceives the reliability of a method in

terms of their control over its use. As indicated in Table 2.16, very few respondents think any method, other than the pill and condom, is the most reliable.

Table 2.16: Perceived most reliable contraceptive method (other than sterilization)

Method	Males		Females	
	No.	%	No.	%
Pill	14	20	17	45
Condom	39	55	13	32
IUD	5	7	2	5
Injection	4	6	2	5
Rhythm	3	4	0	0
Other modern methods	2	3	0	0
None	1	1	2	5
Do not know	3	4	3	8
Total	71	100	39	100

Note: The 3 male respondents who had no knowledge of contraceptives were not asked this question. All female respondents were asked to state the most reliable contraceptive method.

The pill is thought to be safe and to cause its users no problems by the majority of those who had chosen it. The reasons advanced for choosing a particular method as the most reliable are given in Tables 2.17a-c. The reasons were volunteered without predetermination.

All respondents who chose the injection method said that its prevention is long-lasting and that there is no problem in following instructions for its use. Rhythm, spermicidal jelly, diaphragm and douche were mentioned by a total of five respondents as the most reliable method. These methods were said to have no side-effects at all.

Table 2.17: Reasons advanced for choosing the pill, condom and IUD

Table 2.17a: Pill

Reason	Males	Females
	No.	No.
Safe, no side effects	12	15
Kills sperm	1	1
Makes sex enjoyable	1	1
Total	14	17

Table 2.17b: Condom

Reason	Males	Females
	No.	No.
No chemicals	17	4
Prevents sexually transmitted diseases	5	2
Prevents sperm from entering uterus	14	5
Cheap	2	0
No chance of forgetting	1	1
Total	39	12

Table 2.17c: IUD (loop, coil, ring)

Reason	Males	Females
	No.	No.
Safe	3	1
Kills sperm	1	0
Will not forget	1	1
Total	5	2

The female fertile period

The respondents' knowledge of female biology, as it relates to pregnancy, was solicited by asking a number of questions. The results in Table 2.18 reveal considerable ignorance as to when it is safe for a fertile woman who wishes to avoid pregnancy to have sexual intercourse. Approximately 46% of males and 30% of females indicated that they do not know. This is of particular interest considering that almost 25% of the respondents use inefficient methods, such as rhythm (calendar) and withdrawal, for pregnancy prevention. These were free responses that were later coded.

Table 2.18: Perceptions of the most fertile period for a woman

Most fertile period	Males		Females	
	No.	%	No.	%
During ovulation	13	18	10	26
Just after ovulation	3	4	4	10
Just before menstruation	11	14	3	8
Just after menstruation	13	18	10	26
Do not know	34	46	12	30
Total	74	100	39	100

Respondents were also asked to state how long they think it would take a woman to conceive after the birth of a child. Table 2.19 summarizes the results. This demonstrates a great deal of ignorance of female biology, with 55% of males and 49% of females having said that they do not know.

Table 2.19: Period of non-susceptibility to pregnancy after childbirth

Period of non-susceptibility to pregnancy after childbirth	Males		Females	
	No.	%	No.	%
Nil	13	18	7	17
3 months	8	11	11	28
6 months	6	8	1	3
1 year	6	8	1	3
Do not know	41	55	19	49
Total	74	100	39	100

Contraceptive availability and accessibility

Contraceptive sources

A number of questions relating to the availability of family planning services were included in the interview schedule. The availability of family planning services is thought to have an important influence on the use of contraceptives. Respondents were asked whether they knew of at least one contraceptive source. Most, but not all, respondents know where to get contraceptives. Results are summarized in Table 2.20.

Table 2.20: Knowledge of source of contraceptive

Know source?	Males		Females	
	No.	%	No.	%
Yes	71	96	37	95
No	3	4	2	5
Total	74	100	39	100

Respondents were asked whether they think it is easy or difficult to obtain contraceptives. Although the majority of respondents said it is easy, a significant proportion either think it difficult or do not know (Table 2.21).

Table 2.21: Perceived accessibility of contraceptives to respondents

Accessibility of contraceptives	Males		Females	
	No.	%	No.	%
Easy	43	58	22	56
Difficult	23	31	14	36
Do not know	8	11	3	8
Total	74	100	39	100

There is strong evidence that a sizeable number of people believe that it is not easy to obtain contraceptives. To this figure may be added those who are ambivalent in their responses. This has implications for respondents' perceptions of family size preference, infertility and the use of contraceptives. Respondents were also asked whether they had ever used a contraceptive source. The results are summarized in Table 2.22.

