

FAMILY PLANNING

THE RELATIONSHIP OF SOCIO-ECONOMIC-STATUS,
MODERNIZATION, GROUP PRESSURE AND
PERCEIVED AVAILABILITY OF RESOURCES, TO
FAMILY PLANNING, AMONG A GROUP OF COLOURED
WOMEN IN AUSTERVILLE, DURBAN, WITH
REFERENCE TO SOCIAL POLICY AND PLANNING
IN THIS FIELD

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requirements for the degree of
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"A well intentioned American was talking in front of me, to an Indian teacher, and insisting on the lack of foresight among the masses, who are multiplying without a thought for the future. The Indian replied in this strain: 'These are people who have no satisfactions, no pleasures in life : deficiency of food, ragged clothes, and let us not speak of housing. No pleasure at all, except sexual enjoyment. No power except paternity. And you want to come and deprive them of this only pleasure, this only power, for the sake of a much respected logic?'"

an extract from A. Sauvy
"Fertility and Survival"
(Chatto and Windus,
London 1961)

PART I

INTRODUCTION

Aims of the Study
Formulation of Hypotheses

POPULATION UNDER INVESTIGATION

The Coloured People
The Coloured People of Durban,
in particular Austerville

PART I : INTRODUCTION

AIM OF THE STUDY

Basic to all discussions on population and family planning, is the underlying question of whether family planning should be concerned with the somewhat negative activity of controlling population growth or with the more positive activity of making available a free choice of family size. This question of course, revolves around the rights that are basic to all human beings. With regard to controlling population, it seems clear that an overpopulated world will contain few of the opportunities and resources necessary for individuals to exercise a free choice in their actions. In this sense, controlling population growth is not a negative act, but can be seen to be ultimately maintaining, if not extending, human freedom. How population will be controlled is another issue, and the one which comes closer perhaps to the problem of the infringement of human rights. Control can be direct, such as laws that prohibit more than two children through compulsory sterilisation or the taxation of large families. It can on the other hand be indirect, such as encouraging people to alter their ideals of family size, so that they actually want to have less children.

In this respect, the writer would like to argue, that human rights and the extension of human freedom, can no longer be seen in the narrow context of providing resources or instruments which will enable people to have fewer children - as is suggested in the second part of the debate over whether family planning is a negative or a positive

activity. Children or rather, many children must first be seen as a burden or at least not as an asset, before the mere provision of contraception can be considered to be an extension of human freedom. It seems very unlikely however, that children will be seen as a burden, ironically enough, until people have a more optimistic and economically rewarding life expectation. For example, children will be an asset, unless there are child labour laws preventing them from becoming a source of income, unless there is compulsory education which will directly or indirectly make children become a financial burden, and unless social security schemes make them redundant as a source of income in times of hardship. On another level, children will be regarded as an ~~an~~ asset, if their arrival is greeted with societal acclaim and approval, as a sign of health and virility, while to remain childless, is regarded as regrettable and is greeted with disapproval or even hostility. On yet a third level, children may be seen to be the lesser of two burdens, if the means of preventing pregnancy is difficult to come by or is difficult and awkward to practise. This is a problem facing all preventive medicine, in this case, the unseen and as yet non-existent child being less of a burden, than the trouble that may be involved in obtaining contraception.

With this in mind, the writer felt that three conditions could be identified as being necessary for successful family planning. The first could be called *Motivation* i.e. having a commitment or an incentive to plan; the second, *Reinforcement* i.e. having one's original motivation bolstered or supported; the third, having the *Means* or Resources available to put motivation into action. These

three conditions would correspond to the three different ways referred to, of seeing children as a burden - firstly when people have a more positive life expectation, secondly when they are not subject to pressures encouraging pregnancy and thirdly, when the means of prevention is easily accomplishable.

It is with these three areas, i.e.

- 1) Socio-economic-status and Modernization (or life expectations),
- 2) Group Pressure,
- 3) Resources

that the present study will concern itself, in particular with the effect of socio-economic-status and modernization. Hypotheses have been formulated in order to test the three conditions and their effect upon family planning. Selections from literature in the field, are to be reviewed on two levels - one level dealing with theoretical concerns over the underlying ethos of family planning and another level dealing with recent research into the relationship between the three conditions specified, and family planning. The underlying value which led the writer to undertake this research, was that family planning and the use of contraception for that purpose, is a desirable and positive way of behaving.

A major aim of the study is to be an investigation into the possibility and likelihood of people who are in all ways deprived - economically, politically, socially and environmentally - finding meaning in planning their families. This is a problem that is currently being faced by many of the developing countries and is increasingly being reflected in the literature on family planning. One

country which appears to be confronted with this problem, is India. This current year is the first of the Indian government's new five-year plan for birth control. £160 million was committed to the previous plan, which aimed at a considerable reduction in the birth rate. The programme had very little impact however, and the new plan, budgeting for almost twice the previous amount of expenditure, is generally viewed with pessimism. At least one report has stated,

"The overwhelming lesson that has emerged after two decades of effort to restrict population growth in India, is that until families are better off and better educated, they will continue to have too many children"¹.

It is this sort of experience, which makes a study of the relationship of deprivation to family planning, important. This aim of the study emerged out of the theoretical problems that have been discussed, as well as out of an earlier exploratory study that was undertaken in 1972². At that time, a sample of women were interviewed in an attempt to explore and ascertain which factors were important in encouraging them to plan their families. The women were living in a Coloured residential area situated about ten miles outside the city of Durban. The results of

-
1. SCHWARTZ, Walter "Family Planning Fails" New Delhi correspondent. Natal Mercury 19.1.74.
 2. LONSDALE, Susan "Family Planning - An Exploratory Study" (Unpublished dissertation for B.Soc.Sc. Honours degree. University of Natal 1972).

the study suggested that a positive association existed between three variables - income, education and knowledge of reproduction - and the practice of family planning. These relationships however, needed to be investigated more intensively, using a larger sample. As both income and education are indicators of socio-economic-status, the writer decided to incorporate the concept of deprivation, particularly socio-economic deprivation, into the present study. For this reason also, the study took place in the less prosperous sector of the same Coloured residential area, where a wider range of socio-economic classes was to be found. A brief survey of the population under investigation i.e. the Coloured people of South Africa and in particular those of this area, precedes the study.

FORMULATION OF THE HYPOTHESES

Although this study is basically an exploratory one, no investigation takes place in a theoretical vacuum. Part of the study therefore, will be to test certain hypotheses, which have either been employed in other similar studies or have been suggested to the writer in her perusal of research in the field of family planning. The study aims not only to present a factual picture of the sample population, but to analyse the data in terms of relationships that exist or do not exist between various sociological, economic and interpersonal factors on the one hand and certain demographic factors on the other. The former are treated as antecedent or independent variables. while the latter have been treated as dependent variables. There are six dependent variables, namely the knowledge about contraception possessed by the respondent and her desire to plan her family through the use of contraception, the attitudes towards contraception on the part of the respondent and her husband or predominant male in her life and the actual use of contraception by both. The attitudes and practices of contraception by the men, are those given by the respondent. There are many independent variables, all of which fall into one of the three major areas under investigation. The following hypotheses have been formulated.

