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AFRICAN YOUTH AND FAMILY PLANNING
KNOWLEDGE, ATTITUDES AND PRACTISES

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ABSTRACT

In this paper data are presented from a survey of 1,361 young people in eight Kenyan schools and colleges who were asked about their family planning knowledge, attitudes and practises. Although present family planning services in Kenya are aimed almost exclusively at the married adult population, it was found that most of the young people knew about family planning and had favourable attitudes. Many of the young people were found to be sexually active, but very few actually used any method of contraception. This study makes apparent the need to provide family planning education and services to young people in Kenya. In addition, the problem of a cross-cultural definition of youth is dealt with, and also the ethical implications of this type of research among young people.

INTRODUCTION

Most researchers on family planning in Africa have investigated the level of knowledge of family planning by interviews which have also covered the knowledge of specific contraceptives. These studies have also investigated attitudes towards family planning in order to establish whether a given population would react favourably or unfavourably if a programme giving family planning services were started. After establishing the level of knowledge and the attitudes toward family planning, the investigators usually have asked the respondents whether or not they practised family planning, how often and their reasons for doing so. This type of survey is the KAP study, which stands for knowledge, attitudes and practises.

So far such studies have concentrated on the adult married population, on the assumption that these people would be the chief users of family planning services, and that since they are the opinion leaders and decision makers, educational efforts should be focused on them. Concentration on the married adults in the KAP surveys is also due to the historical development and philosophy of the planned parenthood movement, where it has always been assumed that family planning services are for married couples. As a result, services have been designed and dispensed with married couples in mind.

Because young people are not supposed to be sexually active, they have never been considered potential family planning clients. Yet young people make up nearly 50% of the population in most African countries, and they cannot be ignored when planning for the future. Their attitudes concerning marriage, the family and life in general have seldom been investigated, yet young people are so important for the planning and development of schools, employment and health services in Africa that their views and aspirations must be taken into account by national planners.

Where family planning has been introduced and supported by governments, no efforts have been made to include youth either in the provision of contraceptive services or of general sex education and information. Yet young people are generally sexually active at a much earlier age than in the past and without the constraints and sanctions of their traditional society which are no longer effective. They lack the necessary knowledge to choose a mature and responsible role while single and later a fully satisfying married life as partners and parents in a rapidly changing society.

The purpose of this paper is to present data on young people's knowledge and attitudes toward family planning and sex education in Kenya. We can embark on an educational campaign only when we know the young people's attitudes and the gaps in their present knowledge. It is hoped that scholars

in other parts of Africa will conduct similar surveys so that we may have comparative data from which to make generalisations about African youth. Of course where governments have not supported family planning or where pro-fertility laws exist, there are likely to be differences in attitudes on these matters. But even in these cases the attitudes of young people are important for the future.

THE PROBLEM OF DEFINITION

The definition of youth is problematic because each society defines some one as a youth in several different ways depending on what is under consideration. Thus there are various legal definitions of youth according to contract law, marriage, inheritance or criminal law. In the same society, especially in Africa, one might also find a socio-cultural definition of youth different from the legal one. The biological definition adds still another dimension to the problem, and of course one gets different definitions of youth in different cultures.

The problem of definition becomes more perplexing when we look at the whole continent of Africa. The difficulties are brought about by two important factors. Within each country there are customary laws which are to a large extent still operative, and which contain different definitions of youth within each ethnic group. On top of this the Africans have inherited different legal frameworks from the former colonial governments. Since there is no uniformity of customary or formal law, it becomes very difficult to define youth for all of Africa. Acknowledging these difficulties, it is still important for comparative purposes to find a definition to fit all categories and be acceptable to many researchers.

We suggest that to facilitate future comparisons, ages 14 - 21 become the definition of youth for population studies - especially the KAP type. Fourteen is taken as the lower limit because it is the average age of the onset of puberty. Also at this age a good many young people have had some sexual experience and can therefore be interviewed on such matters.¹ The lower limit of fourteen is also useful since many young people throughout the world enter secondary school at about this time. These young people will have a better chance of formal exposure to sex and family life education in secondary school than in primary school.