Table 2.22: Use of contraceptive source

Used contraceptive source?	Males		Females	
	No.	%	No.	%
Yes	56	76	20	51
No	18	24	19	49
Total	74	100	39	100

More men than women have used a contraceptive source. This could be a result of the increasing awareness of the risk of AIDS through casual sex, leading to an increased use of condoms. Respondents who had been to a contraceptive source were also asked to rate the quality of services provided by these sources (see Table 2.23).

Table 2.23: Respondents' rating on contraceptive source services

Source rating	Males		Females	
	No.	%	No.	%
Good	40	71	10	50
Bad	13	23	4	20
Fair	3	6	6	30
Total	56	100	20	100

Note: The 18 males and 19 females who had not been to a contraceptive source were not asked this question.

Satisfaction with source is greater among males than among females. The attitude of nurses was mentioned as an important factor in respondent rating of contraceptive sources. Males found nurses to be very friendly, but female respondents commonly found the nurses' attitude towards potential users to be a hindrance. It was indicated that some nurses are too inquisitive and that they link the use of contraceptives to promiscuity. Some female respondents indicated that they preferred to go to private doctors where their privacy is respected than to approach the university clinic.

Community Based Distribution and Zimbabwe National Family Planning Council

The Zimbabwe Reproductive Health Survey (ZNFPC, 1985) showed that Community Based Distribution (CBD) was very important in the provision of contraceptives, especially in the rural areas. In this study, however, respondents' knowledge of the CBD was very limited. Only 14% of males and 21% of females were aware of the CBD. This limited knowledge may indicate either limited accessibility to contraceptive facilities or class bias in terms of where the educated and urban-oriented obtain contraceptives. It could also mean that there is a limited diffusion of knowledge of this contraceptive outlet to those who are relatively young. This implies that more research into the nature of the CBD operations is required. The rating of the CBD was rather negative: approximately 80% of males and 75% of females considered that it provides a poor service to the community. Respondents who knew of a CBD felt that CBD personnel were poorly educated and unable to provide the advisory services that clients may require.

Knowledge of Zimbabwe National family Planning Council (ZNFPC) operations is moderate: 52% of males and 74% of females are aware of this organization. Almost universally, those who know of the ZNFPC said that its operations must be expanded into the rural areas where respondents thought the need is greatest.

Desire for more information

Of all the indices, variables and indicators reflecting the potential receptivity of respondents, the most direct is the number requiring further information on family planning. Approximately 92% of respondents required more information on the subject. Those not requiring further information indicated that either they are not interested in sex or they had already acquired enough information on the subject of contraception.

Attitudes towards contraception

Contraceptive side-effects

The adoption of a particular method is often linked to the respondent's knowledge of potential contraception side-effects. All respondents were asked whether they were aware of possible side-effects of contraceptives. They were further asked to give a detailed description of the side-effects they associated with particular methods. Approximately 91% of males and 92% of females reported that they are aware of a contraceptive side effect (Table 2.24a). A detailed breakdown of side effects by method is given in Table 2.24b. The responses were not pre-coded.

Table 2.24a: Knowledge of contraceptive side-effects

Aware of side-effects?	Males		Females	
	No.	%	No.	%
Yes	67	91	36	92
No	7	9	3	8
Total	74	100	39	100

Note: Only those respondents who had heard about contraceptive side-effects were asked to list the nature of the side-effects. Table 2.24b shows the breakdown. Some respondents gave more than 1 side-effect for a particular method.

Table 2.24b: Side-effects by method

i) Pill

Nature of side-effects	Males	Females
	No.	No.
Gain or lose weight	7	18
Sterility	28	9
Increased or irregular menstrual bleeding	4	5
Headaches	2	6
Cancer	0	2
Deformed children	1	2
Blood pressure (hypertension)	1	2
Infections (of skin, breasts, stomach, uterus)	7	8
Total	50	52

ii) Intra-uterine device (IUD)

Nature of side-effects	Males No.	Females No.
Sterility	2	12
Irritation	1	3
Cancer of the cervix	1	9
Increased or irregular menstrual bleeding	1	4
Inflammation	1	1
Total	6	29

iii) Injection (Depo-Provera)

Nature of side-effects	Males No.	Females No.
Sterility	2	4
Weight gain	2	4
Headaches	0	2
Cancer	1	1
Child deformity	2	3
Irregular menstrual cycle	1	0
Total	8	14

iv) Diaphragm

Nature of side-effects	Males No.	Females No.
Cancer of the cervix	0	1
Side pains	1	1
Heavy bleeding	1	0
Total	2	2

Side-effects of other methods were mentioned by very few respondents. Two male respondents indicated that the withdrawal method has a psychological effect that may lead to deprivation of sexual gratification. A similar reason was given by two female respondents with regard to sterilization, spermicidal jelly and the use of condoms. One male respondent thought that neither aerosol foam nor the

douche method have side-effects but did not have any specific reasons for saying so. One of the female respondents further noted that cancer of the cervix could result from the use of foaming tablets.