Socio-Economic-Status and Modernization (or Life Expectations)

There will be more knowledge about family planning on the part of the woman, a more favourable attitude towards family planning and more actual use of contraception on

the part of both woman and man
and a greater desire to plan
her family on the part of the
woman among:

1. Families with a higher socio-economic-status (measured by income and occupation).
2. Families where both man and woman have a higher level of education, in particular the woman.
3. Families where the woman is employed.
4. Families where the woman has a higher level of emancipation.
5. Families where the woman is more future orientated and generally plans ahead in other areas of her life.
6. Families where the woman married at a later age.
7. Families where the woman's first pregnancy occurred at a later age.
8. Families who have resided for a longer period in an urban area.
9. Families manifesting a greater stability in their immediate lives (financial stability measured in terms of fewer financial problems and more avenues of help for these problems; occupational stability measured by length of time both husband and wife have been in their current employment; residential stability measured by their length of residence in Austerville).

There will be less knowledge about family planning on the part of the woman, a less favourable attitude towards family planning and less actual use of contraception on the

part of both woman and man and
less of a desire to plan her
family on the part of the woman
among:

10. Families where financial benefits are perceived as accruing to parents of many children.
11. Families where benefits other than financial are perceived as accruing to parents of many children.

Group Pressure

There will be less knowledge about
family planning on the part of the
woman, a less favourable attitude
towards family planning and less
actual use of contraception on the
part of both woman and man, and less
of a desire to plan her family
on the part of the woman, among:

12. Families where the woman perceives pressure from her immediate family, from her peer group and from some of the professional people with whom she has contact, which influences her against the use of contraception.
13. Families where either the man or the woman is of the Roman Catholic faith, but in particular the woman.
14. Families where either the man or woman is actively religious, but in particular the woman.
15. Families in which the woman perceives herself to be religious, regardless of actual religious practice.

Resources

There will be less knowledge about family planning and less actual use of contraception on the part of the woman, among:

16. Families where the woman perceives difficulty in obtaining contraceptive assistance.

There will be more use of contraception by both man and woman and more of a desire to practice family planning by the woman among:

17. Families where the woman has more knowledge about contraception.

From the nature of the dependent variables, it is obvious that the research has been designed in the form of a KAP study i.e. studying knowledge of, attitudes towards, and practices of contraception. An additional variable has been added and that is the desire of the woman to plan her family, although she may not actually ever do so. According to Berelson, KAP studies have three purposes - descriptive, evaluative and directive. By descriptive, is meant the "securing of a reliable picture of the present situation for the enlightenment of everyone concerned". By evaluative, he is referring to the measurement of change e.g. "an initial KAP survey can provide the baseline against which, progress in information, attitude and practice can be measured by subsequent surveys of similar character". By directive, is meant the guiding of programmatic decisions³.

3. BERELSON, B., "KAP Studies on Fertility" (in "Family Planning and Population Programmes" edited B. Berelson University of Chicago Press 1966) pages 665/6.

The present study, has attempted to be all three. Above all however, it is an attempt to make a contribution to the field of family planning research, which can be applied practically in the delivery of services and in the suggestion of social policy guidelines, with regard to planning in a deprived community such as the one under investigation.

THE POPULATION UNDER INVESTIGATION

It has been mentioned already, that this present study aims to investigate the likelihood of deprived people planning their families. Although this is used predominantly in the sense of economically deprived people, deprivation itself, often extends over many different areas of life. By way of introducing the study therefore, the writer felt it was necessary to establish that the population under investigation i.e. the Coloured people of South Africa, are economically, politically, socially and culturally deprived. Within this, it is also necessary to establish that the sample population has been drawn from a particular group of Coloured people who are also considered to be in a state of deprivation.

THE COLOURED PEOPLE

What is meant by the words "Coloured People", in the South African context? According to Proclamation R123 of 1967, this phrase refers to anyone in the following population groups:

1. Cape Coloured
2. Malay
3. Griqua
4. Chinese
5. Indian
6. Other Asiatic
7. Other Coloured.

The use of the term "Coloured" however, usually refers to Groups 1, 2, 3 and 7. The Group Areas Act No. 41 of 1950 as amended, adopts this usage, the remaining

groups being referred to as "Asiatic"⁴. It is therefore on this basis that residential separation occurs. Among people classified as Coloured, there are many different varieties of physical features. These range from the dark skinned, negroid type to the fair skinned caucasoid type, which results in very many different combinations of features. According to Whisson, they are "in fact as well as in law, not a group in the normal sense of the term, but a residual category of person whose sole common feature is negatively defined - they are neither legally "White" nor legally "Bantu"⁵.

a). Cultural deprivation

The origin of this group of people, is strongly debated. One of the most authoritative works on the Coloured people, is that of Jan S. Marais. Marais, an historian, calls his work "essentially a study of race relations"⁶. Despite the fact that it is an historical study of the Coloureds of the Cape Colony, it offers valuable insights into the situation of the South African Coloureds as a whole. The origins of the Cape Coloureds lie in

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4. WHISSON, M.G. "The Coloured People" (in "South Africa's Minorities" edited Peter Randall. Sprocas Occasional Publication No. 2; Johannesburg 1971).
 5. WHISSON, M.G. "The Legitimacy of Treating Coloured People in South Africa, as a Minority Group" (ASSA Sociology Southern Africa 1973). Papers from the first congress of the Association for Sociologists in Southern Africa. University of Natal, 1973) page 214.
 6. MARAIS, J.S. "The Cape Coloured People 1652 - 1937" (Witwatersrand University Press. Johannesburg 1962. First published 1939 Longmans Green & Co.) Preface.

four elements according to Marais, the most important being the slaves who were brought to the Cape, and the indigenous nomadic people known as the Hottentots. The two minor elements contributing to the origin of the Coloureds are stated to be the Bushmen and the Europeans. According to Leo Marquard however, the Coloured group has its origins in the 17th century slave population. The slaves consisted of negroes from the West Coast of Africa and others from East Africa, Madagascar, Ceylon, India and Malaya. According to Marquard, unions between the slaves and the Europeans were frequent and 75% of children born to slave mothers between 1652 and 1672, were estimated to have European fathers. He goes on to say that, although miscegenation decreased as time went on, a new 'race' had already been created⁷. Of this new race, Marais states,

"They formed a curious intermediate class between the Europeans and the mass of Coloured people. Very conscious of their kinship with the former, they clung pathetically to such European standards as they knew, without having any hope of being admitted into European Society"⁸.

The writer feels that this aspiration towards European Society is still to be found among very many Coloured people. In his study of the

7. MARQUARD, Leo. "The Peoples and Policies of South Africa" (Oxford University Press 1952) page 76.

8. MARAIS, J.S. Op.cit, page 107.

stratification system in Port Nolloth, a town in Namaqualand in the Cape, West found that physical characteristics were of prime importance in the stratification within the Coloured caste. Discrimination against darker skinned and curlier haired people, was found to be considerable. Coloured people of negroid appearance were viewed with hostility, "almost as traitors to their caste"⁹. There was an exception to this general rule, revolving around a small group within the community, the Basters. The Basters were also treated with hostility, the reason being given as their White appearance. The recent rise of Black consciousness in South Africa, has led to the emergence of a pride in being black, and may account for a new situation where there is a dilemma of which group to aspire to - black or white. The two main political parties in Coloured politics also reflect this cultural dilemma, one favouring co-operation with the white government and the other increasingly aligning itself with the black political movements and those advocating Brown consciousness. Whisson however suggests that in many areas, the status quo is felt to be preferable to a closer association with the African¹⁰.

