THE INFLUENCE OF CHRISTIANITY
ON FERTILITY REGULATION IN
MIGORI DIVISION OF MIGORI
DISTRICT

BY

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DECLARATION

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DEDICATION

This thesis is dedicated with respect to my beloved mother, Alice Demba Arudo, who helped to mould me to love truth and search for the same in life.
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ABSTRACT

The primary concern of this thesis was to investigate whether there are existing relationships between fertility regulation methods, knowledge of and acceptance of contraceptives and Church affiliation. It was the contention of the study that while different churches may be supporting or are against the various methods, they may consequently influence their members towards knowledge and usage of different methods.

Such influence may either be directly or indirectly induced. These may be passed through various Church activities, doctrine of the Church, Church practices and membership groupings. Through them, the members are able to develop certain beliefs and attitudes which the study has attempted to isolate for each Church sampled.

In order to achieve the study aims, three churches were sampled; namely SDA, Catholic and Legio Maria. SDA was selected as a less conservative Church which does not only allow their members to use both AFP and NFP, but they also distribute the contraceptives. The Catholic Church was selected due to its conservative nature which stresses the use of NFP. It is opposed to AFP. The third Church, Legio Maria was selected due to its more conservative and syncretic religious approach. It mixes traditional belief systems and Christian teachings borrowing more from the Catholic group.
It is known to be opposed to AFP. Having these ideas in the background, the study sampled one hundred and twenty respondents with a distribution of forty from each Church to help complete questionnaires using survey research technique. Both men and women sampled equally and interviewed. To bring out a balanced result, the stratified-radial-random-sample-techniques were applied. These approaches were meant to help cover all adult age groups from age fifteen and above and were sampled from a wide geographical region.

Besides the questionnaire, the study applied interviews and secondary resources to help provide more information about the churches sampled. The researcher further applied participant observation to help counter check the responses given in the questionnaires and interview.

The field data collected by the questionnaire was later submitted for statistical analysis to help determine whether relationships existed between knowledge or acceptance or various fertility regulation methods and:

(i) Church affiliation by attendance or commitment,
(ii) specific churches and their attendance,
(iii) specific churches and their commitment

Chi-square statistical methodology was used to determine the relationships mentioned above. In each case, the significance of a particular relationship between the variables was determined at 0.05 level of significance. To arrive statistical figures, the statistics was computed using the
computerized SPSS programme. The final results were analysed and summary tables presented at the end of each sub-section with extra detailed tables presented in the appendices.

The significance of relationship wherever they were proved, meant that the Church affiliation, attendance or commitment does have an important contribution to either knowledge or acceptance of use of the specific fertility regulation method. It is therefore necessary to point out that in cases where the Church does not have influence, necessary positive policies need to be adopted to help create both awareness and change of attitudes towards the use of the methods.
DEFINITIONS

Abortion: the intentional expulsion of the foetus before 28 weeks of gestation.

African Independent Church(es): church(es) which broke away from missionary formed church(es) with its/their root(s) in Europe or elsewhere out of Africa. It also refers to the church(es) which has/have grown through the initiative of Africans who have synchritized their doctrines and teachings with African moral values and practices.

Anti-natalist: an individual, a group, institutions, or governments who are opposed to population growth. They are opposed AFP methods. The opposite thus will be referred to as pro-natalist.

Artificial Family Planning: mechanical or chemical methods of birth spacing using industrially produced gadgets aimed at destroying the ova or sperm or preventing the sperm from uniting with the ova. These methods may lead to either temporary or permanent control of fertility.
Contraceptive: measures which men and women may take to prevent sexual intercourse or coitus from resulting into conception.

Demography: was used in its generally acceptable meaning as the scientific study of human populations primarily with respect to their size, structure and development.

Dorcas Society: SDA women's wing which organises women's activities. The name is derived from Biblical Dorcas who assisted the poor and the sick.

Family Planning: the desire to determine the number of children and spacing of birth in conformity with the best interest of a couple.

Fecundity: the capacity of a woman or a couple to produce a live birth.

Fertility: the ability to produce live offsprings.

Fertility Regulation: the intentional attempts to regulate the number and spacing of births by a woman or couple.
Natural Fertility: the realisation of live births intended or not in the absence of any artificial limitation gadgets.

Religious Contours: areas which were predominantly inhabited by one of the selected members of the Christian denominations studied.

Religious Influence: independent variables such as beliefs and attitudes which were found to be unique among individual church group selected for the study as they determined the choice of fertility regulation decision and performance among the population studied.

Rhythm method: the avoidance of coitus during the period a woman is believed to be fecund. This may be realised during the safe period of a woman's menstrual cycle. It is one of the Natural Family Planning methods accepted for use by the Catholic Church.
ABBREVIATIONS

AFP - Artificial Family Planning.
AIC - African Independent Churches.
AICN - African Israel Church Nineveh.
AIDS - Acquired Immunity Disease Syndrome
CBS - Central Bureau of Statistics
CPK - Church of the Province of Kenya (Anglican).
FP - Family Planning
IUDs - Interuterine Devices.
KCPS - Kenya Contraceptive Prevalence Survey.
n.d - No date
NFP - National Family Planning.
NLS - Nomiya Luo Sabbath.
OCs - Oral Contraceptives.
OI - Oral Interview
PEFA - Pentecostal Evangelical Fellowship in Africa.
RSV - Revised Standard Version (Bible)
SDA - Seventh Day Adventist.
SPSS - Statistical Package for Social Sciences (computer programme)
TL - Tubal Ligation.
Chapter One

1:0 GENERAL INTRODUCTION

While the issue of population has been of major interest to various international bodies and governments, the more immediate issue of concern has been whether a nation should go in for a pro-natalist approach of fertility or take an antinatalist approach. In Kenya for example the rate of economic growth of 3.5% per annum has been outmatched by that of population growth of 4.5% per annum (World Bank Report, 1987). Kenya which relies heavily on agricultural potentialities is therefore left with no option but to adopt anti-natalist policies in order to reduce birth rates.

Kenyan anti-natalist government policies, which are supported by various non-governmental organizations have met with mixed feelings especially among church groups. For example, while Catholics accept the need to plan families, they do not accept any Artificial Family Planning (AFP) methods. Instead they propagate the adoption of Natural Family Planning (NFP) methods. Some Protestant churches that are more liberal allow and even assist propagation of both the AFP and NFP methods. On the other hand, some of the very Conservative
Independent Church groups have felt that Family Planning is a form of European propaganda which need not be applied to Africans. This group feels that there is no need to regulate fertility. Their position is based on the biblical saying: "Be fruitful and multiply and fill the earth and subdue it, ..." (Gen. 1:28 RSV). Therefore, according to them, there is no need to regulate birth and even the Catholic support for NFP which allows for such methods as rhythm come under heavy criticism.

Although all these arguments are valid in one way or the other, cultural factors have a role to play in determining fertility regulations. These are overtly or covertly reinforced by socio-economic realities such as diminishing agricultural areas when the question of inheritance comes into play; or education which requires high school fees every year to better the future of the children. The educational level of the women as it determines the level of receptiveness to change; social groupings and their set goals, as much as the women's marital status are also considered in this category. The above factors interplay as intervening variables as they influence age at first birth, the number of children expected and Family Planning (FP) choices a woman may take. It is the last three variables which determine fertility regulation outcome which we are aiming to examine in this study.
outcome which we are aiming to examine in this study.

1:1 STATEMENT OF THE PROBLEM

The proposed study looks at the influence of religion on fertility regulation though fertility itself is a naturally controlled process among living things. In human societies, people may use methods that assist them in regulating the size of their families according to their moral convictions. Through religion and individual actions, emotions and biological activities are regulated due to their moral convictions of fear and consequences of their deeds. Some religions moral teachings can help to delay marriages, restrict the use and abuse of sex, and favour sexual abstinence before marriage. The church can also have direct or indirect influence on the use of contraceptives by members.

Religious influence through other intervening variables such as level of education, marital status among others, help to restrain an individual or a couple's biological performance. It therefore makes fertility regulation outcome which is biologically determinable dependent on religious factors. Even when a government policy is anti-natalist, religious influences arising from beliefs inherent in different denominations would lead to low observation of
government policies. It was considered important that the level of education, cultural expectations, such as preference for sons for the sake of sustaining family genealogy, socio-economic and marital status which influence fertility regulation outcome are carefully analysed.

1:2 OBJECTIVES

In this study four objectives were targeted. These were to:

(i) investigate existing relationship between Church attendance of respondents of different churches and the knowledge and acceptance of fertility regulation methods.

(ii) analyse the statistical relationship between Church commitment of respondents of different churches and knowledge and acceptance of fertility regulation methods.

(iii) assess the effect of participation in various Church activities by members of selected churches and their attitudes and beliefs towards fertility regulation methods.
(iv) identify issues of concern among the selected churches which enhance their opposition to or support fertility regulation methods. These may be used to help the government strengthen their population policies in Kenya.

1:3 HYPOTHESES

The following main operational hypotheses were formulated for investigation in the study. These were presented in null form.

Ho1: The characteristics of the respondents as measured by the frequency of attendance of Church services have no relationship with knowledge and acceptance of fertility regulation methods.

Ho2: The characteristics of the respondents as measured by their levels of Church commitment have no relationship with knowledge and acceptance of fertility regulation methods.

Ho3: Respondents participation in Church activities as measured by their membership status have no
relationship with acceptance of fertility regulation methods among the three selected churches.

Ho4: The existing traditional African beliefs and attitudes towards sex preference of children has no relationship with the acceptance of fertility regulation methods among members of the selected churches.

1:4 SIGNIFICANCE OF THE STUDY

Fertility regulation studies done at global, continental, regional and national levels have identified numerous factors which determine decisions on fertility regulations among women. These studies from literature available to the researcher reveal that only a few scholars have attempted to stress the religious influence in their studies.

Furthermore, there is no concrete evidence of any scholar who has attempted to isolate factors within Christian churches which determine fertility regulations among women. This research therefore aims at filling this gap.
While studies done on a national level have taken a macro sampling approach at regional, district, rural and urban levels, no study known to the researcher has been done at denominational level. Knowing that such approach is prone to generalisations and assumptions in its conclusions, there is need to go down and narrow sample population to administrative divisional and denominational levels thus giving a micro level of study.

In this micro approach, one will be able to unearth factors which may have strong influence in decision making among women within churches of different denominations. It will therefore go a long way in promoting and enhancing studies meant to assist the government policy makers draw up appropriate policy guidelines for the District Focus for Rural Development Strategy. The findings will further come up with facts which prove that religious teaching plays a decisive role in determining the size of one's family.

It is hoped that students of religion will be able to use this approach to diversify their interest into more developmental oriented issues which affect various religious groups in our contemporary society. The study will also assist social scientists and students of religion to come up with a theory on which they can build emergent religious issues in future.
The government will also benefit from the study as they will be able to draw up an appropriate public policy for the various churches in the country.
1:5 LIMITATION OF THE STUDY

1. Time and financial constraints did not allow us to undertake the study of the entire Christian population in the area of study. The research therefore only covered a sample of 120 Christian adherents. Findings of the research may be used to generalise on Christians both within South Nyanza and Kenya as a whole.

2. Since the research is restricted to Christian denominations which generally use the Bible for their doctrinal teachings, the findings may therefore not be used to generalize fertility behaviours of members from other religions such as Hindus, Muslims, etc.

1:6 STUDY SITE

Migori Division, (see map), in Migori District falls within an area of a heterogenous settled communities. These were attracted by fertile agricultural soils, and moderate rainfall. These environmental factors coupled with sparse population attracted a number of settlers dating back to 1930's from Kisumu, Siaya, Kakamega and Kisii Districts.

The settler community made the division to be of a heterogeneous ethnic composition which include the Luo and the Luo related Abasuba who are the indigenous inhabitants of the area. Maragoli coming from the highly populated Vihiga
Location of Migori Division (the study area)
Division of Kakamega and Abagusii also settled here from the Gusii Highlands.

Each of these communities having had contact with missionaries who controlled education during the colonial periods, came with already formed beliefs and practices originating from the teachings and activities unique to their denomination affinities. For example, the Anglican Church followers who had a base at Maseno, S.D.A., with their missions at Nyanchwa, Kamagambo and Gendia had different teachings which may have had direct or indirect impact on fertility regulation among the people. Each community of migrants came with unique interpretations of theological reflections.

While Catholics stressed the strict observance of Sunday Service, and were lax on smoking and taking alcoholic drinks, S.D.A. stressed holiness of the Sabbath which falls on Saturday, and were very much opposed to both alcoholic drinks and smoking among their members. The later emergent Legio Maria Church which had broken away from the Catholic Church was non-the-less still holding strong theological principles of their mother church by stressing Sunday prayer services, but they are also tolerant to traditional practices as they allowed polygyny which the above named churches preached.
against. Unlike the other two selected churches, they believe in faith healing.

Further variations do exist within this division as the inhabitants of different ethnic backgrounds belonging to a variety of denominations live side by side. What forms a common factor is that they share some geographical and economic production units. They practice mixed farming. Among the cash crops they produce are maize, finger millet, sweet potatoes, cassava, beans and peas, and among livestock they keep cattle, sheep, goats and poultry.

The area has high school drop-out rate of girls, due to early pregnancy, early marriages, which is a widely acceptable practice of polygamous marriage. High total fertility rate is also another factor that renders this area very conducive for this study.

1:8 JUSTIFICATION OF THE STUDY

From the literature reviewed, it was identified that fertility regulation is not a completely new study area within a religious setting. It has been carried out in various forms. These include comparative study of how attitudes, teachings and beliefs influence fertility regulation decisions, fertility levels and even completed fertility. Within the Christian Church, studies have been done within the Catholic;
Protestant Churches, and comparative studies of the two have been undertaken.

While these give us a good background to understand the extent to which religious affiliation influences fertility regulation issues, it has become clear that no known study has ever incorporated Independent African Church Movements. These churches are known to have different approaches and teachings regarding fertility regulation. The researcher therefore felt it wise to bring to light this new group for understanding the variations which exist within the Christian religion.

The second justification is that no such attempt has been undertaken by a religious studies student. This work will therefore be exploratory and will reveal a lot of information in fertility study areas. It will form a precedence for religious studies students interested in contemporary issues which affect our society either directly or indirectly as they affect socio-economic development.

1:9 ORGANIZATION OF THE STUDY

This thesis was organized in five chapters: Chapter 1 provided the general background of the work. It dealt with statement of the problem and definitions of operation of terms. It also contained the objectives of the study, hypotheses, significance of the study, and limitations of the
study. To complete the chapter, methodology, study design, study area and justification were also included in the chapter.

Chapter 2 focused on literature review which formed the basis of this research, theoretical framework, some specific attitudes, beliefs, and activities realised in the field which form the basis of the findings.

Chapter 3 gave details of the study sample, questionnaire, data gathering, responses to specific variables and analysis procedures.

Chapter 4 has the presentation of data collected, their analysis and interpretation of the results. And, lastly, chapter 5 offers summary of the research, the results, possible conclusions, implications, policy recommendations, and suggestions for further research.
Chapter Two

2:1 THEORETICAL FRAMEWORK

The main thesis of this research was based on Adegbola's premise that religious orientation has a significant contribution on fertility. It was derived from the contention that in an attempt to explain religious differences in fertility, there is no single constant determinant on fertility that may be attributed to members of a particular religious group. Instead the fertility of any religious group will depend on the interaction of the socio-economic levels of the religious group and local orientation of this group towards procreation and fertility control (Chemie 1981, Adegbola 1988).

While research is in agreement with this broad theoretical premise it did not intend to examine religious groups; instead it narrowed its area of operation by finding out the extent to which this premise hold within Christian church adherants. It attempted to identify any existing differences in fertility behaviour which influence their fertility regulations. Any factors which contribute to these existing differences were assessed to determine whether they were to be found within the beliefs, teachings, attitudes or
other activities of the churches to be studied. They were also assessed as to whether they may be expressed within the various interactions of the individuals socio-economic levels. The most important issue which was investigated was to find out the local orientation of the church group towards procreation and fertility regulations.

2:2 LITERATURE REVIEW

McCormack, (1970), observed that all religions both past and present have linked fertility with the sacred power. This is understandable, since fertility is essential both for individual and social survival. Thus mysterious religious aura was extended to marriage and the act of procreation even in societies where ideas about sexual morality were very different from those of the major religions. According to Howard (1983), in all known societies therefore, human beings have sought to control sex which is a biological function and through which children are begotten. This search has led to the finding of a sexual order that is socially and not biologically determined which help to regulate their fertility.