The main characteristic of these results is a strong belief in potential negative side-effects on the user. It is interesting to note that the nature of the perceived side-effects fits in very well with Bogue's (1975) 25 obstacles to family planning. There is need to inform students of the scientifically proven side-effects of each method.

Table 2.25 summarizes the sources of information on perceived side-effects of specific contraception methods. The single most important source of respondents' information is discussion with friends (40% of males and 44% of females).

Table 2.25: Main source of information on perceived side-effects

Source	Males		Females	
	No.	%	No.	%
Friends	27	40	16	44
Books	15	22	6	17
Mass media	10	15	4	11
Partner	8	12	0	0
Health personnel	5	8	9	25
Brother	2	3	0	0
Mother	0	0	1	3
Total	67	100	36	100

Note: 7 males and 3 females said they do not discuss information relating to contraception with anyone. These cases are not included in the table.

It has been determined in fertility studies that a proportion of respondents who discontinue the use of a particular method do so due to real or perceived side-effects. Respondents who reported the ever use of a method were also asked if they had ever suffered from any side-effect from the use of a contraceptive method. Only 6% of male and 14% of female ever users had suffered contraceptive side-effects. All male respondents said the condom deprived them of sexual enjoyment. The side-effects mentioned by female respondents were stomach pains, abdominal pains and excessive menstrual bleeding.

Attitude of others

Many people do not adopt family planning simply because they fear the disapproval of the people whose opinion they value most. Respondents were asked to indicate, from a list of 10 people, which ones they thought would approve or disapprove of the use of contraceptives. The data indicates that the

greatest perceived disapproval comes from family members. Leaders of the community such as the prime minister favour contraception in the eyes of respondents. Table 2.26 gives a summary of results on perceptions of significant others.

Table 2.26: Attitude of significant others towards contraceptives

Name of significant other	Males						Females					
	Approval		Dis-approval		Do not know		Approval		Dis-approval		Do not know	
	No	%	No	%	No	%	No	%	No	%	No	%
Mother	32	43	40	54	2	3	18	46	21	56	0	0
Father	31	42	41	55	2	3	13	33	23	59	3	8
Best friend	66	89	8	11	0	0	31	79	6	15	2	5
Local councillor	54	73	17	23	3	4	27	69	4	10	4	10
Church priest	19	26	50	68	5	7	9	23	24	62	6	15
UZ lecturer	67	91	4	5	3	4	30	77	6	15	3	8
Partner	46	62	3	4	25	34	30	77	3	8	6	15
PM	58	78	3	4	13	18	33	85	3	8	3	8
Grand-mother	6	8	58	78	10	14	4	10	32	82	3	8
Grandfather	10	14	54	73	10	14	3	8	32	82	4	10

Interference from relatives

Fertility studies have generally proved that a person's decisions pertaining to child-bearing are not independent of relatives, especially in the Third World where extended family relations are still strong. A question was included in the interview schedule that asked those already married whether they foresaw their relatives trying to have a say in their child-bearing decisions and to give a reason supporting their perception.

As shown in Table 2.27, 64% of males thought relatives would interfere, 30% did not and 6% were undecided on the issue; 52% of females expected

interference, 45% did not and 3% were undecided. The perceived probability of interference may reflect pressures that may boost a couple's fertility. A significant portion of the sample anticipated interference. This may further suggest that, even among the educated nuclear family, extended family influence is still strong.

Table 2.27: Perceived interference from relatives

Interference from relatives?	Males		Females	
	No.	%	No.	%
Yes	46	64	22	58
No	22	30	15	39
Do not know	4	6	1	3
Total	72	100	38	100

Note: 2 males and 1 female who do not intend to marry were not included in this sample.

Out of the 46 males who thought relatives would try to interfere with their reproductive behaviour, the majority (33) thought this was due to cultural reasons; five said relatives were interested in maintaining the family name; five said they would feel a moral duty to interfere; one anticipated pressure to keep the family small due to the cost of child-rearing; two had no reasons for their choice. Out of the 38 women asked, 12 chose culture; seven felt maintaining the family name would motivate interference; one mentioned rising costs of children; one mentioned relatives' obligation to interfere; one had no particular reason.