Twenty-one is taken as the upper limit because in many countries it is considered the age of legal responsibility when individuals may enter into contracts without the consent of a guardian. The upper limit of twenty-one is also useful because at about this time many young people finish their formal schooling.

1. Studies in Kenya confirm that by age fifteen, nearly 50% of the males have had sexual experience. See Table Fourteen.

In this study, however, we did not follow this definition, but rather defined youth as those people attending school. This is because the problem of definition was found to be important and was addressed directly only after the field work had been completed. Therefore, we have not included young people in this study who are out of school. This group should be included in future studies for it is well known that in Africa the majority of young people are out of school, and their views need to be fully known.

Although young people who are out of school should be studied, a survey of young people in school is still significant. This is particularly so because in Africa, education has come to be considered the only avenue for achieving a happier life. Young Africans with formal education are much more likely to influence the attitudes of the non-educated than the reverse. Because of the potential leadership roles of educated young people, studies of their attitudes are most helpful in gauging any future changes in attitude for the population as a whole. Ideally of course, future data should include information on those other young people who are not in school.

METHODOLOGY

A questionnaire was administered to 1,361 young people in eight Kenyan schools and colleges. No lecture on family planning, population or sex education was given before the questionnaires were distributed. Only after the completion and collection of the questionnaires were lectures given and respondents asked if they had any questions to raise.

From the total sample of 1,361, 72% were males between 13 and 36 years old. The remaining 27% were females between 16 and 29 years old. All districts of Kenya were represented, and although there were a number of respondents from neighboring countries, they only represented 5% of the total. The Kenyans of Asian or European descent made up a statistically insignificant portion of the sample.

The eight Kenyan schools and colleges from which the sample was drawn were as follows:

- a) three Teacher Training Colleges where students are prepared for teaching careers in Kenya's primary schools;
- b) two professional training institutions, one for secondary school science teachers and the other for agriculturalists;
- c) two secondary schools; and
- d) one secretarial college.

Teacher Training Colleges

Some of the students in these two-year colleges had only completed seven years of primary education while others had completed the first two years of secondary school. The rest of the students had finished the four year secondary curriculum. The total number of students who filled in questionnaires from the three teachers' colleges was 625 - almost 46% of the total sample. Out of this group, 376 were males and 242 were females. Seven respondents did not indicate their sex.

Students in the teacher training colleges were divided into three categories. The Primary One (P1) Group had finished four years of secondary education, the Primary Two (P2) Group had finished two years of secondary education, and the Primary Three (P3) Group had completed the seven years of primary education only. Both first and second, or final, year students were included in the sample. The sample was broken down by the three categories of educational background and the two classes at college so that there were six groupings at each of the three teacher training colleges or eighteen groups in all. About 208 students were interviewed in each college. This sample is shown in Table One.

TABLE ONE: SAMPLE FROM THE TEACHER TRAINING COLLEGES

	College 1		College 2		College 3	
	No. of Students	%	No. of Students	%	No. of Students	%
P1, 1st yr.	35	16.8%	34	16.3%	35	16.7%
P1, 2nd yr.	34	16.3%	35	16.8%	34	16.3%
P2, 1st yr.	34	16.3%	35	16.8%	35	16.7%
P2, 2nd yr.	35	16.8%	34	16.3%	35	16.7%
P3, 1st yr.	35	16.8%	35	16.8%	35	16.7%
P3, 2nd yr.	35	16.8%	35	16.8%	36	17.2%
Totals	208		208		209	

Professional Training Institutions

These institutions provide three years of training to students who have completed the secondary school curriculum. Two hundred ninety-one students from these schools filled in questionnaires, about 21.4% of the total sample. The sample was divided into first, second and third year students.

Secondary Schools

The two schools in this category give both the ordinary four-year secondary curriculum and the two-year higher school course. They are both boys'

schools with students from all over Kenya. There were 343 respondents from these schools, 25% of the total sample size. Questionnaires were filled out by first, second, third and fifth-year students. The fourth and sixth-year students were not included in the sample because they were taking examinations. Since both schools are large, each class is divided into A and B streams, and alternating streams made up the sample from each school, as shown in Table Two.