Due to the fundamental, mysterious and awesome nature of birth of a new life, human beings have related fertility to religious instinct. Children were regarded as gifts of God,
that required religious rites and teachings to modify the controlled exercise of the sexual drive McCormack (1970) noted. As different religious ideologies became accepted among various religious groups, this began to affect fertility in different ways. Some became more pro-natalist than others. This was observed by Max-Weber who recognized that sexual asceticism of Puritans differs from that of Catholic monasticism and since the former reached a large proportion of populace at the time of his study, he had concluded that its influence on national birth rates is greater than that of the latter (Thomlinson 1965). This observation may hold true when a comparison is made by dichotomising Christian churches into Catholics, Protestants churches, and African Independent Church groups. This would offer a good study since each group has different approaches within their teachings, practices, attitudes and even activities which influence fertility regulation.

The decision to adopt or not adopt fertility regulation measures may as well depend on other intermediate variables as Howard (1983) observed that where there is high infant mortality parents may seek to have a large number of children so that some will at least survive. FP campaigns are difficult under such unsuitable conditions and many strategies that worked in the past may no longer be appropriate for such a
society. This research therefore considered a number of children born against the number of children lost and a further consideration was given to number of children preferred and sex preference of children which are socio-economic and culturally reflected in such a study. In fact the issue of infant mortality is a strong case of consideration since Migori Division is within the district with one of the highest infant mortality rates in the country (Ndede, 1988).

The issue of fertility regulation and religious influence stands out clearly from numerous scholarly works. This was recognized by Cantrelle (n.d.), Murray-Brown (1974) and Mbiti (1996) among others. They observed that in Africa, mores, customs and regulations do play a positive role in fertility as the arrival of a new child was an occasion for rejoicing. To have many children was seen as a sign of responsibility and of good standing in the community. The greatest blessing that one would wish anyone was to have many children according to Cantrelle (n.d.) and Mbiti (1969). The former scholar further asserts that the three religions with the largest adherents in Africa, indigenous religions, Islam and Christianity are all pro-natalist. This being the case, FP messages are not easily acceptable not only here in Africa but Asia as well according to Fraser (1973). Only those with considerable large families may be ready to listen to such messages.
Ayayo and Ottieno (1987) agreed with the above scholars when they were considering the Kenyan situation. They observed that traditionally having children was a virtue because to have children was a desire for righteousness. According to them it was all ethics of custom whose word good was said to be intrinsically good. That was why there was rejection of use of contraceptives and induced abortion. These cultural ethics are deeply rooted in the minds of our society so that they were not only found among African Christians but even among Muslims. The fear that a family line may come to an end was a deep socio-cultural imperative that no family would defy in the name of fertility regulation. The truth about these observations will be determined in our study.

Since the issue of abortion was generally highlighted in matters pertaining to fertility regulation, we too need not ignore it as it forms a major debate in the religious realm as Ayayo (1983) also took note of it. He reflected that traditional ideologies preached against abortion as they called for "Don't destroy God's Creation because only God can Create life". In the eyes of religious observers any move towards destruction of life was a move against God himself and ought to be resisted by all means.
The influence of matters pertaining to fertility regulations do not rest only with the above determinants. Kenyatta (1965) and Ayaýo (1988) do agree that in Kenyan society parents, relatives and the community may have a lot of influence on the fertility of the couple. The influence was manifested e.g. in the naming system of the community members whereby one was supposed to name parents or relatives. Among the Agikuyu, the community ritual practices and the religious observation have a bearing on fertility of its members. These socio-cultural determinants were examined within the religious moral teachings, activities, attitudes and beliefs.

The main independent variable in this work was that of religion and religiousity which Kenyan students seem not to have considered. This was a strong instrument of measurement of religious influence on fertility regulation. It was used by Westoff (1963) who wanted to find its usefulness in the work he carried out on fertility in Princeton City. He studied the Catholic, Protestant and Jewish communities. Unlike our study, which was centred on both men and women, his study was based on couples. He grouped Protestants into Active Protestants and other Protestants. Catholics were given the same treatment while Jews being small in number were put together. His findings revealed that looking at the successful planning continuum which includes planning the spacing as well as the
number of children, and considering family size goals, the achievement level of "other protestants" and "other Catholics" were found to be very similar. That of the active Protestants was close to that of the Jews. This gave a reflection that there was a close link between religiousness and fertility regulation decision making. Analysis of both active and nominal believers were considered as they were of great interest to our study.

The religious teachings variable was also considered in the study done by Stockwell (1970) when he observed that there has been pronounced differentials in fertility levels among various religious groups throughout the world. Citing 1965 U.S. census report he noted that Catholics had the highest fertility level and Jews had the lowest with Protestants taking intermediate level. He concluded that these findings indicated different fertility behaviour arising from desired family size and teachings within the different religions he compared. Secondly he noted that the major religious communities were able to plan their families more successfully than the minor ones.

The attitude variable within religious groups was tested by Stanford (1972). He had considered attitudes of the various denominations to birth-control, FP, and related matters to fertility regulation. His findings revealed variations though
some generalisations would be made. For example, he found out that most of them approve of the principles of voluntary FP and responsible parenthood. Birth control devices are acceptable only if they contribute to the spiritual, emotional, and economic welfare of the family.

He pointed out that in 1931 the United States Council of Churches stated that "the careful restrained use of contraceptives by married people is valid and normal". And that General Council of United Church of Canada had also supported the established voluntary Parenthood Clinics. In 1939 Methodist Conference of Great Britain, while stressing the responsibilities and obligations of parenthood, stated that conception control should have as its aims "the healthiest family in the healthiest sort of way".

These attitudes found within the Protestant churches have their historical basis which originated from the 1930 Lambeth Conference with regard to family limitations as was agreed to by the leaders of the Anglican church. The family limitation was to be understood within the responsible parenthood context. Further conferences of 1958 and 1968 only strengthened this point. They had agreed that companionship and procreation are inseparable aspects of marriage. Both aspects were important in helping the couple to fulfil "their covenant and serve the one flesh union according to McCormack (1970)."
The Catholic Church attitude was made clear by Stanford (1972) with regard to fertility regulation. In 1930 Pope Pius made it clear that artificial contraception is an intrinsically approved method of fertility regulation. This later became associated with 'rhythm method'. Later, Pope Paul IV noted that the church's stand on fertility regulation posed a problem. He therefore issued the stand of the church in papal encyclical entitled 'Humanae Vitae' (Of Human Life) in 1968. This was strongly against AFP. The argument posed here was that contraceptive as any use of the marriage right in the exercise of which the act is deprived of its natural power for pro-creation of life through the industry of man. In 1984 at the World Population Conference in Mexico the church banned all methods of contraceptives except abstinence.

Since the choice made by the church of NFP require high sense of discipline of emotions they are less effective in regulating fertility unless they are coupled by other scientific understanding of biological mechanisms of reproduction observes Chamie (1981), Thomlinson (1965) and Lincoln (1967). The church advices couples wishing to use any of the NFP to regulate birth to be properly trained by experts on this area so as to allow the couple to have properly
grounded knowledge of the bodily rhythms of fertility. This should apply to young adults to assist them in self-control hence the absolute necessity for the virtue of chastity and for permanent education in it (Kenya Episcopal Conference 1986). Westoff (1963) added to these additional requirements for the success of NFP - proper education and religiousness as further measures. This is due to the stress which church ministers put in their teachings regarding fertility regulations approaches.

The Catholic approach faces more difficulties especially when in Nov. 1988 John Paul II made the Church's stand much stronger by asserting that the teaching against contraceptives was not a man-made doctrine, but that it was "written by the creative hand of God in the nature of the human person" and confirmed by God's hand. (Haring Commonweal, 10 Feb. 1989:70). This view has further created in the church a difficulty for spouses who use artificial means of contraception to prepare their marriages and to prevent the estrangement of their partners from the church. Consequently a number of those leaving the Church has been rising. This raises a need therefore for an open, sincere and objective debate over the attitude of the Church which would help it maintain responsible and deliberate Christian ethics that would allow the church to be a prophetic, believable voice in the effort
towards peace, justice, and the safeguarding of creation.

The Catholic Church should allow couples to use AFP methods when NFP methods prove 'unfortunately impossible'. In any case Bhaldraithe (1990) observed that many Catholics found it difficult to accept Humanae Vitae in which Pope Paul VI (1968) declared that contraceptive act 'intrinsically contradicts the moral order'.

General scholarly works on fertility and religion are not scanty. A few of these works would be suitable to give a picture of their findings. Among the scholars is Adegbola (1988) whose work in Africa probed the effect of religion on fertility focused on Muslim-non-Muslim differentials. Others have examined a dichotomy by splitting Christianity into Catholic and Protestant and compared their fertility with that of the Muslims. While others have included African indigenous religion as a differential mainly in West African Studies. Adegbola cites among other scholars Semlejwa (1980), (1981; Wogugu et al (1979); Ogun (1979) and Gaisie (1975).

The first group found that Muslims had lower fertility than Christians. While the latter groups observed that Muslims had the lowest average complete family size when Muslims, Christians and indigenous religionists are considered. Though Ohadike (1988) found that in Lagos there was high fertility of
Muslims than Christians. And in Kenya, Peter's (1988) using secondary data from KCPS also considered Catholics and Protestants, against Muslims and other religious groups. His findings revealed that fertility of Catholics and Protestants stood above both Muslims and other religions. Our study which analysed fertility regulation at a micro level and used primary data among our variables considered Christians who were dichotomised into Catholics, Protestants and African Independent Church movement groups. Muslims and other religious groups were considered.

This approach is not new at all since it had been followed by Ohadike (1967). Additional element was the African Independent Church factor. We borrowed from Adegbola (1988) the views he held with regard to the mainstream churches for proper identification. These churches have historical roots with Judeo-Christian tradition and they maintain close association with European and American Protestantism. S.D.A. which he includes in his examples represented Protestant Churches in our study.

These churches were distinguished from separatist churches which are African Independent Churches. Such churches are recognized for their heavy borrowing from the doctrines of their mother mainstream churches and condoned traditional cultural practices which were opposed by the mainstream
churches according to Muga (1975). Some of these churches were recognized by Odinga (1967) to include Nomiya Luo Church, Dinya Roho etc. In our research we took Legio Maria which falls within this category. They stress faithfulness in the well known "increase and multiply" verse of Genesis 1:28, 8:17 and 9:17, cites Ayayo (1987). Adegbola (1988) identified them as having Africanized their worship and important doctrines of Orthodox Protestantism. Moreover, they seem to be opposed to contraceptive use.

A further relevant work was that of Ayayo and Ottieno (1987) in which they reflected on KCPS 1984 report which had shown no remarkable difference in fertility between Catholics and Protestants though a major difference they recognized to be existing when Christians and Muslims are considered. They failed to include African Independent Churches in their study. What came out more clearly was the reference they made to an earlier study by Ayayo and Muganzi (1986). This study had revealed that Muslims do observe less traditional beliefs and practices and they do not use modern contraceptives. They therefore concluded that these reasons may explain the high fertility of Muslims, when compared with that of Christians.
Chapter Three

3.0 METHODOLOGY AND DESIGN

3.1 Introduction

This study was undertaken to investigate the possible relationship that could exist between the church affiliation of sampled population from the three selected churches and fertility regulation attitudes and beliefs they hold.

The researcher had identified that there exists different attitudes and beliefs among churches with regard to acceptance of fertility regulation methods. In order to achieve this goal, it was necessary to find out these different views held by the churches. The following questions were therefore raised:

1. What are the existing beliefs and attitudes held by the churches which may influence their members with regard to knowledge and acceptance of use of different fertility regulation methods?

2. Are these existing variations of knowledge of the fertility regulation methods which may be explained to be as a result of church affiliation?
3. Is it possible to explain the preference of the application of certain fertility regulation methods to arise from the church different groups are affiliated to?

4. Would the existing differences be explained in terms of members trying to abide by their church teachings or some of the members are ready to go against their church teachings?

5. Could it be that some of the attitudes and beliefs held are due to the interest to maintain African traditional customs?

3:1:1 Hypothesis

The above issues helped the researcher to formulate the following hypotheses. The hypotheses were stated in null form.

Ho1:
Church affiliation of respondents has no relationship with knowledge of various fertility regulation methods.

Ho2:
Church affiliation of respondents has no relationship with acceptance of various fertility regulation methods.
Ho3:
Respondents Church attendance has no relationship with knowledge of various fertility regulation methods.

Ho4:
Respondents Church attendance has no relationship with acceptance of various fertility regulation methods.

Ho5:
Respondents Church commitment has no relationship with knowledge of various fertility regulation methods.

Ho6:
Respondents Church commitment has no relationship with acceptance of various fertility regulation methods.

These were to be analyzed from among the three selected churches in Migori Division of Migori District.

3:2 STUDY SAMPLE

When this study was carried out, the researcher's aim was to investigate the relationship between Christian Church affiliations and their beliefs and attitudes towards
fertility. It was later realised that this would be too broad to cover due to the existence of large numbers of registered Christian Churches in Kenya. This called for a need to selectively identify specific churches for study. Secondly, there was a need to narrow fertility down to a specific manageable aspect.

In order to solve these problems, the researcher tackled the second problem first. It was realised that there is a moral debate within the Christian churches on the issue of fertility regulation methods. Some churches are opposed to the use of contraceptives while others are ready to support their application. This therefore becomes the main focus of the study.

The second solution was to narrow down the churches by identifying those which have taken opposing views. The first Church was identified as the Catholic group who have a strong objection against contraceptives and only support NFP methods. This was considered by the researcher as a conservative church. On the opposing side there was a need to identify a liberal church which allows their members to choose a method whether NFP or AFP and which promotes FP. To this end a large number of well established Protestant churches were known to exist. It was therefore necessary to select a Church with a large number of followers in the area of study. Of these
churches, S.D.A. Church was selected and categorized as a Protestant church for the purposes of the study.

Apart from liberal and conservative churches, there was identified the conformist category which is opposed to any practices which go against African traditional cultural practices. They are reluctant to encourage their followers to adopt any fertility regulation measures. This group of churches are found among African Independent Churches. For the purposes of the study, Legio Maria was selected as it has a very strong African traditional influence and it has a large number of followers in the area.

The time and financial factors for undertaking the research did not allow for a more extensive and representative sampling of the population. A sample of 120 respondents was arrived at which would be equally distributed into 40 respondents from each church selected.

The selection of the sample population also considered the sex of the respondents which were also equally represented. Each sex had 60 members having a distribution of 20 men or women in each church. This allowed the researcher to get responses from both sexes on the grounds that fertility regulation decision is arrived at by two sexual partners not
one. Most studies have concentrated on the female sampling which have ignored male participants on fertility regulation issues.

The sampling by church and sex was arrived at through stratification of respondents which allowed them to get specific representative figures. In this study, sampling by ethnicity was not given a major consideration. The ethnic distribution (see pie chart) was arrived at by chance from the randomly selected respondents belonging to the churches which are selected for the study. They were either residents or visitors in the area at the time of the study.

Marital stratification was achieved through radial stratified random sampling techniques. Through this technique five marital groups were identified (see pie chart) namely; single, single parents, married, separated or divorced and widowed. The five rankings recognized the groups as having direct or indirect effect on fertility regulation as intermediate variables.

Secondly, their selection was based on the fact that each of the marital groups have varied attitudes towards fertility regulation. A good example are the single respondents. They are morally discouraged by the church to participate in sexual activities. They are expected to have different attitudes and beliefs towards fertility regulation with the married
category. This group is morally allowed to engage in sexual activities by all churches. They are therefore encouraged to learn and to decide to use or not use existing fertility regulation methods depending on the stand taken by their Church over the issue.

3:3 RESEARCH TOOLS

This research is exploratory in kind and investigative in nature. It adopted questionnaires, and interview questions. The research instruments which were adopted to aid the process of data collection were:

3:3:1 The Questionnaire.