Of the 22 male respondents who were convinced their relatives would not interfere with their child-bearing decisions, 16 felt that relatives would respect their independence to decide on what pertains to their lives; seven female respondents answered in the same way. Two males and four females mentioned the desire for a large family; two males and two females the desire for a small family, and two males and two females no reason at all.

Embarrassment or open discussion

All respondents were asked whether they thought the use of contraceptives was something most people are embarrassed to talk about and to give a reason for this reaction. Results in Table 2.28 show that there is a general agreement among male and female respondents; 81% of males and 82% of females answered affirmatively.

Of the male respondents who indicated that people are embarrassed to talk about contraceptives, 57% stated that this was because sex is a taboo subject. This reason was mentioned by only 15% of females. Belief that open discussion

on contraception indicates promiscuity was mentioned by 31% of males and 70% of females. Ignorance was mentioned by 12% of males and 15% of females.

Decline of traditional values due to the impact of education was the major reason given by the few respondents who felt that embarrassment in discussing contraceptive use is declining. Awareness of health and demographic problems were also forwarded as reasons.

Table 2.28: Attitude of most people towards discussions on contraceptive use

Shy to talk about use of contraceptives?	Males		Females	
	No.	%	No.	%
Yes	60	81	32	82
No	14	19	7	18
Total	74	100	39	100

Friends have an influence on each other's child-bearing patterns. The interview schedule included a question on what respondents thought the desired number of children of their friend(s) were. The results are summarized in Table 2.29.

Table 2.29: The number of children desired by friend(s) compared to the number of children desired by respondent

Perceived attitude of friend(s)	Males		Females	
	No.	%	No.	%
More children	18	24	5	13
Same number of children	43	58	24	61
Less children	11	15	8	21
Do not know	2	3	2	5
Total	74	100	39	100

The results in Table 2.30 reveal that female respondents discuss contraception with a greater number of people than do males. Approximately 31% of the males discuss contraception with more than four people, compared to 62% of the females. This could indicate that the issue of contraception is often regarded as the responsibility of women, hence the higher rate of discussion. It is evident that those less likely to discuss family planning are less positive in their attitude towards family planning, and are less likely to use contraceptives.

Table 2.30: The number of people with whom respondent discusses contraception

Number of people with whom contraception is discussed	Males		Females	
	No.	%	No.	%
None	7	9	5	13
1	8	11	3	8
2	25	34	4	9
3	11	15	3	8
> 4	23	31	24	62
Total	74	100	39	100

Approval and disapproval

Table 2.31 shows the numbers of respondents who either approve or disapprove of the use of contraceptives. The results show that 96% of males and 95% of females approve of the use of contraceptives. There is no relationship between the attitude and actual use of contraceptives.

Table 2.31: Attitude towards the use of contraceptives

Attitude towards use of contraceptives	Males		Females	
	No.	%	No.	%
Approve	71	96	37	95
Disapprove	3	4	2	5
Total	74	100	39	100

Respondents were asked the age at which they thought girls who are fertile should be allowed to use contraception. Table 2.32 summarizes the results of these findings. The 16–18 age group is seen as the most crucial and vulnerable one. The majority of respondents feel that most boys and girls start experimenting with sex at this age; 45% of female respondents and 38% of males are of the opinion that at this age all fertile and sexually active girls should be allowed to use contraceptives if they so desire. About 27% of males and 20% of females suggest that girls should be allowed to use contraceptives as soon as they mature.

Respondents were asked whether they thought the use of contraceptives would lead to harmful social behaviour and if so, to state the nature of harmful behaviour. A large proportion of female respondents do not believe that harmful social behaviour is related to the use of contraceptives; just over half the males believe it is related (Table 2.33).

Table 2.32: Perceived ideal age for commencement of female contraceptive use

Perceived ideal age for commencement of female contraceptive use	Males		Females	
	No.	%	No.	%
As soon as she matures	20	27	8	20
13-15 years	10	14	4	10
16-18 years	28	38	17	45
19-21 years	7	9	6	15
After marriage	8	11	2	5
Never	1	1	0	0
> 22 years	0	0	2	5
Total	74	100	39	100

Table 2.33: Behaviour related to use of contraceptives

Behaviour related to use of contraceptives?	Males		Females	
	No.	%	No.	%
Yes	38	51	14	36
No	32	43	22	56
Do not know	4	6	3	8
Total	74	100	39	100

Of the 38 men who believe that contraceptives affect behaviour, 25 said it leads to increased promiscuity; 10 said it increases prostitution; two mentioned baby dumping and unwanted pregnancies; one mentioned broken marriages. Among female respondents, six indicated increased promiscuity; one mentioned prostitution; one mentioned unwanted pregnancies and baby dumping; six mentioned broken homes. It is very difficult to explain this variable of perceived harmful social effects from the use of contraceptives.