TABLE TWO: SECONDARY SCHOOL SAMPLE

	School 1			School 2		
	Stream	No. of Students	%	Stream	No. of Students	%
1st year	B	43	25%	A	42	24.5%
2nd year	A	43	25%	B	43	25.14%
3rd year	B	43	25%	A	43	25.14%
5th year	A	43	25%	B	43	25.14%
Total		172			171	

Secretarial College

Students from one girls' secretarial college also filled out questionnaires. All of the students had completed secondary school and were receiving training which lasted from twelve to eighteen months. Fifty secretarial students filled out questionnaires, nearly four percent of the total sample.

FAMILY BACKGROUND AS A DETERMINANT OF DESIRED FAMILY SIZE

It was hypothesised that a person's family background is a major determinant of his fertility behavior. Some tribal groups have naming customs which bring pressure to have many children so that there is a child to be named for each of the parents' parents, brothers and sisters.² An individual's attitudes about family size are also conditioned by the size of his own family and the socio-economic level, as indicated by his occupation and educational background, may influence the number of children he wishes to have regardless of the size of the family in which he grew up.

Each respondent was asked how many children were in his family from his own mother, and what was his position in the order of children. The correlation, if any, was investigated between position in the family and number of children desired, because it was thought possible that a first born in a large family might want to have many children in order to name one for each of his siblings. A younger family member might want many children if an older sibling had already

2. See especially John D. Herzog, "Fertility and Cultural Values: Kikuyu Naming Customs and Preferences for Four or More Children", in Rural Africana, No.14, Spring 1971, 89-96.

named a child for him. On the other hand, if an older sibling had chosen to have a small family, a younger sibling might be influenced to do the same. However, the data from this study do not support a correlation between the number of children a respondent desires and his rank in his family's birth order. Table Three shows the number of siblings with the same mother as the respondents.

TABLE THREE: RESPONDENTS AGE AND FAMILY SIZE

Respondents' Age	Number of Siblings with the Same Mother						No Reply ³
	None	1 - 5	6 - 10	11 - 15	16 - 20	21 - 24	
14 - 17 ⁴	1	49	124	26	1	1	2
18 - 20	1	115	292	54	5	2	40
21 - 24	1	105	293	41	13	5	55
25+	0	20	40	10	1	0	7
Age Not Given	0	10	19	5	1	0	17
Totals	3	299	768	136	21	8	121

Perhaps the most important thing that the figures in this table indicate is that Africans still have large families.⁵ In this sample, 56.5% had six or more brothers and sisters. Among the reasons our respondents parents had large families are probably the naming customs mentioned earlier and the fear that many children would not survive into adulthood to perpetuate the family name and provide old age security for the parents.⁶

However with economic change, traditional attitudes and values are also changing, and it could be expected that families will be smaller. For example in 1966, Heisel reported that for 43% of the women he studied between 14 and 49 years old, the ideal family size was between one and five children,⁷

3. This heading will include those who refused or failed to answer and those whose answers were not recorded in this and all subsequent tables.

4. The base for the age group under fourteen was too small to be significant.

5. Donald Heisel in his investigation of attitudes and practises of contraception in Kenya found that many people want big families. Nearly 50% of his respondents indicated that they would like to have six or more children. In our study, 34.6% of the respondents indicated that they would like to have six or more children. It should be mentioned that Heisel's respondents were mainly married people whereas our respondents were young and unmarried. See Donald Heisel, "Attitudes and Practises of Contraceptives in Kenya", *Demography*, 5 (2), 1968, 632-641. For comparable figures, see his Table Three, p. 635.

6. For adult perception of current child survival as compared with the past, see Gachuhi, "Source of Family Planning Information in Kenya", Working Paper No.76, Institute for Development Studies, University of Nairobi, 1973.