This tool was used as it was easy to distribute it among research assistants. This enabled the collection of data to be completed within a short time and at minimum cost from a large population spread in a wide area. It was also employed due to its efficiency and practicality of eliciting both objective and subjective information from the respondents. To achieve this result only one set of questionnaire was administered to all the 120 sampled respondents.
3:3:2 Organization of the Questionnaire

The original draft of the questionnaire underwent a series of modifications. There were results of discussions and new views which came through departmental and later faculty deliberations of the proposed study. A major alteration was the adjustment of the research to cover both men and women. The initial study was aimed at investigating beliefs and attitudes of women only. It was felt that this would leave out men who as well do contribute both directly and indirectly towards fertility regulation decisions.

The decision to incorporate the male gender in the questionnaire was finally achieved in the final draft with the assistance of the research assistants. By piloting the questionnaire the possible discrepancies in the questionnaire were identified. Questions which would otherwise have weakened the reliability and validity of the final data during the analysis were corrected before administering the final questionnaire to the respondents.

3:3:3 Administration of the Questionnaire

The questionnaires were designed to include both the closed and open ended questions. They were administered to the respondents selected from adherents of S.D.A, Catholic and Legio Maria churches (see appendix).
the range of possible responses were given on the questionnaires. These were done to make it easier to code the responses for quantification of the final collected data and their analysis using computer facilities.

Open ended questions were used at an almost equal number to allow for gathering of a wide range of responses. They allowed the respondents to give free opinions on different issues which are subjective such as reasons for preferences of given alternative responses. They also helped in exploring individual involvement, participation and observations.

The questionnaire which was administered to the respondents was divided into five parts. The first part sought information regarding respondents personal details. These included:

(a) Name, age, ethnicity and address.
(b) Church of affiliation.
(c) Church attendance.
(d) Church commitment.
(e) Marital status.
(f) Age at first marriage.
(g) Relation to head of household.
(h) Level of education.
(i) Occupation.

Respondents were requested to provide correct information
Respondents were requested to provide correct information since some of the questions provide basic information for the final data analysis for the study.

Secondly, the questionnaire elicited information on respondents' social group involvement. This part included:

(a) Identification of respondents' social group affiliation.

(b) Discussion of FP within the social group.

(c) Discussion of FP within church social group.

With the help of research assistants, the researcher administered a total of 120 questionnaires to randomly selected respondents from the three selected churches - S.D.A, Catholic and Legio Maria. The questionnaires which were administered to both men and women was restricted to only those above 15 years of age. Their responses were later incorporated in the final report.

In the final report, the data which had been received from the respondents were coded and presented as grouped data to show the quantified results under each item. This was done to help with computerization of data for analysis using the SPSS computer programme.
By cross tabulating various variables, the results were subjected to applied descriptive statistics such as percentage and frequencies to describe the primary data. The statistics were used concurrently using the Chi-Square test. The results derived were used for making inferences in testing the formulated hypothesis for the study.

Sub-programme procedure of cross-tabulation to test the hypothesis were later made under the following sub-headings:

(a) Church affiliation and knowledge of fertility regulation methods.
(b) Church affiliation and acceptance of various fertility regulation methods.
(c) Church attendance and knowledge of various fertility regulation methods.
(d) Church attendance and acceptance of various fertility regulation methods.
(e) Church commitment and knowledge of various fertility regulation methods.
(d) Church affiliation and acceptance of various fertility regulation methods.
3:3:4 Areas of Stress in Fertility Regulation

Information from this section, it was hoped, would indicate the extent to which social grouping (inside and outside) the church may have influence on respondents belief and attitudes.

Thirdly, the questionnaire elicited information on respondents fertility performance and beliefs and attitudes. The section sought responses on:

(a) Respondents number of living children.
(b) Mortality of respondents children.
(c) Number of children preferred by respondent and his/her attitude towards this preferred number.
(d) Sex preference of siblings and reasons for preference.
(e) Sex preference of first born and reasons for this preference.
(f) Age at first birth.
(g) Preferred age at first marriage and first birth.

From the above questions it was hoped that attitudes towards fertility performance would be revealed. It was also expected that the reasons for certain preferences would help to identify underlying sources of beliefs and attitudes towards fertility regulation methods.
Fourthly, the questionnaire elicited information on fertility regulation methods. It inquired on:

(a) Knowledge of different types of AFP and NFP methods and preference.
(b) Attitude towards birth spacing and duration of spacing preference.
(c) Attitude towards the use of contraceptives by single parents.

The study expected to assess the variation of knowledge level of fertility regulation methods and preference level of these methods among the three churches.

3:4 The Interview

The use of interview was aimed at assisting the researcher gain a deeper insight into issues which were not adequately covered by the questionnaire. They were used to clarify information in such areas which the respondents might not have clearly spelt out in the field.

While questionnaires were administered to the respondents by both the research assistants and the researcher, the interviews were made by the researcher alone. Among those interviewed were church leaders, administrators and medical personnel both within and outside the area of study.
3:5 Secondary Data

Secondary data was gathered prior to and after the field work. This information helped the researcher to identify the area of investigation and later to strengthen the validity of some of the information gathered. These data were gathered from libraries and by visiting some of the churches to have first-hand experience. This helped the researcher to draw up the correct inferences with the already acquired data.

The distribution of the questionnaire was done by the researcher giving each interviewer 15 questionnaires each in the first part of the research. The research assistants were asked to cover respondents living within Migori Township where there was a concentration of population and all the three churches were located. The researcher then took 15 questionnaires and conducted the interviews selectively among the churches in the surrounding sub-locations to the Township. In this first part the researcher applied random sampling technique in which each of the three research assistants covered a specific church while the researcher covered randomly any subject belonging to the selected churches of 15 years and above age group.

The second part of the research was more selective as the researcher applied stratification procedure aimed at reaching respondents with specific characteristics. Among these were
balancing of age groups, socio-economic, marital and respondents with varied educational levels.

This stage of sampling also applied the radial sampling technique which assisted the researcher in reaching prospective respondents with specifically required characteristics. Some of them were living far away from the highly populated township centre such as Got Kwer the revered hill occupied by Legio Maria followers and Oyani region bordering Rift Valley. The technique further helped the researcher to cover much of the geographical area of study.

3:6 Respondent Characteristics

The study covered a total of 120 respondents who were divided equally giving 60 male and 60 female respondents. Each of the three churches had 40 respondents. They had marital status distribution of 15 single, 11 single parents, 71 married, 12 widowed and 11 separated or divorced. This showed that both gender and all churches were equally represented. All categories of the marital groups responded.

3:7:1 Independent Variables

The variables which were considered independent in the study were mainly four. They were:
(i) The frequency of attending church services.
(ii) Participation in church activities.
(iii) The number of children someone has.
(iv) The spacing of children.

3:7:2 Dependent Variables

The study adopted acceptance of Fertility Regulation methods by respondents as a dependent variable.

3:8:1 Chi-Square Tests

The major hypothesis which the study wanted to prove was that there is no relationship existing between church affiliation and acceptance of fertility regulation methods. In order to prove this hypothesis the study applied a quantitative means of collecting the data which aimed at testing the null hypothesis.

It was necessary therefore to use statistical means of testing the research findings. To achieve this goal, the researcher used the Chi-Square which is a non-parametric analytical technique which is useful when searching for relationships in non-parametric data of this kind. The variables in this study being non-parametric found this to be the best method to use. The Chi-Square is hereby defined as:
Measure of how closely related the observed distribution approximates the expected distribution, (Youngman, 1979:70).

As a test of statistical significance, Chi-Square is aimed at trying to disapprove the null hypothesis. If this is approved then the findings conclude that there is a relationship.

The data analysis of the obtained primary data were subjected to a Chi-Square statistical analysis using the computerised statistical package for social sciences (SPSS) programme. The computed statistical values obtained were compared with the appropriate table obtained from Spiegel, M.R. 1987:345 book of Theory and Problems of Statistics In SI Units. This gave us the Critical $x^2$ value to determine the significance of the finding. The significance of the finding of relationship between variables was put at 5% level of significance in each analysis. At this level the research finding assumes 95% certainty that the finding was not by chance. The research results therefore used these values to reject or accept the stated minor null hypothesis.

The Chi-Square symbolised with $x^2$ it was found to be having a high value above 5%, then it was concluded that there was a possibility that there exists a significant relationship between the dependent and independent variables. Any doubt of
relationship was further removed by comparing the calculated $\chi^2$ critical value obtained from Spiegel's table values. If the calculated $\chi^2$ value exceeded the critical $\chi^2$ value, the null hypothesis expressing a relationship was rejected. The alternative finding allowed the findings to be accepted.

The Chi-Square further adopted for analysis is given by Youngman 1979:70:

$$\chi^2 = \frac{(O - E)^2}{E}$$

Where $\chi^2 = \text{Chi-Square}$

$E = \text{Expected frequency}$

$O = \text{Observed frequency}$

In the analysis measure of the strength of the association relationship which Chi-Square is unable to provide has been achieved by the application of Contingency Coefficient. This measure is defined as:

A measure of the degree of relationship, association or dependence of the classifications, Spiegel, 1987:204.

The strength of association between the dependent and independent variables was given by the Contingency value. Its formula is expressed as:

$$C = \sqrt{\frac{\chi^2}{\chi^2 + N}}$$
where \( C = \) Contingency Coefficient  
\( \chi^2 = \) Calculated Chi-Square value  
\( N = \) Number of cases.

Contingency Coefficient values range from 0 - 1. Its value is never greater than 1 given with values close to 0 being low and close to 1 being high value which reflect strong association.

3:8:2 Degree of Freedom

The number of degrees of freedom is interpreted as the number of information generated by a sample of a given size with respect to estimation of the total population. Degrees of Freedom symbolised with \((df)\) is calculated by calling the categories across the top of the table the column categories \((C)\) and calling the categories down the side of the table the row categories \((R)\). The formula is:

\[
df = (C - 1) \times (R - 1) \quad \text{Prewitt 1974:156.}
\]

where \( df = \) Degrees of Freedom  
\( C = \) Columns  
\( R = \) Rows.
4:0 QUANTITATIVE ANALYSIS

4:0:1 Introduction

Knowledge and acceptance of various fertility regulation methods which may subsequently influence fertility are known to be determined by various factors. Among these factors are response through teachings, contact and socialization. These help to build attitudes which are known to influence not only the spread of the knowledge but also the acceptance of the fertility regulation methods. It is only when these factors are known that it is possible to select the best approach to help change negative attitudes and bring in positively acceptable approaches to assist in bringing a social change in the Church.

In this sub-section, the study attempts to identify the different factors and activities which might have influence on the knowledge and acceptance of fertility regulation methods. These are analysed as attitudes and beliefs of the Church activities.
The main objective of this study was to find out whether relationships existed between religious affiliation and knowledge and acceptance of fertility regulation methods among S.D.A., Catholic and Legio Maria churches in Migori District. The selected variables to be tested for the research were:

(a) Religious affiliation, knowledge and acceptance of fertility regulation methods.
(b) Church attendance, knowledge and acceptance of fertility regulation methods.
(c) Church commitment, knowledge and acceptance of fertility regulation methods.

Information and perceptions received from the respondents through the administered questionnaires were later scored and analyzed inferentially and descriptively. Chi-square data analysis was used. The results obtained after cross tabulation of the variable were interpreted with regard to the null hypothesis. The findings were either accepted or rejected using minor null hypothesis at 0.95 degrees of confidence for statistical significance of relationship.
The analyses were done under the following sub-topics:

(a) Religious affiliation:

(i) Membership of respondents to different churches and knowledge of fertility regulation methods.

(ii) Membership of respondents to different churches and acceptance of fertility regulation methods.

(b) Attendance to church services

(i) Attendance of respondents of different churches and their knowledge of fertility regulation methods

(ii) Attendance of respondents of different churches and their acceptance of fertility regulation methods

(c) Commitment to church

(i) Commitment to church of affiliation of respondents and their knowledge of fertility regulation methods

(ii) Commitment to church of affiliation of respondents and their acceptance of fertility regulation methods.
While Church affiliation was categorized as:

(a) S.D.A
(b) Catholic
(c) Legio Maria

Church attendance was categorized into:

(a) weekly
(b) Any time
(c) Occasionally
(d) Never

and commitment was categorized into:

(a) Very strongly committed
(b) Strongly committed
(c) Average
(d) Not committed

The knowledge of fertility regulation methods was tested by analyzing the knowledge of:

(a) Hormones
(b) IUDS
(c) Rhythm
(d) Temperature
(e) Coitus Interruptions and

Acceptance of fertility regulation methods were analyzed by considering acceptance of:
(a) Pills
(b) Injectibles
(c) Condoms
(d) Spermicides
(e) Sponge
(f) Sterilization
(g) Diaphragm
(h) Cervical caps
(i) NFP
SUB-SECTION I

4:1:1 KNOWLEDGE OF VARIOUS FERTILITY REGULATION METHODS BY CHURCH AFFILIATIONS

The results presented in this section were based on the questionnaires answered by the respondents. The data obtained was subjected to the Chi-square Statistical analysis.

The hypothesis formulated for this section was:

Ho:

Respondents affiliation to various churches have no relationship with knowledge of fertility regulation methods.

All together one hundred and twenty respondents participated in the study. Out of this number forty respondents answered the questionnaires from each of the three churches. In the final analysis only those who answered 'familiar' or 'not familiar' were given Chi-square Statistical test while respondents who were none committal were ignored.

Analysis of the results given are based on table 1 and percentage of response table A.
(i) HORMONAL

The study realised 90.8% completed responses. The highest knowledge category were the Catholic with 29.4% and the lowest were SDA with 16.5%. The statistical test for the Ho which stated that there is no relationship between affiliation in various churches and knowledge of hormonal showed $x^2$ value 16.0827 and $P<0.05$. There is therefore sufficient statistical proof to reject the Ho.

(ii) I.U.D.S.

The study registered 91.8% completed responses. The highest knowledge category were recorded at 21.8% among Catholic and the least SDA with 13.6%. The statistical test for the Ho which stated that there is no relationship between affiliation in various churches and knowledge of I.U.D.S. revealed $x^2$ value of 6.7902 and $P<0.05$. This result offers significant statistical evidence to reject the Ho.

(iii) SURGICAL

Out of the sampled population 91.7% completed the questionnaire. The study identified the highest knowledge of 25.45% shown by Legio Maria and least form among SDA with 14.6%. The statistical test for Ho which states that there is no relationship between affiliation in various churches and
knowledge of surgical registered \( x^2 \) value of 10.9913 and \( P<0.05 \). The result presents sufficient manifestation to reject the Ho given the above statistical values.

(iv) BARRIER

A total of 91.7% completed responses were realised with the highest knowledge category shown by Legio Maria with 27.3%. The lowest was SDA with 20.9%. The statistical test for the Ho which states that there is no relationship between affiliation in various churches and knowledge of barrier recorded \( x^2 \) value of 9.1421 and \( P<0.05 \). This finding provides enough justification to statistically reject the Ho.

(v) RHYTHM

The study registered 90% completed responses giving the best knowledge response of 24.1% coming from Legio Maria and the lowest of 11.1% being SDA followers. The statistical test for the Ho being tested was given as: there is no relationship between Church affiliation and knowledge of rhythm. These study findings present sufficient statistical ground to reject the Ho.
(vi) TEMPERATURE

From the sampled study population, 90% completed the questionnaire. The highest knowledge response were recorded from Catholic with 13.0% and the least knowledge were SDA with 3.7%. The statistical test for the Ho which states that there is no relationship between affiliation in various churches and knowledge of temperature identified $x^2$ value of 8.6101 and $P<0.05$. The results provide sufficient statistical basis to reject the Ho.

(vii) COITUS

The study recorded 90.8% completed responses with the highest knowledge of 19.3% being Catholic and the least being Legio Maria with 11.9%. The Statistical test for the Ho which states that there is no relationship between affiliation in various churches and knowledge of coitus interruptus found out $x^2$ value of 5.3348 and a $P>0.05$. These statistical results provide sufficient proof to adopt the Ho.