The questionnaire included items which measured respondents' approval or disapproval of certain policy statements that had a bearing on fertility regulation behaviour. The results are summarized in Tables 2.34a-d.

The hypothetical question of the government passing a law on a minimum age for marriage evoked strong disapproval from female respondents (72% disapproved). Passing a law on the minimum age for marriage was supported by 59% of males. This may reflect the general trend that men tend to marry later than women. Women are generally younger than their husbands.

Tables 2.34a-d: Attitudes towards four projected policy statements relating to family planning

Table 2.34a: Provision of free medical aid to those limiting their number of children

Free medical aid to all who limit their number of children	Males		Females	
	No.	%	No.	%
Approve	73	99	35	60
Disapprove	1	1	4	40
Total	74	100	39	100

Table 2.34b: Minimum age for marriage

Minimum age for marriage	Males		Females	
	No.	%	No.	%
Approve	44	59	11	28
Disapprove	30	41	28	72
Total	74	100	39	100

Table 2.34c: Family planning education in schools

Family planning education in schools	Males		Females	
	No.	%	No.	%
Approve	60	81	29	74
Disapprove	14	19	10	26
Total	74	100	39	100

Table 2.34d: Universal contraception information provision

Universal contraceptive information provision available to everybody	Males		Females	
	No.	%	No.	%
Approve	69	93	37	95
Disapprove	5	7	2	5
Total	74	100	39	100

Size of family of origin

The size of family of origin was thought to have an impact on perceptions concerning family size preferences and contraceptive use. Respondents were asked to state the number of children their mothers had given birth to and to indicate whether they thought their attitudes had been influenced by the size of their family of origin. The results are summarized in Tables 2.35 and 2.36. Table 2.35 shows that the majority of students come from large families.

Table 2.35: Number of children borne by mother

Number of children borne by mother	Males		Females	
	No.	%	No.	%
2-4	7	9	8	21
5-7	31	43	18	46
8-10	29	39	10	26
> 11	7	9	3	7
Total	74	100	39	100

Table 2.36: Perceived influence of mother on respondents' attitude towards desired family size

Influenced by mother's child-bearing pattern?	Males		Females	
	No.	%	No.	%
Yes	20	27	21	54
No	54	73	18	46
Total	74	100	39	100

There is a discernible difference between male and female respondents; 54% of the females compared to 27% of the males were influenced by their mothers' child-bearing patterns. The difference may be due to the fact that child-bearing is a female role, hence a mother has greater influence, positively or negatively, on a daughter than a son.

Population growth rate

To determine students' awareness of demographic conditions, respondents were asked to indicate whether they thought there was any change in the population size and if so, in which direction. As shown in Table 2.37, there is unanimity in terms of perceiving the population as growing.

Table 2.37: Respondents' perceptions of changes in population size

Perception of population changes	Males		Females	
	No.	%	No.	%
Increasing	70	95	31	79
Staying the same	1	1	1	3
Decreasing	0	0	2	5
Do not know	3	4	5	13
Total	74	100	39	100

The questionnaire asked respondents to state their views on the population growth rate. The majority of respondents felt that the population growth rate is high. This is interesting if one considers that the mean number of desired children for both males and females is nearly four children. The number of children desired is not thought to have an impact on the population growth rate. Table 2.38 summarizes population growth rate perceptions.

Table 2.38: Respondents' perceptions of population increase

Perceptions of population increase	Males		Females	
	No.	%	No.	%
Too high	28	41	13	44
High	27	39	10	33
OK	7	10	6	20
Low	7	10	1	3
Total	69	100	30	100

Note: 5 males and 9 females gave "don't know" as their answer.

Contraception use

Having analyzed respondents' perceptions, it is necessary to address the factors related to the dependent variable contraceptive ever use, current use and potential users.

"Ever use"

Those who have ever used contraceptives, as indicated in Table 2.39, are more likely to have adopted modern than traditional methods. The pill and condom are the most frequently used methods. About 57% of males reported ever use of the condom and 33% of females reported ever use of the pill. It is of interest to note

that among users, 25% of females and 42% of males have used the withdrawal and rhythm (calendar) methods, which are considered inefficient. This may explain the high incidence of unwanted pregnancies among the educated.