In this respect, it is interesting to take note of a recent study that was undertaken. In 1973 Dr. M.L. Edelstein, the Chief Welfare Officer of Johannesburg's non-European Affairs Department

9. WEST, Martin E., "Divided Community - A Study of Social Groups and Racial Attitudes in a South African Town" (A.A. Balkema, Cape Town 1971) page 101.

10. WHISSON, M.G. Op.cit (1971), page 49.

undertook a "Sociological Study of the Coloured Community of Johannesburg with special reference to Attitude Analysis"¹¹. The sample was of 500 middle class Coloured people. 62% of the sample believed that the Coloureds should form an integral part of the South African nation while 32% felt it should form a nation of its own. These two beliefs, it should be noted, reflect the policies of the two main political parties. 32% supported the Labour Party, 9% the Federal and 37% none of the existing parties. Generally however the findings indicated that the Coloureds were becoming alienated and unco-operative and that their relationship to the whites was full of actual and latent friction. Many grievances were also reported, one of the main ones being "unequal pay for equal work (73%), closely followed by colour bias in employment (67%), inadequate educational opportunities (56%) and inadequate accommodation (52%)"¹². These priorities are very likely a reflection of the middle class nature of the sample. Inadequate education and housing would possibly be higher on the list of grievances of a poorer class of Coloureds.

With their ambivalent and conflicting aspirations, their cultural ambiguity and their uncertain origins, it is the opinion of the writer that the Coloureds can be considered to be culturally deprived.

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11. South African Institute of Race Relations (S.A.I.R.R) "A survey of Race Relations in S.A. 1973" compiled by Muriel Horrell and Dudley Horner (S.A.I.R.R. Johannesburg, January, 1974) pages 19 - 21.
 12. S.A.I.R.R. "A survey of Race Relations in S.A. 1973" Ibid., page 20.

b). Political deprivation

The Coloured people have suffered a disadvantage, in a situation where a social, economic and political premium has been placed on being white. At the time of Union, in 1910, Coloured men in the Cape and in Natal had voting rights on a common role with White men. In 1930 European women were enfranchised, with voting qualifications being abolished for European men but retained for Coloured men in 1931. The Coloured people were therefore already at a disadvantage long before 1951, when the Nationalist government placed the Coloured people on a separate voter's roll. The year prior to this, the Group Areas Act had forced the different race groups into social and residential segregation¹³. Prior to this however, in 1943, the Smuts' government had nominated a Coloured Advisory Council, the response to which was immediate boycott of all Government sponsored bodies, by many groups opposed to the Council. By 1950 most members had resigned and the Council was abolished. In 1956 the Union Council for Coloured Affairs was formed, again leading to a very active boycott movement, elections showing a very low poll. The Union Council was replaced in 1969 by the Coloured Person's Representative Council (CRC) which is still in existence¹⁴. The Council has forty elected members and twenty nominated members. The chairman is elected by members, but there exists an Executive Committee whose chairman is designated by the State

13. MARQUARD, Leo, Op.cit, pages 79 - 80.

14. WHISSON, M.G. Op.cit (1971), page 47.

President of South Africa and whose four other members are elected. Two major political parties have emerged: the Federal Coloured People's Party which has a policy supporting the White government's official policy of parallel development and the Labour Party which has consistently demanded full political and economic integration with the Whites. Three smaller parties support parallel development in various different forms¹⁵.

The question that can then be asked, is why the Coloured people have been described as politically deprived if they have a vote and a political structure in which to operate? In order to answer this, it is necessary to look closely at this structure and at how much political power it effectively offers the Coloured people. To do this, it is necessary to examine the first and only election that has taken place to date and to consider its consequences.

The election took place on 24th September, 1969. The Labour Party won twenty-six seats, the Federal Party won twelve, the Nationalist Party and the Republican Party each won one seat. The percentage poll was 70,9%¹⁶, although Whisson suggests that again boycotting of elections took place, particularly in urban areas of the Western Cape where percentage polls were very low. This happened despite much political awareness and ease of transport to the polls

15. HORRELL Muriel, "South Africa: Basic Facts and Figures" (S.A.I.R.R. Johannesburg 1973) page 13.

16. S.A.I.R.R. "A survey of Race Relations in S.A. 1972", compiled by Muriel Horrell, Dudley Horner, John Kane Berman and Robin Margo (S.A.I.R.R. Johannesburg, January, 1973).

in these areas¹⁷. The government then nominated twenty members all from the Federal Party, thirteen of whom had lost their seats in the election. One of these thirteen was Mr. Tom Swartz, the government appointed chairman of the Union Council, who was then nominated as Chairman of the Executive¹⁸. These moves by the government have led to much disillusionment and anger among the Coloured people. The Labour Party have consistently boycotted the official openings of each Council session. In 1972 the party's National Congress decided to boycott all entertainment and sporting events that were organised on a racial basis. That same year a by-election was held with a percentage poll of only 56,8% and a very slight majority for the Federal Party - perhaps a further indication of boycott by Labour supporters¹⁹. This was followed by the refusal of the South African Government to issue passports to the leader of the Labour Party, Mr. Sonny Leon and his family. The government offered to reconsider his application, if he would refrain from "harming the interests of South Africa" while overseas. Mr. Leon rejected this²⁰.

The Federal Party appointments to the Council, i.e. appointments of representatives whom the Coloured people had themselves rejected, and the threats to

17. WHISSON, M.G. (1971) Op.cit, page 52.

18. MIDDLETON Norman, "The Coloured Person's Representative Council" (Reality. January, 1972).

19. S.A.I.R.R. "A survey of Race Relations in S.A. 1972" Op.cit, page 20.

20. S.A.I.R.R. "A survey of Race Relations in S.A. 1973" Op.cit, page 19.

Labour Party leaders, in effect, make spurious the claim that the Coloured people have any real political participation.

On March 23, 1973, the appointment of a Commission of Enquiry into matters relating to the Coloured population group, was gazetted and requested to report within eighteen months. The Commission was headed by Professor Erika Theron and is popularly known as the Theron Commission. The other members are six Coloured men and twelve Whites. The Labour Party and the Natal Coloured Teachers' Association were reported²¹ to be withholding evidence unless subpoenaed, because of the identification of the Coloureds as a separate population group. One of the tasks of the Commission will be to issue an extensive questionnaire to about two thousand Coloured leaders, e.g. politicians, school principals, church leaders, sporting leaders, on their views. The Commission's charge is to advise the government on future policy regarding the Coloured people²².

1974 will see two major events in the affairs of the Coloured people. The second election of the Coloured Peoples' Representative Council is due to take place. There have been reports of a Labour - Federal Party merger. The April congress of the Federal Party in the Transvaal, reflected a mood of anger at the treatment by Whites of Coloureds and the feeling that co-operation with the government would only be insofar as it benefitted Coloureds²³. However Mr. Sonny Leon dismissed reports of a possible merger on the basis that the two parties are "diametrically

21. The Star, Johannesburg, 22.5.73.

22. To the Point, 18.1.74.

23, Daily News, Durban, 8.4.74.

opposed". He stated that one basis of unity could be in terms of political strategy in the CRC, i.e. "to confront the government as one voice"²⁴. A new party has been formed, the Liberal Independence Party, which will work outside of the CRC but in collaboration with the government²⁵.