4:1:2 CONCLUSION

It is clear from the analysis in this sub-section that with exception of coitus interruptus as a fertility regulation method, there is statistical significant relationship that links the knowledge members of the churches have and the
methods. It is therefore possible to deduce that Church affiliation strongly influences the discrimination of the knowledge of the methods (see table 1 and Appendix table A).
TABLE 1
PEARSON CHI-SQUARE ANALYSIS TABLE OF DATA SHOWING KNOWLEDGE OF FERTILITY REGULATION METHODS AND CHURCH AFFILIATION

<table>
<thead>
<tr>
<th>MET</th>
<th>CV</th>
<th>TV</th>
<th>x²</th>
<th>x²(0.95)</th>
<th>DF</th>
<th>(CV-TV)</th>
<th>OV</th>
<th>P</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horm</td>
<td>16.0827</td>
<td>5.991</td>
<td>2</td>
<td>10.0917</td>
<td>0.000</td>
<td>*&lt;0.05</td>
<td>0.041</td>
<td>0.034</td>
<td>*&lt;0.05</td>
</tr>
<tr>
<td>IUDs</td>
<td>6.7902</td>
<td>5.991</td>
<td>2</td>
<td>0.7992</td>
<td>0.034</td>
<td>*&lt;0.05</td>
<td>0.041</td>
<td>0.034</td>
<td>*&lt;0.05</td>
</tr>
<tr>
<td>Sur</td>
<td>10.9913</td>
<td>5.991</td>
<td>2</td>
<td>5.0003</td>
<td>0.004</td>
<td>*&lt;0.05</td>
<td>0.041</td>
<td>0.034</td>
<td>*&lt;0.05</td>
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<tr>
<td>Bar</td>
<td>9.1421</td>
<td>5.991</td>
<td>2</td>
<td>3.1511</td>
<td>0.010</td>
<td>*&lt;0.05</td>
<td>0.041</td>
<td>0.034</td>
<td>*&lt;0.05</td>
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<td>*&lt;0.05</td>
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<td>*&lt;0.05</td>
<td>0.041</td>
<td>0.034</td>
<td>*&lt;0.05</td>
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</table>

Note:
MET = Method
CV = Calculated Chi-square Value
TV = Chi-square Table Value
P = Probability Value
*P = <0.05 Rejected Ho
CV = Calculated Value; TV = Table Value;
DF = Degree of Freedom; OV= Observed Value;
Horm = Hormonal; Sur = Surgical
Bar = Barrier; Ryt = Rhythm;
Tem = Temperature; Coit = Coitus Interruptus
This section has as its main objective investigations of statistical significant relationship of Church affiliation and acceptance of the different fertility regulation methods. The major hypothesis for this section was given as:

$Ho$: 

Respondents affiliation to various churches has no relationship with acceptance of various fertility regulation methods.

Out of 120 respondents who participated in the study the responses received which were later given a statistical Chi-square test showed variations. This depended on the number of respondents who were able to complete the questionnaires by indicating 'yes' for acceptance and 'no' for not accepting to use the method. This ranged from 61.7% and 66.7% of the sampled population. The section therefore is analysing acceptance of specific methods and the findings of the study are later given statistical Chi-square test at 0.95 degrees of confidence for statistical significance of relationships.
(i) PILLS

The study registered a total of realized 64.2% completed responses. The highest acceptance of pills was recorded by Catholics with 13.0% and least by SDA with 6.5%. The statistical test for the Ho which stated that there is no relationship between Church affiliation and acceptance of pills showed $x^2$ value of 0.2847 and $P>0.05$. This provides no significant statistical evidence to reject the Ho.

(ii) INJECTIBLES

From the sampled population a total of 61.7% completed responses were recorded. The highest number of acceptance were given by the SDA who were distinct with 5.4%. The statistical test for the Ho which stated that there is no relationship between affiliation in various churches and knowledge of injectibles revealed $x^2$ value of 0.8905 and $P>0.05$. These figures provide no significant statistical proof to reject the Ho.

(iii) CONDOMS

A total of 66.7% of responses were noted as completed questionnaires. The highest registered responses were recorded among Catholics with 16.3% and the least were Legio Maria with 7.5%. The statistical test for the Ho which states that there
is no relationship between Church affiliation and acceptance of condoms revealed $x^2$ value of 5.7710 and a $P>0.05$. These results reveal no significant statistical evidence to reject the Ho.

(iv) SPERMICIDES

There were 64.2% completed responses registered by the study. It was also noted that both the SDA and Catholic had equivalent response for acceptance of 2.6% while Legio Maria showed lack of acceptance. The statistical Ho tested was given as there is no relationship between Church affiliation and acceptance of spermicides. The results revealed $x^2$ value of 3.1784 and $P>0.05$. It is therefore not statistically justifiable to reject the Ho adopted at 0.05 level of significance.

(v) SPONGE

It was found out that 63.3% of responses completed the questionnaires with regard to acceptance to use of sponge. The study however realised no single acceptance as all responses from the three churches were unwilling to use the method. On this basis the study was unable to test for any statistical relationship hence the Ho which stated that there is no statistical relationship between acceptance of sponge and Church affiliation was untested.
(vi) IUDS

The study recorded 65% completed responses with the highest acceptance being Catholic with 14.1% and the least being SDA with 2.6%. The statistical test for the Ho which was being tested stated that there is no relationship between Church affiliation and acceptance of IUDS. The study findings showed $x^2$ value of 2.3309 and $P>0.05$. It is therefore clear from these figures that there is no statistical significant proof to reject the Ho.

(vii) STERILIZATION

Completed 65.8% questionnaires were realised by the study with the highest acceptance shown by Catholic with 5.1% and least being Legio Maria with 2.5% The statistical test for the Ho which stated that there is no relationship between affiliation in various churches and acceptance of sterilization showed $x^2$ value of 1.5391 with $P>0.05$. Statistically, these figures provide no significant evidence to reject the Ho.

(viii) DIAPHRAM

The study recorded 63.3% completed questionnaires. Out of these, Legio Maria and SDA had equal number of acceptance given at 1.3% while Catholic showed no acceptance. The
statistical test for Ho which stated that there is no relationship between the acceptance of diaphragm and affiliation in various churches registered $x^2$ value of 1.7309 and a P>0.05 value. These values revealed that there is no sufficient statistical proof to reject the Ho.

(ix) CERVICAL

It was found out that 62.5% of questionnaires were completed with Legio Maria and SDA providing equal responses at 1.3% and the Catholic group showing no positive response with regard to acceptance of the cervical method. The statistical Ho being tested was given as there is no relationship between acceptance of cervical and Church affiliation. The results of the study showed value of $x^2$ of 1.7291 and P>0.05. These results provide no sufficient statistical evidence to reject Ho.

(x) NFP

The study registered 65.8% completed responses with the Catholic providing the highest acceptance of the method at 21.5% while Legio Maria and SDA gave equal acceptance level of 8.9% each. Statistical Ho tested stated that there is no relationship between acceptance of NFP and Church affiliation. The study findings showed $x^2$ value at 5.7980 and P>0.05. It is
therefore evidently clear that there is no sufficient statistical proof to reject the Ho.

4:1:5 CONCLUSION

Following the above provided analysis of acceptance of various fertility regulation methods, it is clear that there is no statistical evidence to prove the existence of relationship between their acceptance of various fertility regulation methods and Church affiliation. Consequently the study noted that acceptance of these methods are due to factors which are beyond the scope of this study among the sampled churches.

It was also noted that the study was unable to statistically analyse acceptance of sponge which was noted as having no impact on the respondents from the three churches.
<table>
<thead>
<tr>
<th>METHODS</th>
<th>CV</th>
<th>TV</th>
<th>DF</th>
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<th>( x^2(0.95) )</th>
<th>(CV-TV)</th>
<th>OV</th>
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<td>----</td>
<td>-</td>
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</table>

**NOTE:**

CV = Calculated Chi-square Value
TV = Chi-square Table Value
P = Probability Value
*P = 0.05 Reject Ho

CV = Calculated Value; TV = Table Value;
DF = Degree of Freedom; OV = Observed Value

PILL = Pills; INJE = Injectibles; COND = Condoms;
SPER = Spermicides; SPON = Sponge;
STER = Sterilization; DIAP = Diaphragm;
CERV = Cervical.
SUB-SECTION III

4:1:7 KNOWLEDGE OF VARIOUS FERTILITY REGULATIONS METHODS BY SPECIFIC CHURCHES ATTENDANCE

In this sub-section, attempt has been made to investigate the knowledge of various fertility regulation methods and the attendance of specific churches namely:

(a) SDA
(b) Catholic
(c) Legio Maria

The major hypothesis for this sub-section was given as:-

$H_0$:

Respondents attendance of SDA, Catholic and Legio Maria Church services has no relation with knowledge of various fertility regulation methods.

In order to test this hypothesis knowledge of each fertility regulation method was tested against Church attendance among SDA, Catholic or Legio Maria. In each case a Chi-square statistical test analysis was used to investigate the existing relationship if any between Church attendance and knowledge of various fertility regulation methods.
The study findings analysed in this section is shown in table 3. A complete distribution of respondents percentage responses is also given in appendix C.

(i) HORMONAL

(a) SDA

The study registered 95% completed responses. Out of this, familiarity was noted to be highest among the weekly Church attendance with 36.8% and lowest among the never attending with 2.6%. The statistical Ho being tested stated that there is no relationship between SDA Church attendance and knowledge of hormonal. The study findings showed $x^2$ value of 4.1730 and $P>0.05$. These figures indicate that there is no sufficient evidence to reject the Ho.

(b) CATHOLIC

A total of 90% completed questionnaires were registered. It was detected that the highest knowledge were from the weekly attendance with 44.4% and lowest among occasional Church attendance with 19.4%. The statistical Ho being tested was given as there is no relationship between Catholic Church attendance and knowledge of hormonal fertility regulation method. The study findings showed $x^2$ value of 0.0028 and $P>0.05$. It was clear from these findings that there is no sufficient statistical proof to reject the Ho.
(c) LEGIO MARIA

From the study, 87.5% completed responses were registered. These responses showed that weekly attendance had the best knowledge group with 37.10% and response was least among those who never attend Church. The Ho being tested was given as there is no statistical relationship between knowledge of hormonal among the Legio Maria and their Church attendance. The findings of the study showed $x^2$ value of 6.4327 and $P>0.05$ which provided no significant statistical evidence to reject Ho.

(ii) I.U.D.s

(a) SDA

From the sampled response population, the study recorded 95% completed responses. Of these, 29.0% were the highest with knowledge of the method. The occasional and never attending showed equal responses of 2.6% each. The statistical Ho being tested stated that there is no relationship between knowledge of IUDS and SDA Church attendance. The study findings showed $x^2$ value of 3.4496 and $P>0.05$. It was therefore noted from these figures that there was sufficient statistical evidence to reject the Ho.
(b) CATHOLIC

The study recorded 90% completed responses with weekly attendance showing the highest knowledge of 33.3% and the least knowledge being noted from those attending the Church any time with 13.9%. The statistical test of Ho which stated that there is no relationship between knowledge of IUDS and Catholic Church attendance revealed $x^2$ value of 2.8125 and a $P>0.05$. Given these figures, there is no sufficient statistical grounds to reject the Ho.

(c) LEGIO MARIA

It was registered by the study that 90% of the respondents completed the questionnaires in this section. Out of this figure, the study noted that both the weekly and the any time attendance showed equal responses of knowledge given 30.6% each. The least knowledge was reflected by the never attending with no response. The Ho being statistically tested was given as, there is no relationship between knowledge of IUDS and Legio Maria Church attendance. The study findings showed $x^2$ of 2.5766 and a $P>0.05$. It is evidently clear that there is sufficient statistical evidence to reject Ho.
(iii) SURGICAL

(a) SDA

Completed 95% respondents questionnaires were registered by the study. Of these, weekly attendance provided the highest knowledge of 21.1% and the never attending provided the least knowledge of 2.6%. The Ho being statistically tested was given as, there is no relationship between SDA Church attendance and knowledge of surgical fertility regulation method. The findings of the study showed $x^2$ value of 2.0270 and $P>0.05$. There is therefore no sufficient statistical ground to reject the Ho.

(b) CATHOLIC

The study realised 90% completed responses. Out of this, weekly attendance had the highest knowledge of surgical giving 19.4% responses. Both the occasional and any time attendance had the same response of 13.9% each. The Ho being tested was given as there is no relationship between knowledge of surgical and Catholic Church attendance. The findings showed $x^2$ value of 1.2817 and $P>0.05$. These figures provide no sufficient statistical proof to reject Ho.
(c) LEGIO MARIA

The study recorded 90% completed questionnaires. These provided the highest knowledge number of 41.6% being any time attendance and least knowledge coming from never attending with no positive response. The statistical Ho being tested stated that there is no relationship between knowledge of surgical and Legio Maria Church attendance. The analysis showed $x^2$ value of 4.7571 and a $P>0.05$. These figures provide no sufficient statistical proof to reject the Ho.

(iv) BARRIER

(a) SDA

A total of 95% completed questionnaires were analysed. It was found out that weekly attendance had the highest knowledge with 29.0% and the least were the occasional and the never attending. Both categories had 5.3% each. Statistical analysis provided Ho which stated that there is no relationship between SDA Church attendance and knowledge of barrier fertility regulation method. The study findings showed $x^2$ value of 0.7810 and a $P>0.05$. These results reveal that there is no sufficient statistical evidence to reject Ho.
(b) CATHOLIC

From the population sample, 90% completed the questionnaires. Out of this figure the highest knowledge were realised from the weekly attendance providing 30.6%. Any time and occasional attendance presented equal response level of 16.7% each. The study presented Ho statistical test which stated that there is no relationship between knowledge of barrier fertility regulation method and Catholic Church attendance. The findings of the study showed $x^2$ value of 0.05538 and a $P>0.05$. There is therefore no statistical evidence to reject Ho.

(c) LEGIO MARIA

The study realised 90% completed responses showing that both the weekly and any time categories of Church attendance were equally conversant with this method with each showing 38.9% response. The occasional and never attending were both realised to have similar levels, with each marking 2.8% response. Statistical Ho being tested which was give as there is no relationship between Legio Maria Church attendance and knowledge of barrier fertility regulation method revealed $x^2$ value of 3.2800 and $P<0.05$. Statistically, these values provide no sufficient evidence to reject Ho.
(v) RHYTHM

(a) SDA

The study recorded 95% completed responses with 15.8% being weekly attendants showing the highest knowledge of this method. The least knowledge was given by the never attending with 2.6%. Statistical Ho being tested was provided as there is no relationship between knowledge of rhythm and SDA Church attendance. The findings showed $\chi^2$ value of 0.7319 and $P>0.05$. It was therefore noted that there is no sufficient statistical basis of rejecting Ho.

(b) CATHOLIC

A total of 87.5% of respondents completed the questionnaires. From this group, 22.9% provided the highest number of responses with knowledge being weekly attendance. The least response were 5.7% being any time attendance. The Ho being statistically tested was given as there is no relationship between knowledge of rhythm and Catholic Church attendance. The results showed $\chi^2$ value of 2.6720 and $P>0.05$. These figures provide no sufficient statistical proof to reject Ho.
There were 87.5% of the respondents who completed the questionnaires in this study. Of these, 37.1% were the highest number to confirm that they were aware of the method being weekly attendants. The least category were the never attending with no response. The statistical Ho test was provided for no relationship existing between knowledge of rhythm and Legio Maria Church attendance. The results showed $x^2$ value of 4.8318 and $P>0.05$. It was therefore clear that there is no statistical sufficient evidence to reject Ho.

(vi) TEMPERATURE
(a) SDA

A total of 95% respondents completed this section of the questionnaire. The percentage with good knowledge of the method were mainly any time attendant category with 7.9% and lowest in both weekly and never attending showing no responses in each case. Ho statistical test was given as there is no relationship between knowledge of temperature fertility regulation method and SDA Church attendance. The analysis data of $x^2$ value of 7.7397 and $P>0.05$ were a clear proof that there is no sufficient statistical proof to reject the Ho.
(b) CATHOLIC

From the sampled study population, 87.5% completed the questionnaire. The highest knowledge response category were the weekly attending with 22.9% and least were the occasional with 8.6%. Statistical Ho being tested was provided as there is no relationship between Catholic Church attendance and knowledge of temperature fertility regulation method. The analysis result showed $x^2$ value of 0.5886 and $P>0.05$. Statistically, these results present sufficient evidence to adopt the Ho.

(C) LEGIO MARIA

The study registered 87.5% completed questionnaires with the highest knowledge of the temperature fertility regulation method being realised at 20.0% among weekly attendance. The least category were the occasional and never attending, both presented no response. The statistical test for Ho which was being tested stated that there is no relationship between knowledge of temperature and Legio Maria Church attendance. The study findings showed $x^2$ value of 3.4834% and $P>0.05$. From the figures, it is clear that there is no statistical sufficient proof to reject the Ho.
(vii) COITUS

(a) SDA

A total of 90% completed responses were realised with the highest knowledge category shown by weekly attendants giving 26.3% response and the least were the occasional and never attending each having only 26%. The statistical test for the Ho which states that there is no relationship between knowledge of coitus interruptus and SDA Church attendance registered $x^2$ value of 2.5242 and $P>0.05$. The figure presents sufficient justification to adopt the Ho.