The tampon was included in the interview as a cross-checking method. Most respondents think that the tampon is generally for use during menstrual periods. Surprisingly, 21% of females and 10% of males believe it could be used for contraception in the absence of other methods. One female insisted that she had successfully used the tampon as a contraceptive method. This, of course, cannot be verified. No females reported ever using traditional contraception methods; 3% of males claimed that they had used herbal medicines for contraception purposes.

Table 2.39: Ever use of contraceptives

Method	Males		Females	
	No.	%	No.	%
Pill	–	–	13	33
Condom	42	57	–	–
Injection	–	–	0	0
IUD	–	–	0	0
Diaphragm	–	–	0	0
Douche	–	–	0	0
Spermicidal jelly	–	–	0	0
Sterilization (male)	–	–	0	0
Sterilization (female)	–	–	0	0
Foaming tablets	–	–	1	3
Suppositories	–	–	0	0
Withdrawal	12	16	6	15
Rhythm (calendar)	19	26	4	10
Rhythm (thermometer)	–	–	0	0
Aerosol foam	–	–	0	0
Tampon	–	–	1	3
Traditional (herbs, roots)	2	3	0	0
Traditional other	0	0	0	0

– denotes not applicable

Note: Some respondents used more than 1 method: 20 females and 52 males have used at least 1 contraceptive method.

Partners' use

Respondents with partners were further asked to indicate whether their partner(s) had ever used any method and if so, the type of method used. The results show that 48% of male and 50% of female partners have used at least one method to prevent unwanted pregnancy. The findings are shown in Table 2.40.

Table 2.40: Method used by respondents' partner

Method used	Males		Females	
	No.	%	No.	%
Pill	15	45	0	0
Loop	3	9,5	0	0
Condom	0	0	14	78
Rhythm	12	36	2	11
Spermicide	3	9,5	0	0
Withdrawal	0	0	2	11
Total	33	100	18	100

Note: 56 males and 32 females said they had a partner. 27 males' and 16 females' partners have used a method. Totals are 33 and 18 because some partners have used more than 1 method.

It is interesting to note that a high proportion of male partners used an inefficient method, rhythm, whose failure rate is known to be very high (Mhloyi 1986b).

Those whose partners do not use any contraceptives were asked to state the reasons why this is so. A summary of these reasons is shown in Table 2.41.

Table 2.41: Reasons for non-use of contraceptives by partners

Reason for non-use	Males		Females	
	No.	%	No.	%
Sex after marriage only	16	55	9	56
Immoral (Christian beliefs)	4	14	6	38
No method is 100% effective	9	31	1	6
Total	29	100	16	100

Note: Only those respondents whose partners are not using a contraceptive method were asked the question.

The majority of respondents whose partners do not use a contraceptive indicated that this was solely due to abhorrence of premarital sex. However, 6% of female partners are not using a contraceptive method because they do not believe in the efficiency of contraceptive methods; 31% of male partners believe that there is no contraceptive method that is 100% effective.

Current use

About 51% of male and 36% of female respondents are current contraceptive users (see Table 2.42). The reasons for using a contraceptive method were

identified as the avoidance of untimely pregnancy (90% of males and 78% of females) and the prevention of sexually transmitted diseases (10% of males and 22% of females).

Among male current non-users of contraception, 39% do not like the idea of using an artificial device like the condom, thinking that it would deprive them of sexual gratification; 33% think contraception is the responsibility of the woman; 11% said their partners are using contraception; 11% said they are not using a method because they doubt the efficiency of any method. Only 6% said they do not practise contraception because they do not engage in sex. Among female non-current users, 56% said they were not currently using contraception due to the fear of side-effects; 44% said they are not engaging in sexual intercourse.

Table 2.42: Proportion of respondents using contraceptives

Current user?	Males		Females	
	No.	%	No.	%
Yes	38	51	14	36
No	36	49	25	64
Total	74	100	39	100

User satisfaction

In order to determine whether current users were satisfied with their present method of contraception or would prefer another method, a question to this effect was included in the interview. Current users were also asked to give reasons for their satisfaction or dissatisfaction with their present method.

Table 2.43 shows that 74% of male current users were satisfied with their present method; user satisfaction was higher among females at 86% of current users.

Table 2.43: Respondents' satisfaction/dissatisfaction with present method of contraception

Satisfied with present contraception method?	Males		Females	
	No.	%	No.	%
Yes	28	74	12	86
No	10	26	2	14
Total	38	100	14	100

Note: The table is a summary of current users only.