The next election which is due to take place in 1979 will be the first election where all sixty members are to be elected. In the words of Whisson though, "Coloured politics are overwhelmingly politics of reaction, reaction to situations created for the Coloured people by the politically dominant Whites"²⁶. Because the National Party then, has no clearly defined policy for the Coloured people, it is difficult to surmise on future developments. This is also difficult due to the enormous variations within the Coloured group itself. A very recent situation has developed over the last two days however, which highlights the Coloured people's own growing awareness of their Council's ineffectiveness. On July 24, 1974, a Labour Party resolution expressing no confidence in the policy of parallel development and its institutions, including the CRC, was passed by the Council for the first time and the government appointed executive chairman was called on to resign by the opposition²⁷. Although it is too soon to report on the effects of this development, it seems that the government will be forced into a position

24. Daily News, Durban, 7.5.74.

25. Daily News, Durban, 8.5.74.

26. WHISSON, M.G. Op.cit, (1971) page 76.

27. Natal Mercury, Durban and Daily News, Durban, 25.7.74.

of overruling decisions made by the CRC, e.g. its threat to refuse to pass the budget, thus reinforcing the fact that the CRC is not an independent political structure. On the same day that this vote of no confidence was passed, the government's Minister of the Interior and of Information, stated categorically, that the Coloured people would never participate in White politics and would never be represented either directly or indirectly in Parliament²⁸.

It seems clear therefore that the Coloured people, are in a state of political deprivation and powerlessness, despite the existence of a political structure in which to operate.

c). Socio-economic deprivation

Socio-economic deprivation, is often reflected in the demographic characteristics of a population, such as a high population growth rate, a high infant mortality rate, and a high dependency ratio. The Coloured population shows all of these characteristics.

There are 2,018,533 Coloured people in South Africa, as against 3,750,716 Whites and 620,422 Asians and 15,057,952 Africans²⁹. The Coloured population according to province is as follows:

Cape	1,751,546
Natal	66,821
Transvaal	150,831
Orange Free State	36,192 ³⁰

28. Daily News, Durban, 24.7.74. (opening address at the thirty-first congress of the Nationalist Party in Windhoek, South West Africa).

29. Population Census 6.5.70. Report No. 02-05-01 R.S.A. Department of Statistics.

30. Ibid.

The number of Coloureds in Natal has increased since the 1960 census from 43,780 to 66,821. This is in line with population increases in the other provinces, but may well be partly due to migration rather than natural population increase. As from 1963 when the Transkei was proclaimed a Bantu homeland and more recently with the proclamation of other areas of Natal and Zululand as Bantu Homelands, many Coloureds have been resettled in the more urban and industrial areas of Natal. The increase of population may be considerably due to the influx from the Transkei and the increased accuracy that one would expect from urban as against rural census figures. With regard to the increasing population of the Coloured group, one has always to also take into account the implementation of the Race Classification Act, where children of doubtful parentage are classified as Coloured.

The above factors may partly contribute to the fact that of the four population groups in South Africa, the Coloured group has the highest rate of natural population increase - reported by Cilliers at 33,4 per 1 000 as against 13,4 for Whites, 23,5 for Asians and 26,6 for Africans³¹. The high growth occurs in spite of the fact that the Coloureds also have a relatively high infant mortality rate. This was reported to be one hundred and thirty per one thousand live births by Professor J.L. Sadie in 1970³². With the increasing urbanisation of the

31. CILLIERS, S.P. "The Need for Population Control in South Africa" (Maatskaplike Werk/Social Work, March 1971) page 21.

32. BARRATT J & LOUW, M., editors. "International Aspects of Overpopulation". Proceedings of a conference held by the South African Institute of International Affairs at Johannesburg. (McMillan Press Ltd., London, 1972).

Coloured people, this high infant mortality rate can be expected to decrease. Without a parallel lowering in the birth rate, their already high population growth rate can be expected to increase even more. The crude infant mortality rate per one thousand for the Durban Coloured population decreased slightly from 35,08 in 1970 to 32,35 in 1971³³. And the crude birth rate has increased slightly by 0,55 over this same period³⁴.

It is also interesting to look at some figures regarding what is known as the dependency ratio of a population. This is the ratio of economically active people in the population to the dependent people, i.e. those under fifteen years of age and over sixty-four years of age. The dependency ratio of the Coloured group is extremely high, almost 100%³⁵. The 1970 population census gave the following figures for the Coloured group in South Africa:

People aged 15 - 64	=	1,070,010
People aged 0 - 15 & 65+	=	1,027,060 ³⁶

This means that just over 50% of the population must support the entire group. This is in contrast to 2,384,850 Whites who must support only 1,437,550

33. Annual Report of City Medical Officer of Health, year ended 31.12.71.

34. Annual Report of City Medical Officer of Health, year ended 31.12.71.

35. CILLIERS, S.P. "The Need for Population Control in South Africa" (Maatskaplike Werk/Social Work, March, 1971) page 21.

36. SADIE, J.L. "Projections of the South African Population 1970 - 2020" (Published by the Industrial Development Corporation of South Africa, Johannesburg, 1973) pages 59 - 60.

dependents³⁷. Cilliers also reports that population projections estimate that the number of children below fifteen years of age will nearly double by 1985³⁸.

What this increase in the Coloured population and in the Coloured dependency ratio, has done, is to highlight the housing shortages and the poverty of community resources in Coloured residential areas. The projected population increase means that provision will have to be made to double the present educational facilities and housing facilities for the Coloured population.

Two further indications of social breakdown may be found in the illegitimacy rates and crime rates in the Coloured community. There is a relatively high rate of illegitimacy, which is borne out by information released by the Department of Statistics. The illegitimacy rates for three of the population groups in South Africa over the period 1967 - 1970, are as follows:

Whites	-	3%)	of children born during this period of time ³⁹ .
Asians	-	7%)	
Coloureds	-	43%)	

Similarly, the number of registered illegitimate births in 1971 was:

Whites	-	2,634
Asians	-	1,928
Coloureds	-	32,220 ⁴⁰ .

37. SADIE, J.L. Op.cit, pages 45 - 46

38. CILLIERS, S.P. "Coloured People Education and Status" (S.A.I.R.R., Johannesburg 1971) page 6.

39. S.A.I.R.R. "A survey of Race Relations in South Africa 1972" Op.cit, page 65.

40. HANSARD 15 Cols. 917 - 8, 25.5.73. (reported in S.A.I.R.R. 1973 (published 1974) Op.cit, page 51.

Some interesting information exists concerning excessive drinking amongst the Coloureds. In his study of the Cape Coloureds, Cilliers comments that offences against the liquor laws, including drunkenness, accounted for one-third of all convictions against Coloureds in 1960. This did not include crimes such as assault or trespass, which may have occurred under the influence of liquor⁴¹. Although not related to drinking, the daily average prison population for the period 1.7.1969 to 30.6.1970 per 100,000 was:

Whites	86
Asians	80
Coloureds	791
Africans	476 ⁴²

From this information, it would appear that there is quite a large amount of social breakdown within the Coloured community. It would appear too, that the increase in population, is going to add severe strains to the economic well being of many people who are already deprived.