(b) CATHOLIC

Out of the sampled population of 87.5% completed the questionnaires. The study identified the highest knowledge of 31.4% and lowest knowledge of 11.4% coming from the weekly and occasional attendance, respectively. The statistical test being tested stated that there is no relationship between knowledge of coitus interruptus and Catholic Church attendance. The study findings revealed $x^2$ value of 0.0331 $P>0.05$. These findings present no sufficient statistical ground to reject Ho.
The study recorded 90% completed responses. The highest knowledge of coitus interruptus fertility regulation method were the any time attending category with 19.4% and the least knowledge were the occasional and never attending providing no response. The statistical Ho test was done to prove that there is a relationship existing between knowledge of coitus interruptus and Legio Maria Church attendance. The study revealed $x^2$ value of 1.8542 and $P>0.05$. The results present no significant statistical basis to reject Ho.

4:1:8 CONCLUSION

The study having made an attempt to investigate any existing relationship between knowledge of various fertility regulation methods and SDA, Catholic and Legio Maria Church attendance has realised no significant evidence to reject the Ho. In none of the cases analysed was there any evidence of a relationship. It is therefore clear that even when specific churches are analysed. Their attendance have no contribution to any knowledge or lack of knowledge of fertility regulation methods. The study therefore accepted the stated Ho that respondents attendance of SDA, Catholic and Legio Maria Church service has no relationship with knowledge of various fertility regulation methods.
### TABLE 3
PEARSON CHI-SQUARE ANALYSIS DATA FOR KNOWLEDGE OF FERTILITY REGULATION METHODS AND CHURCH ATTENDANCE

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<th>METH</th>
<th>CHUR</th>
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<th>$x^2(0.95)$</th>
<th>DF</th>
<th>$x^2$</th>
<th>P</th>
<th>P</th>
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<td>-5.9579</td>
<td>0.984</td>
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<td>LM</td>
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<td>7.815</td>
<td>3</td>
<td>-5.9608</td>
<td>0.603</td>
<td>&gt;0.05</td>
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</tbody>
</table>

**NOTE:**
- CV = Calculated Chi-square Value
- TV = Chi-square Table Value, LM = Legio Maria.
- P = Probability Value; P = 0.05 Reject Ho
- METH = Methods; CHUR = Church;
- CV = Calculated Value; TV = Table Value;
- DF = Degree of Freedom; OV = Observed Value
- HORM = Hormons; SURG = Surgical; BARR = Barrier;
- Rhyt = Rhythm; TEMP = Temperature;
- COIN = Coitus Interruptus; CAT = Catholic.
SUB-SECTION IV

4:1:10 CHURCH ATTENDANCE AND ACCEPTANCE OF
VARIOUS FERTILITY REGULATION METHODS

The data results which are analysed and presented in this
section were based on the questionnaires answered by the
respondents who were sampled in this study. The data obtained
from the study were then subjected to a statistical Chi-square
analysis to help investigate possible existing statistical
relationship between acceptance of specific fertility
regulation methods and Church attendance. The major hypothesis
formulated for this section was given as:

Ho:

Respondents acceptance of various fertility
regulation methods has got no relationship with
their attendance to their various churches.

When the study was being conducted 120 respondents
participated with 40 respondents each coming from either SDA,
Catholic or Legio Maria churches. They were to show their
acceptance of the various fertility regulation methods namely:
In each method they were supposed to indicate 'yes' for acceptance or 'no' for not accepting to use the method. Any response which fell on the border line was treated as none response and was therefore not included in the analysis. To achieve this objective the study broke down Church attendance into four categories namely:

(a) Weekly
(b) Any time
(c) Occasional
(d) Never

These categories were then cross tabulated with acceptance of 'yes' and 'no' response. The study was able to accept the null hypothesis with $x^2$ values which fell at any figure greater than the given table values and a probability or $P>0.05$ at a 0.95 level of confidence. Any values less than the table values and less than 0.05 were treated as rejecting the null hypothesis and proving the existing relationship between acceptance and Church attendance.
(i) PILLS

(a) SDA

The study recorded 47.5% completed questionnaires. Out of these, weekly attendance showed the highest acceptance of 21.1% and occasional and never attending showed no response each. The statistical test for Ho which stated that there is no relationship between acceptance of pills and SDA Church attendance realised $x^2$ value of 2.3252 $P>0.05$. It is therefore evident that there is no sufficient statistical proof to reject Ho.

(b) CATHOLIC

There were 77.5% completed responses registered by the study. It was noted that weekly attendance provided the highest response category with 16.1% acceptance. the least were the any time with 6.5% acceptance. The statistical Ho being tested was given as: there is no relationship between acceptance of pills and Catholic Church attendance. The study findings showed $x^2$ value of 0.3014 and $P>0.05$. It is therefore not statistically justifiable to reject the Ho.
(c) LEGIO MARIA

The study recorded 67.5% completed questionnaire responses with all the three response categories of weekly, any time and occasional attendance giving equal 11.1% responses each. The Ho being tested stated that there is no relationship between acceptance of pills and Legio Maria Church attendance. The study findings showed $x^2$ value of 6.7972 and $P>0.05$. It is therefore sufficient to statistically reject the Ho given these results.

(ii) INJECTIBLES

(a) SDA

Only 40% completed questionnaires were realised with the highest response category being weekly attendance with 18.8% and least response being from both any time and occasional attendance providing no acceptance response each. The Ho being tested was given as there is no relationship between acceptance of injectibles and SDA Church attendance. The study analysis showed $x^2$ value of 2.6667 and $P>0.05$. The study therefore has no sufficient statistical proof to accept Ho.
(b) CATHOLIC

The study identified 77.5% completed responses. Of these weekly attendance provided the highest response of 19.4% and the least response of 6.5% was noted from the any time attendance. The Ho being statistically tested was given as there is no relationship between Catholic Church and acceptance of injectibles fertility regulation method. The analysed results showed $\chi^2$ value of 1.0741 and $P>0.05$ which are a manifestation that there is no sufficient statistical evidence to accept Ho.

(c) LEGIO MARIA

There were 67.5% completed responses in this section. The highest response category were any time attendance providing 18.5% responses and least were the never attending with no acceptance response. The Ho being tested was given as there is no relationship between acceptance of injectibles and Legio Maria Church attendance. The study results revealed $\chi^2$ value of 0.5455 and $P>0.05$. The findings of the study therefore had no sufficient statistical strength to accept Ho.
(iii) CONDOMS

(a) SDA

A total of 45% completed the questionnaires. The highest response were the weekly attendance with 22.2% while occasional and any time attendance showed equal response of 5.6% each. The Ho being tested stated that there is no relationship between acceptance of condoms fertility regulation method and SDA Church attendance. The analysed results revealed $x^2$ value of 1.1111 and $P>0.05$. It is therefore not statistically sufficient to accept Ho.

(b) CATHOLICS

The study noted 77.5% completed questionnaires for analysis. The highest category response were the occasional attendance with 19.4% and the least were the weekly attendance with 6.5%. The Ho being tested stated that there is no relationship between acceptance of condoms and Catholic Church attendance. The study findings showed $x^2$ value of 10.0209 and $P<0.05$. This provide sufficient statistical evidence for adoption of Ho.
(c) LEGIO MARIA

A total of 77.5% completed responses were recorded for analysis. The highest acceptance were found from weekly attendance with 9.7% and the least were the occasional with no acceptance response. The Ho being tested was given as there is no relationship between acceptance of condoms fertility regulation method and Legio Maria Church attendance. The findings showed \( x^2 \) value of 4.7937 and \( P>0.05 \). This is a sufficient statistical evidence to reject Ho.

(iv) SPERMICIDES

(a) SDA

There were 42.5% completed responses. The study found out that both weekly and any time attendance had equivalent response of 5.9% responses each and occasional and never also had equal response 0% each. The Ho being tested was given as there is no relationship between acceptance of spermicides and SDA Church attendance. The study analysis identified \( x^2 \) value of 0.7304 and \( P>0.05 \). From these values it is not statistically sufficient to reject Ho.
(b) CATHOLIC

A total of 77.5% completed responses were registered for statistical analysis. The weekly attendance showed no acceptance response while the occasional and any time category showed equal response of 3.2% each. The Ho being tested was given as there is no relationship between acceptance of spermicides and Catholic Church attendance. The result revealed $x^2$ value of 2.0043 and $P>0.05$. These values are not providing sufficient statistical basis to reject Ho.

(c) LEGIO MARIA

The study realised 72.5% completed responses. It was realised that no single respondent was able to show willingness to accept use of spermicides. Due to this it was not statistically possible to test the relationship.

(v) SPONGE

In all the three churches sampled for the study 63.3% of respondents were able to complete this section of the questionnaire. None of them showed any willingness to use the method. It was therefore not statistically possible to make an $x^2$ data analysis for this method.
(vi) IUDS

(a) SDA

Only 37.5% completed the questionnaires with the highest response category willing to use the method being weekly attendance with 13.3%. The rest of the three categories were unwilling to use the method. The study adopted for test Ho which states that there is no relationship between acceptance of IUDS and SDA Church attendance. Analysed results showed $x^2$ value of 2.0192 and $P>0.05$. There is therefore no statistical sufficient proof to reject Ho.

(b) CATHOLIC

There were 80% completed responses which were presented for data analysis. Out of this, weekly attendance showed the highest willingness to use the method given 18.8% and any time attendance showed the least response of 0%. The statistical Ho being tested stated that there is no relationship between acceptance of IUDS and Catholic Church attendance. The results showed $x^2$ value of 7.0649 and $P>0.05$. It is therefore statistically sufficient to adopt Ho given these values.
(c) LEGIO MARIA

There were 77.5% completed responses with the highest response of 12.9% weekly and any time attendance willing to use the method and the least willing were the occasional with no single response. The Ho being tested was given as there is no relationship between acceptance to use IUDS and Legio Maria Church attendance. The study findings showed $x^2$ value of 0.4092 and $P > 0.05$. These figures are not statistically sufficient to reject Ho.

(vii) STERILIZATION

(a) SDA

From the sample study, there were 40% completed responses. The highest category were weekly attendance with 12.23% and the least were any time and never attending having no response. The Ho being statistically tested stated that there is no relationship between acceptance of sterilization and SDA Church attendance. The study findings showed $x^2$ value of 6.1538 and $P > 0.05$. There is therefore no sufficient statistical proof to reject Ho.
(b) CATHOLIC

The study noted 82.5% completed responses having 6.1% highest acceptance being recorded from the weekly and occasional attendance while any time provided no acceptance for the method. The study presented Ho which stated that there is no relationship between acceptance of sterilization and Catholic Church attendance. The $x^2$ value of at 2.4892 and $P>0.05$ revealed no sufficient statistical basis to reject Ho.

(c) LEGIO MARIA

Given a total of 75% completed responses in this section, the study identified the highest response being weekly attendance with 6.7%. Both any time and occasional attendance were found to be having the least with 100% of each category unwilling to use the method. The Ho being statistically tested was given as there is no relationship between the acceptance of sterilization fertility regulation method and Legio Maria Church attendance. The $x^2$ value identified showed 2.1429 and $P>0.05$. These values provide no sufficient statistical evidence to reject Ho.
(viii) DIAPHRAM

(a) SDA

There were 40% completed responses for the analysis. Only any time attendance category showed positive acceptance with 6.3% response of the total. The rest showed no willingness to use the method. The Ho being tested was given as there is no relationship between acceptance of diaphragm fertility regulation method and SDA church attendance. The results showed $x^2$ value of 2.3467 and $P > 0.05$. It is therefore insufficient statistically to reject Ho.

(b) CATHOLIC

Acceptance of diaphragm by the Catholic showed 77.5% completed responses. Since none of these responses were willing to use the method, it was not possible to statistical test for existing relationship given Ho which stated that there is no relationship between Catholic Church attendance and acceptance of diaphragm. The study therefore failed to adopt or reject Ho.

(c) LEGIO MARIA

The study realised 72.5% completed responses. Only the occasional attendance provided 3.5% response. The weekly and any time attendance showed no positive response. The
statistical Ho being tested was given as there is no relationship between acceptance of diaphragm and Legio Maria Church attendance. The study realised $x^2$ value of 29.000 and $P > 0.05$ which are sufficient statistical evidence to prove the Ho.

(ix) CERVICAL

(b) SDA

A total of 40% of respondents completed the questionnaire with only any time attendance category providing 6.3% response. The rest of the categories showed unwillingness to use the method. The Ho being tested was given as there is no relationship between SDA Church attendance and acceptance of cervical fertility regulation method. The $x^2$ value of 2.3467 and $P > 0.05$ were of no sufficient statistical proof to reject Ho.

(b) CATHOLIC

There were 77.5% completed responses with no single response indicating willingness to use the method. It was therefore not possible to statistically test for statistical relationship between Catholic Church attendance and acceptance of cervical fertility regulation method. Ho was therefore neither adopted nor rejected.
12.5%. The Ho being tested was given as there is no relationship between Catholic Church attendance and acceptance of NFP fertility regulation method. The $\chi^2$ value of 0.0530 and $P>0.05$ was of no sufficient statistical evidence to reject Ho.

(c) LEGIO MARIA

This study registered 75% completed responses for statistical analysis. The highest response category were weekly attendance with 13.3 % and the least was the occasional with no possible willingness to use the method. The Ho being tested was given as there is no relationship between acceptance of NFP and Legio Maria Church attendance. The study recorded $\chi^2$ value of 0.8941 $P>0.05$ which are not sufficient statistical proofs to reject Ho.

4:1:11 CONCLUSION

The study has statistically proved that there is existing relationship between Church attendance and acceptance of fertility regulation methods at $P$ values varying from 0.00 with regard to Diaphram and Legio Maria and 0.03 of pills and Legio Maria. In between are condoms and IUDS by the Catholic Church attendance. SDA Church attendance indicated no existing relationship in all cases.
It was also identified that either due to poor information or proper distribution of the following methods there were no respondents willing to accept the use of Sponge from all the three churches in this study. The Catholic respondents were also unwilling to use Diaphram and Cervical while Legio Maria was unwilling to use Spermicidies. The study therefore concluded that the responses of willingness to use different fertility regulation methods need to be further investigated to identify reasons for the different responses.
### Table 4

**Acceptance of Fertility Regulation Methods and Church Attendance**

<table>
<thead>
<tr>
<th>Meth</th>
<th>Chur</th>
<th>$x^2$</th>
<th>$x^2(0.95)$</th>
<th>$x^2$ (CV-TV)</th>
<th>P</th>
<th>P (0.05)</th>
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<td>CV</td>
<td>TV</td>
<td>DF</td>
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<td><strong>PILL</strong></td>
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<td>-5.6896</td>
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<td><strong>SPON</strong></td>
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<td><strong>DIAP</strong></td>
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<td>-5.4683</td>
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</tr>
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<tr>
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<td><strong>CERV</strong></td>
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<td></td>
<td>CAT</td>
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<td>-------</td>
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<td>0.640</td>
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</tbody>
</table>

**Note:** CV = Calculated Chi-square Value; TV = Chi-square Table Value; P = Probability
*P = 0.05 Rejected Ho;
CHURCH COMMITMENT AND KNOWLEDGE OF VARIOUS FERTILITY REGULATION METHODS

The data results which are analyzed and presented in this section were based on the questionnaires answered by the respondents. The data obtained from the study were then subjected to a statistical Chi-square analysis to help investigate relationships existing between Church commitment and knowledge of various fertility regulation methods. The major hypothesis formulated for this section was given as:

Ho:

Respondents commitment to Church services has no relationship with knowledge of fertility regulation method.

When this study was being conducted 120 respondents with 40 coming each of the three churches participated by indicated whether they were either familiar or not familiar with different fertility regulation methods. In the final analysis, the study only undertook to analyze those who had indicated familiarity or no familiarity. Any responses which indicated undecided attitudes were treated as none responses received
and hence they were ignored in the statistical analysis.

The study therefore adopted a Chi-square statistical analysis to help investigate the existing statistical relationships. To achieve this objective, it was necessary to break down commitments into form categories namely:

(a) Very strongly committed
(b) Strongly committed
(c) Average
(d) Not committed.