When the 28 male respondents who indicated satisfaction with their present method were asked the reason for their satisfaction, 17 stated the method's success in preventing unwanted pregnancies; six stated the ability to reduce the incidence of contracting sexually transmitted diseases; four mentioned the ease of use; one stated the low cost of the method. Female respondents had different reasons for user satisfaction. Of the 12 satisfied current users, 10 stated that their satisfaction was due to the lack of side-effects; two stated the ease of use.

The two female respondents who were not satisfied with their present method voiced doubt about effectiveness against unwanted pregnancy. Of the 10 males who were not satisfied, seven said that the withdrawal method reduced sexual satisfaction; two said condoms do not offer 100% protection; one cited the expense of the method as a reason for dissatisfaction.

The differences in the causes of satisfaction and dissatisfaction, in terms of gender, may be due to the differences in the nature of male and female contraceptive methods. Condoms are mostly used by men and pills by women. Respondents use methods which enable them to feel in control. When people do not feel in full control of a method, they tend to be dissatisfied with it.

Use of the pill

While knowledge and approval of the use of contraception are important prerequisite conditions for contraceptive adoption, proper use of a method is a crucial element in achieving fertility reduction. Questions concerning the proper use of the pill were asked of those respondents who claimed to know this method of contraception. Two questions were asked: one related to the frequency with which the pill should be taken and the other to the solution to forgetting to take the pill.

Male respondents were fairly ignorant about the proper use of the pill; only 33% said the pill is supposed to be taken every day compared to 90% of the females. Table 2.44 presents the results.

Table 2.44: Respondents' perceptions of the proper use of the pill

Use rate or frequency	Males		Females	
	No.	%	No.	%
Daily	21	33	34	90
Just before sex	11	17	2	5
Do not know	32	50	2	5
Total	64	100	38	100

Note: 10 males and 1 female who did not know of the pill were excluded.

Respondents' lack of information about the pill was even more evident when they were asked what action users should take if they forget to take the pill; 65% of males and 35% of females reported that they did not know what should be done.

Table 2.45: **Respondents knowledge on action to take if pill is forgotten**

Action to be adopted	Males		Females	
	No.	%	No.	%
Use other methods	6	8	4	9
Avoid intercourse	19	25	15	33
Consult doctor	1	1	3	6
Take two pills	0	0	6	13
Take it as soon as you remember after sex	1	1	2	4
Do not know	51	65	16	35
Total	78	100	46	100

Note: There are more responses than the number of respondents, because some respondents gave more than 1 answer.

Intention to use contraception

Some questions were included in the questionnaire to measure the future intentions of respondents who had never previously used a contraceptive method. These questions indicate the level of interest among non-users and provide useful insight into perceptions of contraception and adoption probability.

Almost 90% of male non-users intend to use contraceptives in future; 5% said they will not use any method and a further 5% were uncertain. For women, the figures are 65% future use; 6% non-use and 29% uncertainty. The proportion of female non-users who are uncertain of their future intention to use a method (29%) is significant (see Table 2.46).

Table 2.46: Future intentions of contraceptive use by non-users

Intention to use method?	Males		Females	
	No.	%	No.	%
Yes	20	90	11	65
No	1	5	1	6
Do not know	1	5	5	29
Total	22	100	17	100

Note: 52 males and 22 females who have used a contraceptive method at least once were excluded.

Of male respondents who intend to adopt a contraceptive method in the future, 80% want to do so in order to space their desired number of children, 15% want to avoid unwanted pregnancy; 5% want to avoid contracting sexually transmitted diseases. The sole male respondent who indicated future non-use, stated that he is not interested in sex. Among female respondents, 45.5% said they intended to adopt a method to prevent unwanted pregnancy and for spacing children; 9% linked the adoption of a method to the prevention of sexually transmitted diseases.

On the question relating to the preferred method for future use, 45% of male non-users prefer the condom; 20% have no preference; 20% prefer the pill and 15% prefer the rhythm (calendar) method. For female non-user respondents, 36% prefer the pill, 18% prefer the rhythm (calendar) method, 9% prefer sterilization and the condom and 28% have no preferred method.

The main reason given for selecting methods such as the pill, condom and rhythm is that they have no side-effects. Sterilization was chosen due to its permanent effect. Those who said that they had no preferred method indicated the need to consult doctors before they could decide on a method. Some male candidates said the choice of method is the responsibility of the woman.

Conclusion

This section attempts to make some recommendations on the basis of the research findings. The study examined the past, present and likely future perceptions of the respondents with regard to contraceptive knowledge, attitude and use.