7. Heisel, *op. cit.*, 635.

and in our present study, 38% of the young respondents agreed. (See Table Four.) Yet the great majority (96%) of our respondents had not yet started a family of their own, and of course the number of children they eventually have may well exceed the ideals they professed as students, especially if their first children do not turn out to be the sex preferred by the parents. Information on ideal family size is only a limited indication of actual future fertility behavior.

TABLE FOUR: IDEAL FAMILY SIZE: NUMBER OF CHILDREN DESIRED

Respondents' Age	0	1 - 5	6 - 10	11 - 15	16 - 20	Over 20	No Reply
14 - 17	0	88	73	11	2	1	29
18 - 20	0	207	152	11	7	3	130
21 - 24	0	176	134	25	7	0	171
25+	0	29	22	4	0	0	23
Age Not Given	0	14	14	1	0	1	12
Totals	0	514	395	52	15	5	365

By looking at the number of siblings in a respondent's family and comparing this with his ideal family size, one is in a better position to predict what might be his actual fertility behavior in the future. We note from Table Five that 43% of the female respondents and 46% of the males who had six or more brothers and sisters ideally wanted two to four children themselves. Among those respondents who had five or fewer siblings, 50% of the females and 49% of the males wanted to have four or fewer children themselves. The other respondents wanted five or more children.

These figures suggest a relationship between the number of children in an individual's family and the number of children he wants to have in the future.

TABLE FIVE: IDEAL NUMBER OF CHILDREN COMPARED TO NUMBER OF SIBLINGS

Ideal number of children	Males				Females			
	up to 5 siblings		6 or more siblings		up to 5 siblings		6 or more siblings	
	No.	%	No.	%	No.	%	No.	%
2	22	3.2	3	1.6	12	4.2	2	3.7
3	60	8.7	12	6.4	15	5.2	2	3.7
4	255	37.1	72	38.3	117	40.8	19	35.2
5	135	19.6	36	19.2	42	14.6	9	16.7
6	88	12.8	22	11.7	52	18.5	12	22.2
7	35	5.1	3	1.6	5	1.7	3	5.6
8	18	2.6	10	5.3	8	2.8	0	0.0
9 or more	37	5.4	18	9.6	13	4.5	3	5.6
unspecified	8	1.2	4	2.1	2	0.7	1	1.8
no reply	30	4.4	8	4.3	20	6.9	3	5.6
percentage	100		100		100		100	
totals								
base	688		188		287		54	

KNOWLEDGE, ATTITUDES AND PRACTISE OF FAMILY PLANNING

Knowledge

Desire for a small family or desire to space children implies that a couple will use some contraceptive method whether modern or traditional. In Kenya the national family planning policy is to provide contraceptives free of charge to anyone who wants them. To determine whether our respondents knew how to go about achieving their desired family size, we asked them whether they had heard about family planning. Nearly all (90%) had heard about it as shown in Table Six.

TABLE SIX: EXPOSURE TO FAMILY PLANNING INFORMATION

Respondents' Age	Have you ever heard about family planning?		
	Yes	No	No Reply
14 - 17	179	24	1
18 - 20	457	43	10
21 - 24	478	27	8
25+	67	8	3
Age Not Given	41	6	11
Totals	1,222	108	33

Young people have heard about family planning from several different sources. Whether information is accepted or rejected depends largely on the credibility of the source, especially if acceptance is defined as the adoption of contraceptives. The respondents were asked from what sources they had heard about family planning, and multiple responses were allowed.

TABLE SEVEN: SOURCES OF INFORMATION ABOUT FAMILY PLANNING

Respondents' Age	Information Source				
	Film	Lecture	Gossip	Friends	Relatives
14 - 17	23	82	7	16	7
18 - 20	37	258	41	90	25
21 - 24	26	315	32	95	31
25+	9	43	5	10	6
Age Not Given	6	24	3	5	2
Totals	101	722	88	216	71

Respondents' Age	Information Source				
	Newspapers	Books	Natl. Leaders	Other	No Reply
14 - 17	32	38	11	1	3
18 - 20	108	126	24	2	15
21 - 24	98	116	35	0	9
25+	21	20	6	1	3
Age Not Given	6	7	1	0	6
Totals	306	83	77	4	36