These categories were then cross tabulated with familiar and not familiar responses by specific churches.

From each Church 40 respondents were sampled and only those who indicated familiar or not familiar were cross tabulated with commitment and given Chi-square statistical analysis.

(i) HORMONAL

(a) SDA

There were 87.5% completed responses which were analysed by the study. The highest acceptance were recorded from average committed with 34.2% and very strongly and not committed provided the least with 5.3% each. The Ho being tested stated that there is no statistical relationship between hormonal and SDA Church commitment. The $x^2$ value of
between hormonal and SDA Church commitment. The $x^2$ value of 5.3218 and $P>0.05$ provided no sufficient statistical evidence to reject Ho.

(b) CATHOLIC

A relatively high response of 90% completed the questionnaires. Out of this, average committed showed the highest response with 47.2% and the least were not committed with 8.3%. The Ho being tested was given as there is no relationship between knowledge of hormonal Catholic Church commitment. The $x^2$ value of 0.5847 and $P>0.05$ reveal no sufficient statistical evidence to reject Ho.

(c) LEGIO MARIA

This study registered 87.5% completed questionnaires in which the very strongly committed had equal response of 34.3% each while the least knowledge was shown by not committed with no knowledge. The Ho being tested was given as there is no relationship between knowledge of hormonal and Legio Maria Church commitment. The $x^2$ value of 12.9231 and $P<0.05$ are a manifestation that there is sufficient proof to reject Ho.
(ii) IUDS

(a) SDA

There were 95% completed questionnaires for analysis. The average Church committed showed the highest response of 26.3% and the least were no committed with 2.6%. The Ho being tested stated that there is no relationship between knowledge of IUDS and SDA Church commitment. The $x^2$ value of 2.8271 and $P>0.05$ are not sufficient statistical proof to reject Ho.

(b) CATHOLIC

A total of 90% completed questionnaires were presented for analysis. The study identified 36.1% as the highest response category average committed and the least was not committed with 5.6%. The Ho being tested was given as there is no statistical relationship between knowledge of IUDS and Catholic Church commitment. The $x^2$ value of 1.0263 and $P>0.05$ are not sufficient statistical proof to reject Ho.

(c) LEGIO MARIA

Out of 90 of completed questionnaire for analysis, the study identified that the strongly committed showed the highest percentage response of 30.6% while the least were not committed with none showing knowledge. The Ho being tested stated that there is no relationship between the knowledge of
IUDS among the Legio Maria Church commitment. The $x^2$ value of 5.0158 and $P>0.05$ are a manifestation that there is no sufficient statistical evidence to reject Ho.

(iii) SURGICAL

(a) SDA

The study registered 98% completed responses with the highest category of response being average with 26.3% and the rest of the three categories showed similar responses of 5.3% each. The Ho being tested stated that there is no statistical relationship between knowledge of surgical method of fertility regulation and SDA Church commitment. The $x^2$ value of 3.5265 and $P>0.05$ provide no sufficient statistical proof to reject Ho.

(b) CATHOLIC

The study identified 90% completed questionnaires out of which it was found out that the highest knowledge was shown by the average committed giving 27.8% responses. The least response was from the not committed with 2.8%. The Ho being tested stated that there is no relationship between knowledge of surgical and Catholic Church commitment. The $x^2$ value of 0.7773 and $P>0.05$ is not sufficient statistical evidence to reject Ho.
(c) LEGIO MARIA

Knowledge of surgical realised 90% completed questionnaires. There were 33.3% high responses for very strongly and strongly committed each. The least response category was the not committed with no single positive response. The Ho being tested was provided which stated that there is statistical relationship between knowledge of surgical and Legio Maria Church commitment. The $x^2$ value of 10.8226 and $P>0.05$ are a clear manifestation that there is sufficient statistical proof to adopt Ho.

(iv) BARRIER

(a) SDA

The study managed to get 95% completed responses. The highest category of response were the average committed with 31.6% and the least were strongly and not committed with 5.3% each. The Ho being investigated stated that there is no statistical relationship between knowledge of barrier fertility regulation method and SDA Church commitment. The $x^2$ value of 4.1491 and $P>0.05$ both show no sufficient statistical justification to reject the Ho.
(b) CATHOLIC

There were 90% completed response for statistical analysis with average committed showing the highest knowledge of 36.1%. The least knowledge being shown by not committed with 2.8%. The Ho being investigated stated that there is no statistical relationship between the knowledge of barrier and Catholic Church commitment. The $x^2$ value of 3.0354 and $P>0.05$ are a manifestation that the study has sufficient evidence to adopt Ho.

(c) LEGIO MARIA

This Church realised a total of 90% completed questionnaires. Their responses presented strongly committed as having the highest response of 36.1% and the least was not committed with 2.8%. The Ho being tested was given as there is no statistical relationship between knowledge of barrier and Legio Maria Church commitment. The $x^2$ value of 3.2440 and $P>0.05$ are a strong and sufficient statistical results to prove the Ho which the study adopted.
(v) RHYTHM

(a) SDA

There were a total of 95% completed questionnaire responses with the highest response category being the average committed having 23.7% and the least being very strongly committed showing no single knowledge. The Ho being statistically tested stated that there is no relationship between knowledge of rhythm and SDA Church commitment. The $x^2$ value of 6.0491 and $P>0.05$ confirmed Ho which the study adopted due to sufficient statistical proof shown above.

(b) CATHOLIC

Given a total of 87.5% responses of completed questionnaires, the study noted average committed as having the highest response of 22.9%. The least knowledge were shown by very strongly committed giving only 2.9%. The Ho being tested was given as there is no relationship between knowledge of rhythm and Catholic Church commitment. The $x^2$ value of 3.8079 and $P>0.05$ helped to provide a sufficient statistical proof of the Ho which the study adopted.
(c) LEGIO MARIA
The study recorded a total 87.5% completed questionnaires. The highest response category were the very committed with 28.6%. The least were the not committed with no single positive response. The Ho which the study wanted to test stated that there is no relationship between knowledge of rhythm and Legio Maria Church by their commitment. The $x^2$ value of 9.4480 and $P>0.05$ provided sufficient statistical evidence to disapprove the Ho.

(vi) TEMPERATURE
(a) SDA
A total of 95% completed responses of the sampled population were registered. Out of this population 7.9% showed knowledge of temperature among the average committed being the highest. The least were the very strongly and strongly committed both showing no single knowledge response. The Ho being tested was given as there is no statistical relationship between knowledge of temperature fertility regulation method and SDA Church commitment. The $x^2$ value of was 4.0980 and $P>0.05$ both help to prove statistically Ho which the study adopted.
(b) CATHOLIC

From the study sample 87.5% completed this section out of which the study confirmed the highest response category from average committed with 20.0% and the least were noted from the not committed. This category had no single knowledge response. The Ho being tested stated that there is no relationship between knowledge of temperature fertility regulation method and Catholic commitment. The $x^2$ value of 0.5093 and $P>0.05$. The results support the already assumed Ho which has been adopted.

(c) LEGIO MARIA

Out of the sampled Legio Maria population, 87.5% completed the questionnaire. Of this group the highest response category were the very strongly committed and the least were the not committed with no single response. The Ho being tested stated that there is no relationship between knowledge of temperature fertility regulation method and Legio Maria Church commitment. The $x^2$ value of 1.5799 and $P>0.05$ provide sufficient statistical evidence to adopt Ho.
(vii) COITUS INTERRUPTUS

(a) SDA

A total of 95% completed the questionnaires. The average committed revealed the highest response of 23.7% and the least were the very strongly and not committed with 2.6% response each. The study presented Ho for statistical test which stated that there is no relationship between knowledge of coitus interruptus and SDA Church commitment. The $x^2$ value of 2.9593 and $P>0.05$ have shown that there is no sufficient statistical proof to reject Ho.

(b) CATHOLIC

There were 87.5% completed responses from the sampled respondents population. Of these, the study identified the average commitment to be have the highest response of 31.4%. The least response category were the not committed with 5.7%. The Ho being tested was given as there is no relationship between knowledge of coitus interruptus and Catholic Church commitment. The $x^2$ value of 0.3356 and $P>0.05$ revealed no sufficient statistical evidence to reject Ho.
The study had a total of 90% completed questionnaires. These respondents showed majority response among the very strongly committed category with 19.4% and the least were the not committed with no single positive knowledge response. The Ho being tested was given as there is no relationship between knowledge of coitus interruptus and Legio Maria Church commitment. The $x^2$ value of 3.4202 and $P>0.05$ provide no sufficient statistical evidence to reject Ho.

4:1:14 CONCLUSION

This study has revealed that there is a general awareness of all the fertility regulation methods at varying degrees. This awareness when tested statistically for existing relationship with Church commitment considering each method separately with specific churches, the result showed that it was only among Legio Maria where there were noted significant statistical relationships in relation to hormonal, surgical and rhythm.

Both Catholic and SDA showed no single statistical significant relationship between their knowledge of the methods and their commitment. This only applies to IUDS and barrier when Legio Maria is considered.
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<th>$x^2(0.95)$ TV</th>
<th>$x^2(CV-TV)$</th>
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<th>V2</th>
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<th>P (0.05)</th>
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NOTE:
CV=Calculated Chi-square Value; TV=Chi-square Table Value; P=Probability Value; *P=0.05 Rejected Ho; METH=Method
HORM=Hormonal; SURG=Surgical; BARR=Barrier
RHYT=Rhythm; TEMP=Temperature
COIN=Coitus Interruptus
SUB-SECTION VI

4:1:16 CHURCH COMMITMENT AND ACCEPTANCE OF VARIOUS FERTILITY REGULATION METHODS

The findings for this section were based on the data obtained from a sample population of SDA, Catholic and Legio Maria. The study sampled from each Church 40 respondents who were asked to indicate their Church commitment by ticking in the questionnaire any of the four categories named below with the help of research assistants:

(a) Very strongly committed
(b) Strongly committed
(c) Average
(d) Not committed.

These respondents were also asked to indicate their acceptance of various fertility regulation methods by ticking 'yes' for accepting to use the method and 'no' for not accepting to use the method. Any respondent who was found to be none committed was ignored in the final data analysis.

In our attempts to analyze the work the study adopted a Chi-square data analysis by making an
Ho: There is no relationship between acceptance of various fertility regulation methods and their Church commitments.

The study treated acceptance of each fertility regulation independently by examining them against each Church by their commitment. In drawing conclusions the Chi-square values which were found to be higher than the table values and a probability value less than 0.05 at 0.95 confidence was treated as rejecting the already assumed null hypothesis. Alternative values helped to confirm the null hypothesis which were later adopted by the study.

The study used a sample population of 40 respondents from each Church. Only those who indicated 'yes' or 'no' responses were considered for a final statistical data analysis.

(i) PILLS

(a) SDA

The study was able to register 47.5% completed questionnaires for analysis. Out of this figure, average Church committed showed the highest number of responses with 21.1%. Both strongly and not committed showed the weakest as each of them presented not a single
acceptance. The Ho being tested was given as there is no relationship between SDA Church commitment and acceptance of pills. The $x^2$ value of 2.4346 and $P>0.05$ helped to draw up a conclusion that there is no statistical sufficient justification to reject Ho.

(b) CATHOLIC

There were 77.5% respondents who completed the questionnaires. The study noted that the highest acceptance category were average committed with 16.1% response. The least were the strongly and the not committed with 3.2% each. The Ho being tested was given as there is no statistical relationship between acceptance of pills and Catholic Church commitment. The $x^2$ value of 0.7127 and $P>0.05$ both show no sufficient statistical proof for rejecting Ho which the study adopted.

(c) LEGIO MARIA

The Church had 67.5% of completed responses. The highest response category was noted among the strongly committed with 14.8%. The least were the average committed with 7.4%. The Ho being tested was given as there is no relationship between acceptance of pills
fertility regulation method and Legio Maria Church commitment. The $x^2$ value of 0.3818 and $P>0.05$ was a manifestation that there is no justification for rejecting Ho given no sufficient statistical evidence.

(ii) INJECTIBLES

(a) SDA

Only 40% of the SDA sampled population completed the questionnaires. Of these the average Church committed showed the highest response of 12.5%. The least were the very strongly committed with no single acceptance response. The Ho being tested was given as there is no relationship between acceptance of injectibles and SDA Church commitment. The $x^2$ value of 3.7037 and $P>0.05$ were of sufficient statistical significance to reject Ho.
(b) CATHOLIC

There were 77.5% completed responses with average Church attendance providing the highest number of responses totalling 22.6%. The least were the very strongly committed with no single acceptance response. The Ho being tested was given as there is no relationship between acceptance of injectibles and Catholic Church commitment. The $\chi^2$ value of 4.1538 and $P>0.05$ were of no sufficient statistical proof to reject Ho.

(c) LEGIO MARIA

The study registered 67.5% completed responses. The highest number of these responses were noted among the strongly committed with no single acceptance noted. The Ho being tested was given as there is relationship between acceptance of injectibles and Legio Maria Church commitment. The $\chi^2$ value of 4.1538 and $P>0.05$ both indicated no sufficient statistical significance to reject the Ho.
(iii) CONDOMS

(a) SDA

The SDA Church respondents completed 45% of the questionnaires for analysis. They were able to show the highest acceptance of condoms among the average committed members with 27.8%. The least were the not committed category with none indicating acceptance. The Ho being tested was presented as there is no relationship between acceptance of condoms and SDA Church commitment. The $\chi^2$ value of 2.3333 and $P>0.05$ provided no sufficient statistical proof to reject Ho.

(b) CATHOLIC

This Church presented 77.5% completed response questionnaires. The study identified that the average committed were showing the highest acceptance with 22.6% and the least were the not committed with none indicating willingness to use the method for fertility regulation. The study adopted Ho which stated that there is no relationship between acceptance of condoms and Catholic Church commitment. The $\chi^2$ value of 2.8608 and $P>0.05$ were found not to be of sufficient statistical significance to reject the Ho.
(c) LEGIO MARIA

The study recorded 77.5% completed questionnaires for analysis. Out of this it was found that the very strongly committed showed the highest percentage response of 9.7%. The three other categories had equal distribution of 3.2% each. The Ho being tested was given as there is no relationship between acceptance of condoms and Legio Maria Church commitment. The $\chi^2$ value of 5.9474 and $P>0.05$ were found to be of no sufficient statistical significance to reject Ho.

(iv) SPERMICIDES

(a) SDA

From the study sample a total of 42.5% completed responses were registered for analysis. The study noted that both very strongly and strongly committed had equal response of 5.9% accepting the method. The average and the not committed also each showed no single positive response. The Ho being tested statistically stated that there is no relationship between acceptance of spermicides fertility regulation method and SDA Church commitment. The $\chi^2$ value of 3.3528 and $P>0.05$ revealed by the analysis provided no sufficient statistical significant evidence to reject Ho.
(b) CATHOLIC

This study realised 77.5% completed questionnaires for data analysis. The distribution of the positive acceptance responses showed equal response of very strongly committed and average committed giving 3.2% responses each. The strongly and the not committed also had similar response each by failing to accept the use totally. The Ho being tested was given as there is no statistical relationship between acceptance of spermicides and Catholic Church commitment. The $x^2$ value of 1.2646 and $P>0.05$ were registered by the analysis as statistically significant for the adoption of Ho.

(c) LEGIO MARIA

Legio Maria respondents completed 72.5% of the questionnaires for the data analysis. Despite this none of their respondents indicated willingness to use the method. Due to this, the study was unable to undertake statistical analysis for relationship. The study therefore neither accepted nor rejected the Ho that there is no relationship between acceptance of spermicides and Legio Maria Church commitment.
(v) SPONGE

The study realized 33.3%, 77.5% and 75% completed 15 completed responses from SDA, Catholic and Legio Maria, respectively. In all the three churches no single respondent was willing to use this method. The study therefore failed to work out data analysis to help investigate statistical relationship between acceptance of SDA, Catholic or Legio Maria Church commitment. The study therefore neither accepted not rejected Ho in all the three churches.