THE COLOURED PEOPLE OF DURBAN AND IN PARTICULAR, AUSTERVILLE:

Most studies of the Coloured people focus on the Cape Coloureds because they form the bulk of South Africa's Coloured population. It is as well therefore to note that the Durban Coloureds differ quite considerably from their Cape counterparts, who make up 89% of the Coloured population. In South Africa as a whole 90% are Afrikaans speaking, 7% are of the Roman Catholic faith and 29% are of the Dutch Reform

41. CILLIERS, S.P. "The Coloured People of South Africa" (Banier Publications, Cape Town, 1963) page 35.

42. NICRO, "Crime, Punishment and Correction" (March, 1973 - reported in S.A.I.R.R. 1973 (published 1974)) page 70.

faith. By contrast in Durban 18% of the Coloureds speak Afrikaans, 43% are Roman Catholic and 0,9% belong to the Dutch Reform Church. Dickie Clarke points out as well that the mean income of Durban Coloureds is nearly twice that of all Coloureds in South Africa⁴³. The ancestry of the Durban Coloureds is also different, with a relative absence of the Hottentot strain and an increase in the European and African components. Dickie Clarke states that the distinctiveness of the Durban Coloureds was reduced in more recent times due to immigration patterns and the decrease of Mauritian and St. Helenan immigrants. However their origins were certainly very different from those of the Cape. According to M.M. Sampson who obtained her information partly from a report by J.P. Engelbrecht, three main groups contributed to the bulk of Natal Coloureds.

- | | |
|------------------|----------------------------|
| 1. Euro-Africans | |
| 2. St. Helenans) | concentrated in Durban and |
| 3. Mauritians) | Pietermaritzburg |

She includes a further group, the

4. Euro-Asians who evolved after 1860 when Indians first arrived in South Africa and settled in Natal as labour for the sugar canefields⁴⁴.

43. DICKIE CLARKE, H.F. "The Marginal Situation - a Sociological study of a Coloured Group" (Routledge and Kegan Paul Ltd., London 1966), page 77.

44. SAMPSON, M.M. "The Value of Meaningful Welfare Planning" (Paper delivered at the Coloured Welfare Symposium, Bechet College, Durban 15.9.1973), pages 3 - 4.

The Mauritian and St. Helenan elements would undoubtedly be contributory factors to the large Roman Catholic element in the Durban community, as against the Coloureds in the rest of South Africa. Despite the contribution of the Indians, there is no large Muslim Group in the Durban Coloureds.

Among the Durban Coloureds, there are few signs of a distinctive culture or sub-culture. Sampson refers to the Coloureds as a "racial group" and maintains that they cannot be called a community, because of the diverse cultural patterns within the group. She says further, that if welfare planning is to be meaningful, then cognisance must be taken of this, and it must be specific to the heterogeneous nature of the Durban Coloureds⁴⁵.

According to the Minister of Planning the approximate extent in hectares of group areas proclaimed in Durban by February, 1973 was:

Whites	24,447
Coloureds	3,073
Indians	16,216 ⁴⁶

The areas proclaimed for Coloureds are Sparks Estate, Greenwood Park and Wentworth. The latter is a more recently established area, is further out of town than the other two and is the poorest and most underdeveloped area of the three. It is built around a wartime naval camp which was previously a sub-economic area for Whites. The sample population of the present study, was drawn from the largest sector of the area of Wentworth,

45. Ibid. page 10.

46. S.A.I.R.R. "A survey of Race Relations in South Africa 1973" Op.cit., page 123.

known as Austerville, the other smaller area being called Merewent. Merewent is administered by the Durban Corporation (i.e. Municipal) whereas Austerville is administered by the Department of Community Development (i.e. Central Government). The population of the total area of Wentworth is 14,140⁴⁷. The Austerville housing scheme consists of:

748 economic houses (543 of which are barrack houses)
714 sub-economic houses (524 of which are semi-detached)
97 economic flats
184 sub-economic flats
<hr/> 1 743 total dwelling units

The total population of this housing scheme as at February, 1971 was 11,733⁴⁸. Subsequent to this however, plans were made to put up 624 new flat units and 37 houses. Most of these are completed. The new flats consist of two hundred and sixteen sub-economic flats, two hundred and ten economic two-bedroom flats, one hundred and forty-four three-bedroomed flats and fifty-four others⁴⁹.

With regard to government subsidised housing for Coloureds, there are two categories of houses:

- a) Sub-economic: For occupancy of these houses the head of the family must not earn more than R80,00 per month. The income of the wife is ignored.

47. Population Census Report No. 02-05-01 (R.S.A. Department of Statistics 6 May, 1970) page 2.

48. CAREW, R. "Austerville" (Unpublished dissertation for Social Work Honours degree, University of Natal, Durban 1971) page 52.

49. Information given by the Durban City Engineers' Department.

- b) Economic: For occupancy of these houses the gross salary must not exceed R320 per month. Again the income of the wife is ignored⁵⁰.

These income limits are irrespective of the number of children per family. The principle behind these housing schemes is that no-one should pay more than a fifth of their income on accommodation. This, however, does not always seem to be the case, as there is a minimum rent laid down by the Department of Community Development of R4,40 which even those families with an income of below R22,00 must pay. Many people interviewed in this present study were paying more than one fifth of their incomes as rent. There was often a reluctance to query this, for fear of eviction, particularly in situations where people were living illegally under the names of previous tenants.

There appears to be a very large backlog of accommodation, with many dwellings accommodating more than one family. People are thus being forced into a kind of extended family pattern of living because of the shortage of housing. This is important in terms of the probability that there will always be relatives or other people in the home to care for children while the mother works. This has been noted as a reason for "the absence of a negative relationship between female employment

50. S.A.I.R.R. "A survey of Race Relations in South Africa 1973". Op.cit, page 116 and WALLJEE, M. "Housing and Recreation facilities" (paper delivered at the Coloured Welfare Symposium, Bechet College, Durban, 15.9.1973) pages 1 - 2.

status and fertility", under certain societal conditions⁵¹.

No studies have been undertaken into the living conditions of the Austerville area as yet. In 1972 a study of the living conditions was undertaken in the smaller Corporation run area of Merewent⁵². Although this is not the area presently under investigation, it is an economic area with better facilities generally than the Austerville area. It is therefore interesting to note the following: According to the minimum standards of housing accommodation for Blacks, laid down by the National Housing and Planning Commission of 1951, 26% of the sample were living above the minimum standard, 21% were living on the minimum standard and 53% were living below the minimum standard⁵³.

Information was obtained from ninety-one of a possible 414 households, i.e. just less than a quarter of the inhabitant households. A similar survey in the poorer sub-economic area of Austerville is therefore likely to yield higher rates of overcrowding.

The area of Austerville is poor in normal community facilities and in welfare facilities. In the entire area of Austerville, serving a population which must now be over 12,000, are twelve

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51. WELLER, Robert H. "The Impact of Employment Upon Fertility" (in Michel, Andr  e - 'Family Issues of Employed Women in Europe and America', E.J. Brill, Leiden 1971) pages 158 - 9.
 52. University of Natal, "A Study of the Living Conditions of the Coloured People of Austerville/Merebank/Wentworth" (unpublished study, Department of Social Work, 1972) ref. 20.
 53. University of Natal, "The Study of Living Conditions of the Coloured People of" Op.cit, pages 15 - 16.

shops, sixteen churches, five schools, one recreation hall, one kindergarden, no parks and no cinemas⁵⁴. There is a hotel adjacent to the area, which has recently been built. It has often been suggested, that when there are few recreational resources and a poor environment in a community, the people will look to their families for fulfilment and to their children for stimulation. The writer would like to suggest that Austerville, lacking resources, being architecturally ugly and poorly planned and housing the poorer portion of the Coloured people in Durban, constitutes a deprived area.