The majority (53%) of the youth had received family planning information from lectures given by knowledgeable people who visit the schools. The next most important sources of information were books (reported by 22.7% of the respondents), newspapers (19.4%) friends⁸ (16%), films (7.4%), leaders (5.6%) and lastly relatives (5.2%). It is interesting that no respondent mentioned parents as a source. Traditionally information about sex and procreation has been passed down by parents and other adults within the family. It seems that parents are abandoning this role. The schools would be expected to give young people this information now, but in many cases they do not.

While young people receive information on family planning from many sources, not all of these are considered equally reliable. We asked our respondents to list the sources of information in order of reliability, and their responses are shown in Table Eight.

TABLE EIGHT: SOURCES JUDGED MOST RELIABLE

Respondents' Age	Sources:				
	Film	Lecture	Gossip	Friends	Relatives
14 - 17	21	65	5	8	6
18 - 20	38	215	2	25	16
21 - 24	31	226	5	22	20
25+	10	34	1	4	4
Age Not Given	6	18	1	1	3
Totals	106	558	14	60	49

Respondents' Age	Sources:				
	Newspapers	Books	Natl. Leaders	Other	No Reply
14 - 17	32	32	14	5	34
18 - 20	81	80	16	1	129
21 - 24	67	90	28	1	125
25+	13	16	2	2	16
Age Not Given	7	3	4	0	13
Totals	200	221	64	9	317

Family planning lectures given by competent people were considered the most reliable source of information by the greatest number of respondents (41%). Books were second (16.3%), followed by newspapers (13.9%), film (7.8%), friends (4.4%), leaders (4%), relatives (3.6%) and gossip (1%). The fact that the students considered lectures in school the most reliable source of family planning information points out the importance of having this material in the curriculum and having it presented by competent instructors.

8. In another study of adults in Kenya, friends were cited as the main source of family planning information. See Gachuhi, ibid.

The students were asked what methods of family planning they had heard about, and their responses are tabulated in Table Nine. As is Table Seven, multiple responses were allowed.

TABLE NINE: FAMILY PLANNING METHODS KNOWN BY RESPONDENTS

Respondents' Age	Methods:					
	Abstinence	Pill	IUD	Injections	Condoms	Diaphragm
14 - 17	149	149	18	3	9	1
18 - 20	102	293	115	37	123	13
21 - 24	196	304	137	40	140	21
25+	38	41	15	9	24	3
Age Not Given	37	13	6	1	7	1
Totals	522	800	291	90	303	39

Respondents' Age	Cups & Pads	Foams, Jellies, etc.	Rhythm	Withdrawal	Tubeligation	Vasectomy
18 - 20	13	25	53	19	15	15
21 - 24	21	25	49	36	16	12
25+	1	4	11	11	0	6
Age Not Given	0	0	3	1	2	1
Totals	35	54	119	69	33	34

The best known contraceptive was the oral one. Abstinence (39%) was second best known and the others in order of frequency mentioned were condoms (23%) intra-uterine device (21%), rhythm (9%), injections (deprovera) (7%), foams and jellies and withdrawal (7% each), diaphragm, cups and male vasectomy (3% each). The method least mentioned was female sterilization by tubeligation (2%).

Although the pill was the best known method of contraception, the young respondents did not consider it the most reliable. Abstinence was considered most reliable by 55% of the students. This was followed by the pill (35%), the condom (15%) and the IUD (13%). Injections, foam and withdrawal were each mentioned by 4% of the respondents, tubeligation, cups and diaphragms were each mentioned by 2%, and male vasectomy was mentioned by only 1% of the respondents as the most reliable method. The fact that vasectomy, tubeligation, injections and the IUD were only considered most reliable by a very few students probably indicates lack of knowledge of these methods. The condom was considered most reliable by 15%, though in fact it is less reliable than many other methods. However it is one of the most widely known methods among young people. Condoms are easily available and especially popular with secondary and college students.