(vi) IUDS

(a) SDA

There were 80% completed responses for data analysis. The analysis identified that only the average Church committed showed willingness to use the method giving 13.4%. The Ho being investigated stated that there is no relationship between acceptance of IUDS and SDA Church commitment. The $x^2$ value of 1.5385 and $P>0.05$ were found to be of no sufficient statistical significance to reject Ho.
(b) CATHOLIC

There were a total of 80% completed responses for analysis. The very strongly committed had the highest willingness in percentage of 6.3%. The rest of the categories had similar response of patterns of 3.1% each. The Ho being investigated stated that there is relationship between acceptance of IUDS fertility regulation method and Catholic Church commitment. The $x^2$ value of 0.9126 and $P>0.05$ provided no sufficient statistical proof to reject Ho.

(c) LEGIO MARIA

A total of 77.5% Legio Maria completed the questionnaires. The highest concentration of willing responses were found among the strongly committed with 12.9% and the least was the average with 3.2%. The Ho being tested stated that there is no relationship between acceptance of IUDS and Legio Maria Church commitment. The analysis showed $x^2$ value of 0.1480 and $P>0.05$. These statistical results presented no sufficient statistical evidence to reject Ho.
(vii) STERILIZATION

(a) SDA

From the population sampled among members of this Church, 40% completed the questionnaires for analysis. It was found out that the average Church committed category had the highest response of 12.5%. The least were strongly and not committed. Each had no willing response shown. The Ho being investigated stated that there is no statistical relationship between acceptance of sterilization and SDA Church commitment. The $x^2$ value of 1.4131 and $P>0.05$ were a manifestation that there was sufficient significant evidence to adopt Ho.

(b) CATHOLIC

The study realised 82.5% completed responses with only the average committed willing to use the method with a total of 12.1% completed responses. The study presented Ho which stated that there is no relationship between acceptance of sterilization and Catholic Church commitment. The $x^2$ value of 4.2840 and $P>0.05$ presented no sufficient statistical significance to reject Ho.
(c) LEGIO MARIA

There were 75% completed responses for analysis. Only the very committed were willing to use the method giving 6.7% responses. The Ho being tested for statistical relationship stated that there is no relationship between acceptance of sterilization and Legio Maria Church commitment. The $x^2$ value of 3.2143 and $P>0.05$ provided no sufficient statistical evidence to reject Ho.

(viii) DIAPHRAM

(a) SDA

This Church had 40% completed questionnaires for analysis. The only category which showed willingness to use the method was found to be only 6.3% found among the very strongly committed. The Ho being investigated here stated that there is no relationship between SDA Church commitment and acceptance to use diaphragm fertility regulation. The $x^2$ value of 4.622 and $P>0.05$ were enough proof that there is no sufficient statistical evidence to reject Ho.
(b) CATHOLIC

The Catholic respondents had a total of 77.5% who completed the questionnaires. Of this figure, the study identified no single respondent willing to use the method. It was therefore not possible to present the findings for data analysis to test for statistical relationship. The Ho. was therefore neither accepted nor rejected.

(c) LEGIO MARIA

A total of 72.5% respondents completed the questionnaires indicating their willingness or unwillingness to use the diaphragm fertility regulation method. The study only realised that the strongly committed was the only category willing to use the method with 3.5% response. The Ho being tested stated that there is no relationship between acceptance of diaphragm and Legio Maria Church commitment. The $x^2$ value 1.2747 and $P>0.05$ were found to be of no significant statistical proof to reject Ho.
(ix) CERVICAL

(a) SDA

Only 40% of the SDA completed this section of the questionnaires for analysis. It was also revealed that only the very strongly committed showed willingness to use the method giving a low response of 6.3%. The Ho being investigated stated that there is no relationship between acceptance of cervical and SDA Church commitment. The $x^2$ value 4.6222 and $P > 0.05$ provided no sufficient statistical evidence to reject Ho.

(b) CATHOLIC

There was a total of 77.5% completed responses. None of the respondents showed any acceptance to use the method. This being the case, the study was unable to statistically make a comparison between acceptance and Church commitment. The study was therefore unable to either accept or reject the Ho.

(c) LEGIO MARIA

There were a total of 70% completed questionnaires for analysis. Out of these only the very strongly committed showed willingness to use the method at a low percentage of 3.6%. The Ho being investigated stated that
there is no relationship between acceptance of cervical and Legio Maria Church commitment. The $x^2$ value of 1.6027 and $P>0.05$ provided no sufficient statistical basis to reject Ho.

(x) NFP

(a) SDA

This study recorded 42.5% completed questionnaires who either stated that they were willing or unwilling to use this method of fertility regulation. The highest concentration of responses were the average committed with 29.4% willing to use. The least were the strongly committed with no single acceptance reported. The Ho being tested stated that there is no relationship between acceptance of NFP and SDA Church commitment. The $x^2$ value of 3.9262 and $P>0.05$ arising from analysis provided no sufficient statistical evidence to reject Ho.

(b) CATHOLIC

Out of 40 sampled Catholic Church members, the study received 80% completed questionnaire responses. Of these, the highest recorded category willing to use the method were the average Church attendants with 21.9% and the least were found to be 6.3% being the not committed
category. The Ho. being investigated stated that there is no relationship between acceptance of NFP and Catholic Church commitment. The \( x^2 \) value of 1.2728 and \( P > 0.05 \) presented no sufficient statistical evidence to reject Ho.

(c) LEGIO MARIA

This Church had a total of 75% completed questionnaire responses. Both the very strongly and strongly committed showed similar response of 10% each and the average committed showed the least willingness of 3.3%. The Ho being tested was given as there is no relationship between acceptance of NFP and Legio Maria Church commitment. The \( x^2 \) value of 0.3727 and \( P > 0.05 \) was found to be of no significant statistical proof to reject Ho.

4:1:17 CONCLUSION

This study has shown that in all cases investigated, there exists no statistical relationship between various churches commitment and acceptance of all the selected fertility regulation methods. It has further been identified that there is no single Church willing to use sponge as a fertility regulation method. This may point
to the possibility of the method being unavailable within the clinics in the area and makes judgement to use it impossible in this rural setting.

Other methods which had no responses of willing users were spermicides by Legio Maria, while diaphragm and cervical proved to have no single appeal to the Catholics. SDA Church committed members were noted to be willing to use all methods except sponge.
### TABLE 6

**ACCEPTANCE OF FERTILITY REGULATION METHODS BY CHURCH COMMITMENT**

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SECTION II

4:2:0 QUALITATIVE ANALYSIS

4:2:1 Attitudes and Beliefs

It is evident that Christianity which derives her principles from the sacred book of the Bible is a pro-natalist religion. Despite this, it is clear that the attitudes held by members of different churches show remarkable variations on fertility regulations. They also differ on reasons for their fertility preferences. The existing variations arise from the different modes in Church moral teachings and their interpretation of Biblical references. They are further strengthened by activities which members involve themselves in which help to mould their ways of thinking and actions in accordance with what the church they are affiliated to accept. This study used quantitative indicators of attitudes and beliefs as identified from sampled respondents' responses and fertility performance. The main indicators which were used were achieved through investigating their preferences and reasons they gave for their preferences. The second indicator was knowledge on fertility regulation related issues. The third indicator was
performance given by grouped data on such variables as age at first birth, age at first marriage etc.

Among the churches which were considered for our study are S.D.A. members. This Church fully support fertility regulation measures and has a unit within its health programmes specially dealing with education and implementation of FP policies. Though the unit offers education on FP to all its youth and adult members, the dispensation of contraceptives is restricted to only married couples. This they do on the basis that the Church is strongly against premarital sex and dispensing of contraceptives to the youth may be a green light for them to engage in the premarital sexual activities.

In order to disseminate the knowledge on FP methods, the church uses songs, drama, poems, riddles and folk media. They use teachers, youth leaders, ordinary Church members especially those who are members of Dorcas Society and pastors. The method of promulgation is done through Church group discussions, teaching and preaching, visit to S.D.A. sponsored schools, homes and in Church sponsored clinics. In the Church, organized individual and group competitions carrying FP messages are done especially during annual camp meetings.
In the clinics run by the Church, contraceptive providers who work in close collaboration with the Ministry of Health help to educate and supply the clients with their requirements. According to Mr. Kitavi (O.I) the National Co-ordinator of FP in the Church, the Church uses trained personnel to educate the youth and adult on FP matters. The choice of which method a couple would prefer to use lies with the couple. What the church is against is the use of contraceptives by youths and abortion which they regard as homicide.

Unlike S.D.A., the Roman Catholic Church have a strong resentment against distribution and usage of AFP. They disseminate information regarding the moral and physiological side effects of contraceptives and stress the need to use NFP where need arises. Their weakness is noted that where as the S.D.A. have strong FP promoters who are in constant touch with their members, the Catholic Church have only occasional FP educators who visit the churches on specific dates and they were also noted to be selective of their audience.

In their approach the Catholic FP educators who are mostly trained nuns, have organized visits during which only willing couples and adults are taught on FP issues. This selectiveness was not very much appreciated by the
youth who felt that they are left out hence they have low knowledge of side effects of FP and only show the attitude that it is the church's advice that couple should use NFP and not AFP methods.

A second line of negative feeling shown by elderly Catholic followers was that as much as they appreciate the NFP method which they regard as the traditionally accepted method, the teaching of FP should be done by married couple with experience on child bearing and motherly feeling if their views are to be taken seriously. The justification of this attitude was based on the fact that while some women have tried to apply NFP, they have failed to achieve their intended objective. This has forced them into going against the church teachings as they have now been using secretive FP methods such as injections. One faithful revealed that she had a TL without the approval of the church!

They felt that the Catholic church should come out more clearly and frankly to face the reality of the weakness of NFP. The strength of this case which is very debatable was that with early extra-marital sex among youths there is a strong need not only to teach the youth more about how to avoid sex and pregnancy but as well on both AFP and NFP and their side effects.
These feelings were weakly felt among the Legio Maria respondents who were not very much willing to respond to most questions raised. A number of them referred the interviewers to the Bishop or Papa 'pope' Ondeto or their Church leaders. Those willing to respond revealed to the researcher that the Legio Maria are against any form of FP as practising FP means restricting birth and by doing so one is going against the Biblical teaching of "Go yee and multiply and subdue the earth and fill it". On this basis of argument one elder stated that the Legio Maria hold the belief that once one is ready to get married he or she is ready to start a family and therefore the issue of restricting birth should not arise. FP is a white man's way of reducing African population through the government and therefore it must be opposed by Legio Maria faithfuls.

The researcher realised than one Legio Maria female who was a qualified medical doctor and a single parent who stated that there was a real need to educate the church followers on FP, a good majority of them rejected FP of any kind without any proper reason. The above respondent showed sentiments that while she has been willing to discuss the issue within the Church, the Church hierarchy which is male dominated was not willing
to listen and due to ignorance coupled with low education and low income of most Church members their receptiveness of change was difficult.

Some of the church members were more open as one stated that while churches like Catholic and S.D.A. have grown and have large populations it is only through natural growth that Legio Maria can grow into a big church as few people are willing to be converted nowadays.

What came to light was that Legio Maria does not have any clear principles with regard to FP. They neither had FP educators, providers or clinics of their own like the S.D.A. and Catholics. Much of the information they have they gathered from mass media, folk stories and social contacts. Some of this information is very misleading such as expressed by one respondent who simply generalised that contraceptives make women infertile. Hence she cannot take any form of contraceptive. This view underlies the church's opposition of medical treatment which only a few of the members are now willing to undergo.
Activities

Church activities are means by which the members of the church find expression of their attitudes and beliefs. They are also capable of expressing in practice directly or indirectly how best they interpret their inner feelings, what they have learnt as knowledgeable members in different spheres of life pass on new ideas to those with less knowledge. It is through these contacts during such activities within or outside the church that members of the subculture are capable of changing their attitudes and beliefs as they adopt new behaviour and modes of thinking.

It is known that through schooling a lot of social contacts take place and the self expression is well revealed. From the churches sampled in this research only the S.D.A. and the Catholics are known to sponsor schools and they are also reflected to have higher literacy level due to their stress on education which is noted by S.D.A. having only 10% (4/40) and the Catholic 7.0% (3/40) illiteracy from sampled population. These figures are far below Legio Maria with 22.5% (9/40) illiteracy. These figures are good indicators of the possibilities of receptiveness to change that each group may welcome with Catholics and SDA being better placed to be more
receptive than Legio Maria.

Since receptiveness to change may also be due to social interaction within the subculture, such organized activities as drama, choirs, and camping would be presumed to place S.D.A. on a higher level than Catholic with only a few activities mainly geared towards Bible study and choir. The least in this regard being Legio Maria with no organized groups involved in choir or drama. Among the Legio Maria the members live in villages with isolated gatherings where much of the activities going on are rosary recitations, prayers and healing of the sick. They live ascetic lives as they move from camp to camp or village to village carrying out similar activities. They therefore have a more conservative disposition in welcoming very little or no new ideas in their midst. In most cases they are very suspicious of strangers whom they consider as government agents.

The Legio Maria social contact stresses on traditional cultural practices this may be explained by their continued practice of polygyny, levirate marriages, low level of education, low age at first birth and first marriage and their high number of children expected as much as their low knowledge of FP choices they can make.
The S.D.A. through Sabbath lessons and adult education during annual camping sessions seem to have been able to bring their members very close together as the occasions offer the members not only the opportunity to listen to the new ideas being passed around but also to raise issues and question some of the ideas as they apply them in their everyday experiences. This suggests a liberal policy which makes the members more receptive to change and ready to welcome new ideas regarding FP than either Catholic or Legio Maria.

The Catholic lack this type of openness as the members find themselves restricted from questioning what has been authenticated by the Pope as the editors of Commonweal stated:

At the November 1988 meeting the Pope said that the teaching against contraception is not a man-made doctrine, but that it was "written by the creative hand of God in the nature of the human person" and confirmed by God's hand, (Having, 1989:70).
Such views make debate over issues regarding AFP difficult as there are only two options left for members either to accept it and remain in the church or reject it and be excommunicated. A number of Catholics who welcomed the use of contraceptives have done so with a lot of reservations as they fear Church opinion.
5:0 SUMMARIES, IMPLICATIONS, POLICY, RECOMMENDATIONS, CONCLUSIONS AND SUGGESTIONS FOR RESEARCH.

5:1:1 Introduction

This chapter presents the final concluding remarks of the thesis by summarizing study findings, giving a list of policy recommendations and the implications of the study. It will also offer suggestions based on the findings and present areas open for further research.

5:1:2 Summary of the study design

This study has attempted to isolate and investigate the underlying relationships that might exist between the selected factors within and among the three selected churches (Independent Variables). It has also attempted to show how these factors may influence fertility regulation methods among the Church members.

The study assumed that the teachings, activities and practices within the Church have influence on the congregations' knowledge and acceptance of various fertility regulation methods depending on whether they may support or oppose the use of the method.
The study applied the random stratified radial sampling techniques. The choice of the techniques were made on the basis of their selectivity of respondents, network linkage to help identify the right respondents, coverage of wide range of population characteristics such as age, occupation, education, sex, marital status, among others which may also have direct as well as indirect influence on knowledge and acceptance of the methods. Thirdly, the radial technique helped in speedily covering a wide geographical region with minimum time wastage as much as it helped to reduce the distance.

A wide range of questions were asked by the researcher during the study to assist in identifying factors which would help test both the major and minor null hypothesis. The study subsequently used the data obtained through the completed questionnaires and supplemented them with oral interview and documented information to help corroborate the evidence and to add more information to the already received field information.

During the analysis of the data, the study applied both the qualitative and quantitative analysis of the result to help give credibility to the data treatment.
In quantitative analysis, the following three major variables were analysed:

(a) Church affiliation and knowledge and acceptance of fertility regulation methods;
(b) Church attendance and knowledge and acceptance of fertility regulation methods by specific churches; and
(c) Church commitment and knowledge and acceptance of fertility regulation methods by specific churches.

While (a) was general, (b) and (c) were more specific in the analysis.

Using a Chi-square statistical analysis techniques and cross-tabulation of the various variables, each value was compared with the appropriate critical Chi-square value to determine its significance. This was strengthened with the probability value determined by 0.05 level of significance. The final results were based on Chi-square values which either assisted the researcher in rejecting or adopting the Ho.
5:1:3 Summary of study findings

Study findings are summarized under the headings of quantitative and qualitative findings. The quantitative summary findings is presented in appendix I(a) and (b). With regard to relationship between Church affiliation and knowledge, the study noted statistical significant relationship existing with regard to all methods except coitus interruptus. This is one of the three methods accepted for practice by both Legio Maria and Catholic Church followers.