54. CAREW, R. "Austerville" Op.cit, page 54.

PART II

REVIEW OF THE LITERATURE

Theoretical Trends

Trends in the Research

PART II : REVIEW OF THE LITERATURE

The literature under review, is to be considered in terms of the theoretical concerns which are presently being debated, and in terms of the current research trends which are being followed, in the field of family planning. Because of the wide scope of the field, work to be reviewed has been selected according to certain criteria. No selection has been made on the basis of work relevant to developed as against developing, or urban as against rural areas, as is often done. The reason for this, is the diverse nature of the population under investigation. South Africa is in the peculiar position of being both a developed and an underdeveloped country; at the same time that there are large rural areas that are underdeveloped, there are also highly developed industrial centres. The Coloured people too, are a partly agricultural and a partly modernized group. Although the majority of the sample said that they had lived in an urban area for the most part of their lives, many had spent their childhood or part of it, on a farm. As a result, the writer felt it was necessary to look at the experience in both rural and urban areas, with regard to the literature, particularly the research that has been undertaken. Selection was therefore made on the basis of the underlying theme of the study alone, i.e. the feasibility of formulating a family planning programme, perhaps as part of the welfare planning, for a deprived community.

The first part of the review considers some of the literature dealing with poverty and deprivation generally. This includes an appraisal of the concept of the "culture of poverty", and related aspects such as the multi deficit family and the study of poverty from within. Poverty is then reviewed

specifically in the context of family planning. An analysis has been made of the controversy over the relationship between deprived people and family planning, as emerged out of the Brighton conference. This conference brings together the most recent views on the subject from leading members of the Family Planning Movement, and reflects possible directions that International Planned Parenthood Federation policy, will be taking. Finally, two different approaches to the implementation of services for the poor are discussed, as the logical practical outcome of such a controversy.

THEORETICAL TRENDS

A concept commonly used by some sociologists and anthropologists, particularly in the sixties, was that of the "culture of poverty". The idea behind the phrase seems to have originated in the work done by E. Franklin Frazier, on the American Negro¹. It is interesting to note at this point, that S.P. Cilliers compares Frazier's description of the mother-dominated nature of the lower class Negro families, to his own findings about Cape Coloured families². In his work, Frazier regards the failures of the lower income Negro as their own failures, rather than the failure of society to offer them opportunities in which to succeed. He recognizes that, historically, urbanisation brought about the original disintegration of black folk culture, but maintains that the current disorder and instability is a reflection of a pathology, that had been built into the culture itself. It was this theme that was later coined in the phrase, the "culture of poverty". According to social anthropologist, Charles Valentine however, a culture by definition has the qualities of "organization, pattern and design"³, and that life in the culture of the poor is, paradoxically, a life without culture, a life without the major elements necessary to culture⁴.

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1. FRANKLIN FRAZIER, E., "The Negro Family in the United States" (revised and abridged edition, University of Chicago Press, Chicago 1968).
 2. CILLIERS, S.P., "The Coloured People of South Africa" (Banier Publications, Cape Town 1963) page 26.
 3. VALENTINE, Charles A., "Culture and Poverty" (University of Chicago Press, Chicago 1968) page 11.
 4. Ibid. page 21.

More recent authors have taken up this theme, also with regard to the American Negro. One who should be mentioned is Moynihan, since he assisted in drafting the original poverty legislation for the Economic Opportunity Act of 1963, and since some of his work became the basis for new federal policy goals regarding the poor in America⁵. In 1965 the Department of Labour issued a report on the Negro community, which became known as the Moynihan Report⁶. The report emphasised a lower class sub-culture, disorganised, matriarchal, incorporating delinquency, crime and educational failure. The fundamental problem was seen to be the family structure, which perpetuated these characteristics⁷. Again, the reasons for the disintegration were seen to be internal to the group itself, the problems lying within the pathological nature of the people concerned.

The very word "culture" implies, "a design for living, which is passed down from generation to generation"⁸. Oscar Lewis, who defines it as such, gave two sides to poverty, by applying the concept of culture to it. One side was poverty as a state of deprivation, the other was poverty as possessing a structure and a rationale, without which the poor could not live. For Lewis, the "culture of poverty" was a means by which people could cope with the despair of their environment. If poverty does

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5. MOYNIHAN, Daniel P., "Maximum Feasible Misunderstanding" (Collier McMillan. The Free Press, New York 1969, page xv.) Although the 'War on Poverty' programme arising out of the Act, should not itself be considered to necessarily contain a narrow definition of poverty.
 6. MOYNIHAN, Daniel P., "The Negro Family: The Case for National Action" (Department of Labour, Washington 1965).
 7. MOYNIHAN, Daniel P. Ibid. (1965) page 1
 8. Quoted in HERTZOG, Elizabeth, "Is there a Culture of Poverty?" (in 'Poverty in the Affluent Society' edited Hanna H. Meissner, Harper & Row, New York 1966), page 92.

have a culture of its own, as these writers suggest, then the elimination of physical poverty would not be enough to limit it altogether. In fact Lewis states that the "social work-cum-psychiatry approach", would be the major solution to altering the behaviour of the poor in America⁹. With regard to Lewis' definition of the "culture of poverty", Whisson draws an analogy to the Coloureds. The Coloured people are also in the state that Lewis refers to as "acute and inescapable relative deprivation". In adapting to this situation, he suggests that large sections of the Coloured group are now sharing certain positive values. The majority participate thus, in a "culture of poverty" which involves a "conditioned response to that situation (i.e. lack of economic opportunities) over generations" and an "acceptance of its inevitability, even its morality, as being a God-given situation"¹⁰.

With regard to some of the generalisations made about the character of the "culture of poverty", two have particular interest to the present study. One is the belief by the poor that they cannot control their own destinies, reflected in fatalism. The other is that the poor have a shorter time perspective, i.e. they are present rather than future orientated, and this is reflected in a low level of aspiration¹¹. Both these factors are considered to be important for effective family planning, and are hypothesised as such in this study.

A certain genre of literature in social work seems to have been influenced by the "culture of poverty" theme. This was work dealing with the

9. VALENTINE, Charles A. Op.cit, page 76.

10. WHISSON, M.G., Op.cit, (1973), page 225.

11. HERTZOG, Elizabeth, Op.cit, page 94.

'multi-problem' family. According to Meyer, the term 'multi-problem' family came into use, not as a description of a situation, but as a "pseudodiagnostic classification"¹². It replaced terms such as 'hard-to-reach', 'self-defeating' and 'hard-core', which were felt to be too negative. More recently, multi-problem has been replaced by 'multi-deficit'. These terms also reflect the conflict mentioned earlier between the two approaches of dealing with poverty - the personal pathology of the client or the deficit in community resources. Whether a change in name or concept actually changes the practice, remains to be seen.