The university full-time undergraduate population from which the sample was drawn is a special group in that:

- it has better access to information via the mass media and educational system
- it has been greatly exposed to western tastes and influences, hence may see children more as a liability than as an asset
- it is mostly composed of young, single adults.

The objectives of this study were to test current levels of contraceptive knowledge, attitudes and practice, to investigate the perceived availability of and accessibility to birth control services and to identify obstacles preventing the use of contraceptives.

Contraceptive use has been closely identified with family planning and is the most important determinant of fertility reduction. It was treated as a dependent variable and analyzed in terms of 14 independent variables.

The major findings of this study are:

- Current use of contraceptives is moderate, 36% of women and 51% of men

are using contraceptives. The current users are generally satisfied with their contraceptive methods. Most of the non-users intend to adopt a method in future. In western societies, it has been pointed out, contraceptive use starts quite early and the majority use contraception by the age of 18 years.

- Legalization of abortion — an important proximate determinant — is strongly opposed by male respondents.
- Desire for marriage and reproduction is almost universal. A high value is placed on children — this is evidenced by the respondents' perceived reactions to the sterility of a marital partner. About 47% of males said they would either divorce or marry another without divorcing the sterile partner. It is important to note that 32% of females would divorce if their partner is sterile. This has a positive bearing on fertility.
- The average family size preference for the sample is moderately high at 3.7 children. This shows that children are highly valued, even among the educated.
- Preference for sons is very strong, demonstrating the strong influence of socio-economic factors other than education and westernization.
- The knowledge of specific contraception methods is limited although 96% of males and 97% of females know at least one method. A very large proportion of students displayed extreme ignorance on the use of the pill, almost universally known as a method.
- The majority of students believe that contraceptives have harmful effects on users.
- Respondents displayed a great deal of ignorance of women's fertile days in spite of the fact that at least 25% rely on inefficient methods such as rhythm and withdrawal.
- The majority of males said they would continue with child-bearing if male offspring were not forthcoming.
- Poor interpersonal communication on contraceptives was reported. Most people are perceived to be embarrassed to discuss contraception.
- Perceived reliability of methods was indicated in terms of respondents' control over the method. Males prefer condoms and the majority of females prefer the pill.
- Positive attitudes towards contraception are almost universal in the sample. However, there is no relationship between the positive attitudes and the reported level of knowledge and use of contraceptive methods.
- A significant percentage of respondents noted that family planning programmes are hampered by the attitude of medical personnel towards patients.

- The majority of respondents were not aware of the existence of the CBD. This may either be an indicator of inaccessibility and unavailability of contraceptive data or a sign of the existence of alternative sources.

It appears that the level of education has a significant effect upon fertility attitudes, behaviour and practice. The desired family size of the University of Zimbabwe students in the study is approximately four children. This is below the ZRHS estimated current total fertility rate of 6.5 births per woman. However, the desired fertility rate indicated by the respondents is still quite high and well above the replacement level of 2.1 births per woman. This shows that sociocultural factors, other than family planning, are still strong in maintaining the desire for many children.

Education is shown to have a direct negative impact on desired family size. However, education has a mostly indirect negative impact on fertility, through such mechanisms as child cost, greater knowledge of and access to contraceptive techniques, and modern values. Education lowers the demand for children and regulation costs, thereby creating conducive conditions for fertility control that result in fewer births per woman. Other socio-economic determinants of fertility also influence the number of children ever born by either lowering or raising demand, supply and regulation costs, which in turn affect the proximate determinants of fertility. Hence, education is not the sole determinant factor affecting desired family size. The high desired family size (approximately four children) may be due to the respondents' position as students without economic pressures. The implication of this is that readjustment of fertility attitudes and desired family size may take place after leaving university.

Recommendations

Male attitudes and behaviour should form an integral part of fertility studies, if the latter are to be meaningful.

There is need to develop a coherent and systematic information, education and communication system to disseminate contraceptive information. This recommendation is based on the degree of ignorance among the respondents.

Family planning programmes must aim at bridging the gap between positive attitudes to contraception and actual practice.

This study focused only on university students, most of whom are young, single adults. Generalizations from the findings are to be treated with caution. The data provides useful insight into an area that is neglected in fertility studies. Comprehensive studies of high school and college students should be undertaken. An investigation into the reproductive behaviour and attitudes of former University of Zimbabwe students could reach more realistic results than this study, as most of the respondents in this study are single and may change their thinking when they enter into stable marital unions.

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