Attitudes

Whether the national family planning policy of Kenya will be successful depends on the attitudes of present day youth. The values and habits of adult Kenyans have already been formed, and an indication that lasting change is difficult for this group is the high drop out rate among those who had begun practising family planning.⁹ An education program for young Kenyans must begin with some knowledge of their present attitudes toward family planning, and this question was included in the study. Stated attitudes toward family planning are broken down by the respondents' ages in Table Ten.

TABLE TEN: ATTITUDE TOWARD FAMILY PLANNING

Respondents' Age	In Favour	Against	Neutral	No Reply	Don't Know
14 - 17	125	9	33	10	27
18 - 20	298	50	88	28	46
21 - 24	330	66	70	12	35
25+	47	10	9	15	7
Age Not Given	24	4	9	15	10
Totals	824	139	209	60	125

It is clear from Table Ten that a significant majority (61%) of the young people questioned were in favour of family planning, and only a very small number were opposed. It is also significant that the undecided group who were neutral or did not know made up a fairly large part of the sample. These figures indicate that a family planning programme directed to young people would be likely to meet with a positive response. It is interesting that 63.8% of the respondents 21 and over favoured family planning compared with 58% under 21. Although this difference is not great, a possible explanation is that a favourable attitude toward family planning correlates positively with age. Respondents over 21 were also better able to give reasons for their favourable attitude.

It is interesting that 15% of the students who had favoured family planning had no reason. This group may not have known what family planning was and responded in favour of it to please the researchers. They may not have wanted to show ignorance or opposition lest family planning be an official program that they were supposed to support. The proportion of the positive

9. According to data collected by this author for a study which has not yet been completed, as many Kenyans are dropping out of the family planning programme as are being recruited into it.

responses to family planning made by students who could not supply reasons must be discounted as unreliable because it may reflect a cultural expectation rather than the individuals' true feelings.

TABLE ELEVEN: REASONS FOR FAVOURING FAMILY PLANNING

Respondents' Age	Reasons:				Land Problem, Unemployment
	To Educate Children	To Afford Children's Demands	Mother's Health, Family Welfare		
14 - 17	17	20	31		6
18 - 20	37	75	69		12
21 - 25	35	78	78		12
25+	8	13	12		1
Age Not Given	0	9	2		1
Totals	97	195	192		32

Respondents' Age	National Welfare	Cost of Living	Fruitful Future	Over-Population	No Reason	No Reply
18 - 20	12	10	7	58	85	146
21 - 25	15	29	2	64	61	140
25+	0	6	1	5	9	24
Age Not Given	0	4	4	5	17	21
Totals	31	51	17	153	211	387

The most frequently cited reasons for favouring family planning were to be able to afford the demands of children and concern about the family's welfare (14% each). Another 11% of the respondents stated that they were concerned about overpopulation, and 7% were concerned with their future children's education.

Of the 39% who were against family planning, 26% of all respondents could give no reasons. Reasons that were given by the others were in order of frequency: religious reasons (5% of the total sample), fear that family planning was dangerous for a woman's health (2%), fear that if a couple practised family planning they would not be able to have any children (1%), concern that family planning decreases the population (1%), the belief that everyone has the proper number of children according to his income (1%), concern that family planning encourages sex and prostitution (0.5%), a belief that family planning has no use (0.3%), and that it prevents spiritual enjoyment (0.2%).

It is one thing to approve of family planning in theory and quite another to accept family planning oneself. We asked whether contraceptives should be made available to young people, and the responses are tabulated according to age in Table Twelve.