The description of the 'multi-deficit' family is very similar to the family described in the "culture of poverty" literature. Characteristic of the family is the pervasiveness of their disorganisation and disintegration, the repetition of the problem from generation to generation and their lack of motivation to seek help¹³. However, some social workers had always recognised that although they were focusing on the psycho-social rather than the socio-economic problems, these were

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12. MEYER, Carol H. "Individualising the Multi-Problem Family" (ed. Turner, F.J. "Differential Diagnosis and Treatment in Social Work", Collier McMillan Ltd., London, 1963. Reprinted from Social Casework, May 1963) page 593.
 13. Seen in such works as OVERTON, A. and Tinker, K. "The Casework Notebook" (Greater St. Paul Community Chest and Councils Family Centred Project 1957), MEYER, Carol H. Op.cit, GEISMAR, L. and KRISBERG, J. "Family Life Improvement Project Experiment in Preventative Intervention, Part I and II" (Social Case Work. November 1966 and December 1966). GEISMAR, L. "Family and Community Functioning" (Scarecrow Press 1971), GEISMAR, L. and KRISBERG, J. "The Forgotten Neighbourhood" (Scarecrow Press Inc. 1967), and MC BROOM, E. "Socialisation and Social Casework" (from Roberts, R.W. & Nee, R. 'Theories of Social Casework', University of Chicago Press, 1970).

not "new clinical entities or 'lower classisms'", but were a reflection of the economic poverty of the families concerned¹⁴.

Ways of dealing with this type of family ranged from emphasising the strengths rather than the weaknesses of the families, i.e. helping not investigating, to attempting to resocialise the adults in the family¹⁵. Despite the recognition of the role played by poverty and discrimination in the multi-deficit family, the chief method of dealing with the problem was that of family therapy or other particular methods of casework. This in itself, placed the social worker into a situation of working with the family itself rather than with the community. This is illustrated too in Geismar's measurement of family functioning. He used a seven point scale ranging from inadequate to adequate functioning on the basis of criteria such as "Is family functioning in line with the community's laws and mores? Is family functioning conducive to the family's well-being? Is it conducive to the welfare of the community? and so on"¹⁶. Using this scale to measure change in thirty multi-problem families, Geismar found that intervention and treatment significantly affected the functioning of the family¹⁷.

14. MEYER, Carol H. Op.cit, page 596.

15. MC BROOM, E. "Socialisation and Social Casework" (from ROBERTS, R.W. and NEE, R. Op.cit.)

16. GEISMAR, L and LA SORTE, Michael A. "Understanding the Multi-problem Family: a Conceptual Analysis and Exploration in Early Identification" (New York Association Press 1964) page 73. and GEISMAR, L and KRISBERG, Jane, "The Forgotten Neighbourhood" (Scarecrow Press Inc. 1967) page 320.

17. GEISMAR, L and KRISBERG, Jane (1967), Op.cit, page 335 ff.

Thus it can be seen that in broad terms, the multi-problem or multi-deficit approach to families in poverty was a similar one to that adopted by the theorists of the "culture of poverty".

This concept of the "culture of poverty", has been severely criticised for its treatment of poverty as a symptom of deviant behaviour (although the origins of poverty may be recognised as social, as in Frazier) and for its exoneration of the wider society and its role in creating poverty. For, as has been stated, "if the 'culture of poverty' is to blame, then, logically, the social and economic system is blameless"¹⁸. The concept has also been defended. One of its critics, anthropologist Valentine maintains that the whole notion of a "culture of poverty" contradicts all the positive aspects that go into the making of the concept of a culture. He states that the distinction has not been made between "cultural values and situational or circumstantial adaptations"¹⁹. He compares what he calls the "social-work solution" to poverty, with colonialism, and maximum feasible participation, with indirect rule by the colonists²⁰. These solutions have arisen out of the concept of the "culture of poverty" and have failed. As an alternative, he proposes a programme of positive discrimination in the fields of employment and training. Neither the 'social-work solution' nor simply offering equal opportunity can possibly make

18. TITMUSS, Richard. "Poverty Versus Inequality" (in "Poverty" ed. ROACH, Jack L. and ROACH, Janet K. (Penguin Books 1972) page 317.

19. VALENTINE, Charles A. Op.cit, page 7.

20. VALENTINE, Charles A. Op.cit, page 150.

up for centuries of severe denial of opportunity, according to Valentine²¹.

Another critic of the theory is social worker Alvin Schorr. If certain deprivations persist, he maintains, certain attitudes associated with them may also persist. And because the attitudes persist, one should not consider them as independent phenomena²². He quotes at length from the clinical literature on nutrition, to illustrate how many symptoms are taken to be psychological or cultural, that are simply a result of malnutrition - depression, fatigue, apathy, impotence, inability to sleep and loss of ambition. The impact of poor housing can have equally severe results - pessimism, passivity, poor health, difficulty in household management and child rearing²³.

Chaim Waxman defends the criticism that the "culture of poverty" involves a value judgement and asserts that the problem lies in the inadequacy of the language used rather than in the value behind the language used²⁴. He acknowledges that the concept may be a dangerous one, which has been abused. He maintains however, that if one looks at the "culture of poverty" theorists in the broader perspective of their work and private lives, one does not find the ideological overtones imputed to them.

21. VALENTINE, Charles A. Op.cit, page 157 ff.

22. SCHORR, Alvin L. "Explorations in Social Policy" (Basic Books Inc., New York 1968). page 174.

23. Ibid. page 170.

24. WAXMAN, Chaim I. "Culture, Poverty and Ideology" (in Offenbacher, D.I. and Poster, Constance H. 'Social Problems and Social Policy', Meredith Corporation, New York 1970). page 62.

A new kind of study of poverty and its effects, is reflected in the work of Jeremy Seabrook on British working class life. Seabrook refers to his work as a combination of objective sociological study and interpretative commentary of the type common to novelists. His purpose appears to be to illustrate the degradation imposed on the poor and the submission of the poor to that degradation.

The first of his books "The Unprivileged", is a history of his own working class family and their allegiance to a rigidly fixed pattern and code of behaviour. The material has been obtained from oral tradition and is supplemented by his own subjective observations. The general submission to poverty is described as the submission to an "incomprehensible and impenetrable force which moulded and shaped her life"²⁵. The closed nature of the kinship group and its resistance to change of any sort is expressed as follows: "..... no-one was ever encouraged to leave the family group, for however brief a period, and expose himself to alien ideas we had been taught to resist everything"²⁶. Relationships too, were strictly prescribed, static and unchanging. Poverty was regarded as virtuous and other people were regarded with mistrust, as potential rivals for too little work, too little food and too little affection. Towards the end of the book, Seabrook touches on a theme which he takes up in more detail in a later work. This is the very recent change which has taken place: neighbourhoods are changing,

25. SEABROOK, Jeremy. "The Unprivileged" (Longmans Green, 1967, Penguin Books 1973) page 24.

26. Ibid. pages 46 - 47.

families are rehoused and children are no longer dutiful workers but dutiful consumers. This theme is expressed clearly in "City Close-up". The characteristics of the "old working-class sub-culture" are those of the "culture of poverty"; Seabrook refers to this sub-culture as having had a solidarity greater than "simply social or economic solidarity"²⁷. However, the solidarity is breaking down and the values of the consumer society are emerging. He suggests that the old are "..... ashamed at having brought a ghostly graveyard memory of "a culture of poverty" into an age which regards poverty, if not as a crime, as an unforgivable solecism"²⁸. The "culture of poverty" he maintains, is being replaced by the values of a consumer society, at least in the working class communities of Britain, of which he writes.