Relationship between Church affiliation and acceptance of the fertility regulation methods revealed that in all cases there is not a single method which had significant statistical relationship. The only exception to this finding is sponge which realised no single acceptance by all respondents.

The result for knowledge and Church attendance also was noted for having no single method with existing statistical significant relationship. This was not the case with acceptance of the fertility regulation methods and Church attendance. In this case, the study realised significant relationships existing in cases of Legio Maria and pills, spermicides and diaphram; Catholic showed significant relationship with condoms and IUDS.
SDA was found to have no significant statistical relationship with all methods. A further revelation found that it is only the sponge which is not acceptable to all respondents irrespective of their Church orientation. Catholic and Legio Maria were found to have a dislike for diaphram and cervical for the former while the latter Church showed a dislike for spermicides as well.

On Knowledge of fertility regulation methods by Church commitment, the study found that significant statistical relationship existed in all methods with exception of Legio Maria. In cases of hormonal, surgical and rhythm methods the study had similar findings. This is unlike acceptance of fertility methods and Church commitment which showed no single result with a significant statistical relationship which allowed for adoption of Ho. The study took exceptions to sponge which had no single acceptance, diaphram and cervical were rejected by all Catholics and spermicides were rejected by Legio Maria (see appendix I).

Assessment of participation in various Church activities by members of selected churches and their attitudes and beliefs towards fertility regulation methods. The study revealed that SDA has more elaborate
and well organized social infrastructure and functions which include well defined education programmes which the Church uses universally to help enhance family life education among its members. Besides this, the Church has used various health programmes to help bring positive attitudes and beliefs among its members of all age groups.

Through these programmes, the Church uses community and peer group based groups to help in bringing positive enlightenment. It may be expected that more SDAs would have both better awareness as well as acceptance of various methods when these factors are taken into account.

Compared with SDA, the Roman Catholic Church are more restricted in their programmes. Although they have good infrastructure, their negative attitude towards AFP has met with a lot of reluctance towards acceptance of use of the various fertility regulation methods among their members. Although, the Church has got trained personnel, fewer community based programmes and health based community programmes compared with SDA, their discussions on fertility regulation methods were noted to be more restricted to only the married, thus locking out the majority of sexually active youths who form the bulk
of the Church congregation. The married also were found to be objecting against NFP as this has higher failure and require strict regulation of their sexual life than AFP.

It was also realised by the study that Legio Maria has the least organized Church activities both community based and Church based. They lacked any health based programmes which would enlighten their members on fertility regulation methods and therefore they lack any positive programmes which may influence either the knowledge or acceptance of fertility regulation methods. They lacked principles regarding FP, neither do they have FP educators, providers or clinics. They lack schools where their views may be expressed to their members as opposed to SDA and Roman Catholic churches. The members are more disposed towards traditional cultural practices although through radio and antenatal clinics their members are made aware of these methods in spite of lack of exposition to FP in the Church.

5:1:4 Policy implications of the study

The following were the implications of the study

1. Despite the SDA's and Catholic's contributions towards creating awareness for the fertility regulation
methods, the result has shown that their members have almost no statistical difference in response with Legio Maria followers who are not having any fertility regulation policies at all. It is therefore in the interest of both SDA and Catholic churches to correct the situation by introducing more pragmatic approaches through trained personnel to help achieve their Church policies.

2. This study has shown that the knowledge of AFP is generally higher than knowledge of NFP which falls below 50% (see appendix I[a]) with regard to general analysis by Church affiliation. When specific churches were considered, the results have shown that even Catholic Church which stresses NFP have a very low knowledge of these methods. This is with exception to coitus interruptus which received 60% positive knowledge response. It is therefore clear from the study that the promotion of NFP by Catholic Church is not being well implemented. It is necessary for the Church to find better approaches of creating more awareness of all NFP methods, especially of temperature.

SDA and Legio Maria should also bring more awareness on the positive aspects of such methods to help their members make right decisions on how to apply them.
3. The acceptance results have shown that majority of respondents are not willing to use AFP and would prefer to use NFP or condoms. The poor preference of AFP requires change of approaches by the churches to help the members develop more positive attitudes towards usage of these methods. The new approaches should also aim at raising the acceptance of fertility regulation methods from the low level of 50% for condoms which is the highest acceptance among SDA to even higher percentage of usage level for all the three churches as it may also help reduce the spread of Aids. This is more so with regard to such a community where polygamy is very wide-spread as is found in the study area.

4. Knowing that users of either AFP or NFP may not find some specific methods to be compatible with their physiological body mechanisms, emotional or spiritual satisfaction, the churches should be able to and capable of creating awareness to help their Church members make right judgement in making their choices. This may be done through elaborate and better organized knowledge dissemination through Church groups especially women groups and other adult groups found within the Church.
5. As a policy, Legio Maria Church needs to create a number of Church groups such as youth and women groups which are almost none existent in their congregation. To this end they should make their members engage in such activities as learning of home care, sport activities, helping the aged, etc. Through these groups, health workers would use these groups to help bring fertility regulation awareness to members of this Church.

5:1:5 Suggestions for further research

1. Further research using similar statistical tools but on a larger area samples is required. This would reveal the possible factors which can influence knowledge and acceptance of fertility regulation methods.

2. There is a need to repeat the present study using statistical methods other than the Chi-square to determine the strength of each factor and the direction various variables may have in determining the knowledge and acceptance. They may also provide indicators for models which may help in motivating the members of the churches towards developing possible attitudes towards fertility regulation methods.
3. More elaborate attitudinal and knowledge scales need to be applied in future research in this area. There is still room to include such elements as how knowledge and acceptance of these methods influence fertility performance in various churches. Such a study needs to provide comparison between those in rural setting and urban churches. This would help identify possible variations. The attitudinal and knowledge scales should help reduce the none response ratio in such a study.

4. Underlying reasons for NFP preference above AFP should be investigated and the reasons for negative reception of specific fertility regulations need to be made clear and solutions suggested.

5. A more detailed qualitative research on Church activities and theological approaches should be undertaken to help elicit the extent to which particular practices may influence decisions on fertility regulations knowledge and preferences.

6. This study has noted existence of a positive association between Church attendance and Church commitment (see appendix H). It has therefore shown that there is no clear distinction between attendance and commitment. To avoid this weakness, a study should be done centering on either of the two. Such areas of
fertility as fertility rates by Church affiliation, Church attendance and abortion, Church commitment and marriage dissolution in rural and urban areas, would also form a basis for further research.
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6:2 Journals


6:3 Government Publications


Kenya Contraceptive Preference Survey 1984


% of Respondents' fertility regulation method by Church affiliation

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KEY

COITUS INTER. = COITUS INTERRUPTUS

L/MARIA = LEGIO MARIA

S/TOTAL = SUB-TOTAL

COITUS INTERR = COITUS INTERRUPTUS

1 = FAMILIAR

2 = NOT FAMILIAR

*(109) = TOTAL NUMBER OF COMPLETED RESPONDENTS QUESTIONNAIRES
Appendix B

% of respondents acceptance of fertility regulation methods by Church affiliation

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*(77) = Total number of completed respondents questionnaires.
% of Respondents' knowledge of fertility regulation methods by Church attendance

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| TOTAL          | 100% 100% 100% 100% 100% 100% 100% 100%
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| attendance | 28.95 | 26.32 | 30.56 | 19.44 | 38.89 | 2.78 | 15.79 | 39.47 | 22.86 | 28.57 | 37.14 | 5.71 | 0.00 | 55.26 | 22.86 | 28.57 | 20.00 | 22.86 |
|------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| weekly     | 10.53 | 15.79 | 16.67 | 11.11 | 38.89 | 11.11 | 7.89 | 18.42 | 5.71 | 22.86 | 34.29 | 14.29 | 7.89 | 18.42 | 8.57 | 20.00 | 11.43 | 37.14 |
| anytime    | 5.26  | 5.26  | 16.67 | 5.56  | 2.78  | 2.78  | 5.26 | 5.26  | 11.43 | 8.57  | 2.86  | 2.86  | 2.63 | 7.89  | 8.57 | 11.43 | 0.00  | 5.71  |
| occasional | 5.26  | 2.63  | ------ | ------ | 2.78  | 0.00  | 2.63 | 5.26  | ------ | ------ | 0.00  | 2.86  | 0.00  | 7.89  | ------ | ------ | 0.00  | 2.86  |
| s/total    | 50.00 | 50.00 | 63.89 | 36.11 | 83.33 | 16.67 | 31.57 | 68.41 | 40.00 | 60.00 | 74.29 | 25.71 | 10.52 | 89.46 | 40.00 | 60.00 | 31.43 | 68.57 |
| total      | 100% | 100%  | 100%  | 100%  | 100%  | 100%  | 100% | 100%  | 100%  | 100%  | 100%  | 100%  | 100% | 100%  | 100% | 100%  | 100%  | 100%  |
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*APPENDIX C*
APPENDIX D

% of Respondents acceptance of fertility regulation methods by Church attendance

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### APPENDIX D

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APPENDIX E

% of Respondents with knowledge of fertility regulation methods by Church commitment

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KEY

N/COMMITTED = NOT COMMITTED

V/STRONGLY = VERY STRONGLY
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% of respondents acceptance of fertility regulation methods and their Church commitment

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## APPENDIX G

Comparative % results of knowledge given response by Church attendance and commitment

% Responses knowledge of fertility regulation methods

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**Key**: C/Interruptus = Coitus interruptus
APPENDIX G

Comparative results of knowledge given response by Church attendance and commitment

Responses knowledge of fertility regulation methods

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KEY

C/Interruptus = Coitus Interruptus
Comparative % of results of acceptance given response by Church attendance and commitment

% of Respondents acceptance of fertility regulation methods

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* % are calculated from completed questionnaires presented in each method by Church affiliation and specific churches, i.e. knowledge of IUDS by SDA is worked as \((15/38 \times 100) = 39.47\%\)
(a) Summary ranking of knowledge of fertility regulation methods

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KEY

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TEMP. = TEMPERATURE
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APPENDIX J

QUESTIONNAIRE

RESPONDENTS

Part 1: Background Information

1. (a) Name (optional) ........................................
   (b) Age ............ or (Date of Birth) ..................
   (c) Ethnicity ..............................................
   (d) Place of Birth:
      (i) Location ...........................................
      (ii) Sub-Location .......................................
      (iii) Village ...........................................

2. Kindly give us the church you belong to ..............
   ........................................................................

3. How frequently do you attend church service?
   (i) Weekly ...................................................
   (ii) Any time there is service ................................
   (iii) Now and then ...........................................
   (iv) Never ....................................................
4. How committed would you say you are to your religion?

   (i) Very strongly committed ( )
   (ii) Strongly committed ( )
   (iii) Average ( )
   (iv) Not committed ( )

5. Are you
   (a) Single ( )
   (b) Married ( )
   (c) Widowed ( )

   (when did your husband/wife die) ( )
   (d) Separated or divorced ( )
   (e) If ever married state age at first marriage .........................years.

6. Who is the head of your household
   Wife ( )
   Husband ( )

7. State your relation to the head of household
   (a) Daughter ( )
   (b) Wife ( )
   (c) Mother ( )
   (d) Husband ( )
(e) Son
(f) Any other

(Tick the correct answer)

8. Level of schooling
(a) No schooling
(b) Some primary
(c) Completed primary
(d) Some secondary
(e) Senior secondary
(f) Form six
(g) Post secondary - Diploma training
(h) University Degree

9. What is your major occupation..........................

Part 2: Social Group Involvement

10. List at least three associations you belong to:
1. ........................................
2. ........................................
3. ........................................

11. As a member of your church are you
(a) An active member
(b) General member - not very active
(c) Leader............. 
What position do you hold?............................

12. Within the social group, do you discuss issues related to your family planning?
(Tick whichever answer is appropriate)

(i) They are not discussed
(ii) They are discussed by visiting Health and Family Planning advisers
(iii) They are discussed and various methods taught and contraceptives are supplied
(iv) They are discussed but various applications of contraceptives are not supplied

13. If yes, which areas do they stress,

(i) NFP
(ii) AFP
(iii) Both NFP and AFP

Part 3: Fertility

14. (a) Have you got children?
   Yes
   No
178

(b) If you have children, how many are
   (i) Boys (   )
   (ii) Girls (   )
   (iii) Total (   )

15. (a) Have any of your children passed away (died)
   Yes (   )
   No (   )

(b) If Yes what was/were the gender(s) of the child(ren)
   (i) Boy(s) (   )
   (ii) Girl(s) (   )
   (iii) Total (   )

16. (a) How many children would you prefer to have? (   )

(b) Give reason(s) for your answer

.................................................................
.................................................................
.................................................................
.................................................................
.................................................................
17. (a) If God gave you children of your choice, would you prefer to have?

(i) Mainly male children ( )

(ii) Mainly female children ( )

(iii) Both in equal number ( )

(b) Give reasons for your answer

..............................................................

..............................................................

..............................................................

..............................................................

..............................................................

(c) Whether you already have children or don't as yet have any, what would you have liked your first born to be?

(i) A boy ( )

(ii) A girl ( )

(d) Give reasons for your answer

..............................................................

..............................................................

..............................................................

..............................................................

..............................................................

18. (a) In what year did you have your first child? 19..
Part 4: Contraceptives

19. Which method(s) of birth control are you familiar with?

(a) AFP Oral Contraceptive (OCs) ( )
Injectibles (Hormonal) ( )
Condoms ( )
Spermicides, ( )
Diaphragms, ( )
Cervical, ( )
Caps, ( )
Sponge, etc ( )
Intrauterine devices (IUDs) ( )
Voluntary Sterilization-vasectomy ( )
Female sterilization ( )

(b) NFP Rhythm ( )
Temperature ( )
Coitus interrupts, etc. ( )

(Tick whichever you are familiar with).
20. (a) Generally what is your church's position on family planning

(Tick the appropriate area)

(i) Generally accept

(ii) Accept only NFP

(iii) Accept AFP

(iv) Opposed to FP of any kind

(b) Do you agree with their stand?

(i) Yes

(ii) No

21. (a) Of the methods you are familiar with, which one would you prefer to use (tick as many as applicable). Refer to the categories you identified in 19 (a) and (b) above.

22. (a) Should a young woman give birth every year?

(i) Yes

(ii) No

(b) Give reasons for your answer
23. If you disagree with the idea of a woman giving birth every year, what spacing period would you recommend...years.

24. (a) What would you recommend as the approximate age for a woman to get married........years

(b) What would you recommend as the appropriate age for married woman to start having children........years.

25. (a) Should a woman or a man with children but without a husband or a wife use contraceptives?

   Yes

   No

(b) Give reasons for your answer to Q. 25(a) above...............

   (Write whichever answer is appropriate)

   (i) allowed to mix under
       supervision

   (ii) they work under separate groups

   (iii)
Part 5: Church Activities and Views on Fertility

26. (a) Other than the normal Saturday or Sunday prayer services, are there some extra activities your Church organises for

(i) Women — Yes ( )
    No ( )

If Yes, list the activities...............

(ii) Youth — Yes ( )
     No ( )

If Yes, list these activities............

(b) Where are such extra activities normally conducted?..........................

.................................................................

.................................................................

(c) For those activities involving youth, how do you treat boys and girls

(Tick whichever answer is appropriate)

(i) Allowed to mix under supervision ( )

(ii) They work under separate groups ( )
(iii) They are left to take care of themselves

(c) For those activities involving youth, how do you treat boys and girls

(Tick whichever answer is appropriate)

(i) Allowed to mix under supervision

(ii) They work in separate groups

27. (a) Does your church use these extra activities to create awareness of need for small families?

Yes

No

(b) If the answer to Q. 28(a) is Yes, how do they create such awareness?.................................

........................................

........................................
28. (a) "Some Churches teach that marriage should never be nullified whether there are children or not". To what extent do you agree or disagree with this view:

(i) Strongly agree ( )
(ii) Agree ( )
(iii) Disagree ( )
(iv) Strongly disagree ( )

(b) Are there any references in the Bible you may use to support your view? (State or cite them)

........................................................................
........................................................................
........................................................................
........................................................................

29. (a) Are there any reasons given in the Bible why abortion may be considered evil?

Yes ( )
No ( )
(b) If the answer to Q. 29 (a) is Yes, mention these reasons.
APPENDIX K

PERCENTILE VALUES ($x^2_p$) for THE CHI-SQUARE DISTRIBUTION with $v$ degrees of freedom (shaded area = $p$).

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