TABLE TWELVE: ATTITUDES ON CONTRACEPTION FOR YOUNG PEOPLE

Respondents' Age:	Should contraceptives be made available to young people?			
	Yes	No	Don't Know	No Reply
14 - 17	139	52	2	11
18 - 20	295	154	2	59
21 - 24	281	170	2	60
25+	45	22	1	10
Age Not Given	25	17	0	10
Totals	785	415	7	150

More than half (57.8%) of the respondents thought that contraceptives should be made available to young people, and more than half in each age group. In Kenya young people become sexually active at an early age.¹⁰ By the age of nineteen, 80% of the boys have had sexual intercourse, and yet very few young people use any kind of contraceptive. This is because the national family planning programme has been directed toward married people only. Young people have been forced to obtain contraceptives in devious ways, and tragic accidents have occurred from misuse. Where contraceptives have not been obtained, the results have been unwanted pregnancies, abortions and death. Recognising this situation, 61% of our respondents favoured family planning, and 57% felt that contraceptives should be made available to young people. The students were further asked at what age contraceptives should be made available, and their responses are given in Table Thirteen correlated with their sex.

TABLE THIRTEEN: AGE AT WHICH CONTRACEPTIVES SHOULD BE MADE AVAILABLE

Respondents' Sex:	Age at which contraceptives should be available					
	Under 14	14 - 17	18 - 20	21 - 24	Over 25	No Reply
Male	52	326	150	23	38	382
Female	11	75	63	9	14	209
Not Given	1	1	3	0	0	4
Totals	64	402	216	32	53	595

Over half of the respondents felt that contraceptives should be made available to people under twenty years old. Furthermore, 48% of the males and 36% of the females felt that contraceptives should be made available to people under eighteen. The higher ratio of males than females who want contraceptives made available to young people correlates with their higher incidence of sexual experience.

10. See Table Fourteen, as well as Gachuhi, "Youth Attitudes Towards Sex in Kenya", Working Paper No. 94, Institute for Development Studies, University of Nairobi. 1973.

Practise

The respondents were asked at what age they had their first sexual experience, if any, and their responses are shown in Table Fourteen.

TABLE FOURTEEN: AGE AT FIRST SEXUAL INTERCOURSE

Respondents' Sex	Age at First Sexual Intercourse:					Never Had	Don't Know, or Don't Remember	No Reply
	Under 15	16-19	20-24	25-29				
Male	478	297	27	1	95	9	64	
Female	28	118	28	4	146	3	6	
Totals	506	415	55	5	241	12	70	

Our respondents were asked whether they had ever used any form of contraceptive, and the use of contraceptives correlated positively with age as shown in Table Fifteen and Sixteen.

TABLE FIFTEEN: INCIDENCE OF USE OF CONTRACEPTIVES

Respondents' Age	Contraceptives ever used:		
	Yes	No	No Reply
14 - 17	14	175	15
18 - 20	37	440	33
21 - 24	74	409	30
25+	12	58	10
Age Not Given	1	43	18
Totals	138	1,125	106

TABLE SIXTEEN: PRESENT USE OF CONTRACEPTIVES

Respondents' Age:	Current Use:		
	Yes	No	No Reply
14 - 17	13	148	43
18 - 20	37	375	98
21 - 24	49	350	114
25+	18	65	17
Age Not Given	2	33	17
Totals	119	971	289

CONCLUSION

It is clear from these last two tables that very few young people are in fact using contraceptives, even though many of them know of their existence and approve of their use. Only 10% of our respondents had ever used any form of contraceptive, and only 8.5% were currently using contraceptives. Yet we saw

from Table Thirteen that 83% of the males and 46% of the females had had intercourse, and presumably a number of these were still sexually active. These figures imply that a great number of the illegitimate pregnancies in Kenya occur among young people who are sexually active but are not using contraceptives. The present need for family planning education among young people seems obvious from this study. It is crucial that young people be included in Kenya's family planning programme because this portion of the population is so critical for the future of the nation and its long range population goals.

APPENDIX: THE ETHICS OF FAMILY PLANNING RESEARCH AMONG YOUNG PEOPLE

In a society where sexual matters are considered private, objections may arise to doing KAP studies among adolescents who are supposed to have had no sexual experience. However, the majority of young people questioned in this study already had some knowledge of family planning, and many had had sexual experience. The importance of gathering correct information on young people's family planning knowledge, attitudes and practise so that appropriate programmes may be set up for Kenya's youth would seem to far outweigh the hypothetical danger that some of the respondents would be adversely influenced by the questions asked.