Seabrook's mode of sociological investigation in "City Close-up" consists of a series of interviews, interspersed with his own comments, compiled from intensive tape recordings. His work is the description of a culture, by members of that culture including himself. A similar study is that by Gould and Kenyon, of those people in Britain dependent on the state for subsistence²⁹. The aim of their study is stated to be the portrayal of the experiences of many people who for one reason or the other could be called 'poor'. The unemployed themselves are interviewed, as well as social workers, trade union representatives and a claimant's organiser (Joe Kenyon himself). The result however,

27. SEABROOK, Jeremy. "City Close-up" (Allen Lane, The Penguin Press 1971) page 63.

28. Ibid, pages 159 - 160

29. GOULD, Tony and KENYON Joe. "Stories from the Dole Queue" (Temple Smith Limited, London 1972).

unlike Seabrook, is more of an investigation into the operations of a "system" (i.e. Social Security) and its effects on people, than a description of the "culture of poverty" itself.

The debate over the concept of the "culture of poverty" occurred largely in the United States. Essentially the same controversy has occurred however within the Family Planning Movement internationally, particularly with regard to the developing countries. This controversy concerns the feasibility both on moral and practical grounds, of persuading economically and socially impoverished people to limit their families. Should the starting point of encouraging planned parenthood be within the family itself or will planned parenthood only follow as a natural consequence of social and economic change and improvement? Is lack of planning a characteristic of poverty stricken people or is it a necessary response to circumstances of social and economic deprivation? Faced with all the uncertainties that accompany a life of poverty, large families may be the rational choice to make for many people. Greater opportunities, greater financial and other security and a higher rate of child survival, may be necessary before planned parenthood becomes a rational way of behaving. In October, 1973, a conference was held in Brighton, England, under the auspices of the International Planned Parenthood Federation (IPPF) in preparation for the world population year 1974. The debate referred to above, was reflected in many of the papers presented, some of which will be discussed here.

The first paper of the conference concerned the unmet needs in family planning³⁰. It was a report on the latest survey done of all IPPF members or affiliates, concerning the extent of family planning knowledge and practice in their countries. The survey covered 63% of the world's population. From the report, it is learned that one-third of the world's pregnancies still end in abortion, this figure reaching two-thirds in some countries³¹. This is an interesting indication of the extent of unwanted pregnancies. It is not a figure specific to a particular area, but is interesting in relation to the debate over whether lack of family planning is in actuality, a rational response to deprivation. This figure would appear on the contrary, to indicate that a lack of information or resources or some other factor, is causing many women to replace contraception by abortion.

The second paper of the conference was presented by a Swedish psychiatrist, whose concern was with the tensions between science and humanism within the family planning movement³². Sjovalld asks that the Planned Parenthood Movement be guided by principles inherent in the Declaration of Human Rights, at the same time showing due regard for the contribution that science can make to family planning. On the basis of scientific facts alone, there is a strong case for the likelihood of an impending world

30. CORBETT MC DONALD, J. "Unmet Needs in Family Planning" (paper presented at the International Conference of the I.P.P.F., Brighton, England, October 1973).

31. Ibid, page 37 and ABEL-SMITH, Brian. "The General Rapporteur's Report" (report presented at the International Conference of the I.P.P.F., Brighton, England, October 1973).

32. SJOVALL, Thorsten. "Planned Parenthood Reconsidered - Human Rights and Welfare Aspects" (paper presented at the International Conference of the I.P.P.F., Brighton, England, October 1973).

catastrophe due to the increasing size of world population. To act on the basis of scientific facts, to make population policies on the basis of the judgements of a few experts however, he says, "would require a concentration of power that is incompatible with widespread democratic ideals of self-determination". Even to avert a world catastrophe, it is not politically feasible to use pure reason and science alone. He therefore puts the case for a humanistic approach to the problem of population. He bases this not on the claim that science cannot be trusted, but that the people who use science cannot be trusted³³.

The IPPF laid down its beliefs in its 1953 constitution in the dichotomised form of solving population problems and preserving or honouring human rights. Sjovall maintains that a need was felt by the movement to use scientific facts to support their claim that planned parenthood was a fundamental right. It was as if the "humanistic welfare message of the pioneer women could not really stand for itself"³⁴. He criticises the movement for having neglected to be guided by the principles of Human Rights. As a result of this, the message getting across to the poor according to Sjovall, is that they are an "undesired breed"³⁵. During the sixties however, a gradual transition occurred, reflected in the change of phrase from 'birth control' to 'family planning' to 'planned parenthood'. Sjovall sees this as a reflection of an increasing humanistic orientation within the

33. Ibid. page 3.

34. Ibid. page 6.

35. Ibid. page 9.

movement. The 'planned parenthood' phase included the use of indigenous workers rather than outside experts, to promote the cause and to motivate people at the grass roots level.

The next paper to continue this theme, but in far more radical terms, was that given by Mr. Wajihuddin Ahmed of Pakistan³⁶. Ahmed states at the outset that the family planning movement at present, operates on the assumption that socio-economic conditions can usually only be improved by first slowing down population growth. Individuals are persuaded to limit fertility in their own interest, which it is believed will make for collective well-being. He maintains that despite failures, population control programmes are used as substitutes for more difficult "structural and institutional changes in the society as a whole"³⁷. Whether these more-difficult-to-achieve-changes are possible or not, he asserts, lies in the hands of the people who suffer the consequences, not the experts. Moreover, a "social system that promises nothing to the individual, cannot lay down breeding rules for him"³⁸.

With regard to the argument that there is an increasing pressure on limited resources such as food due to increasing population, Ahmed maintains that this line of reasoning would only be reasonable if resources were shared. As it is, the poor put pressure on resources by multiplying people, whereas the rich put pressure on resources by multiplying

36. AHMED, W. "Social and Economic Change and Planned Parenthood" (paper presented at the International Conference of the I.P.P.F., Brighton, England, October 1973).

37. Ibid. page 3.

38. Ibid. page 9.

their wants and their ability to overconsume. He suggests that both these need to be checked, particularly the latter, who use unreplaceable resources such as petrol³⁹. Neither is equal opportunity to compete enough. "Nobody believes that he is an average person, when he is constantly being told that there is room at the top". With this ideology, everyone believes that they will make it to the top, where they will be able to support many more children⁴⁰. As well as this, in a life where there are so many sources of insecurity - loss of jobs, injustice, poor health - the family is likely to be the very bastion of security. Family labour contributes to both peasant and urban poor. This is illustrated by Sikh peasants in the Punjab for whom, "even tiny pairs of hands contributed more than what tiny mouths ate - and without missing school"⁴¹.

In these instances, it is rational then to reject family planning. The answer lies, for Ahmed in a social revolution creating an egalitarian society with social controls on consumption and freedom from want and injustice. He refers to the Chinese example, where a basis has been laid for population control without the ideological commitment to family planning. There are two lessons to be learned from the Chinese experience. One is that limited fertility must come from the "social whole", not from a "well-wishing outsider". This can be brought about by having smaller living units such as a commune, a kibbutz or a village co-operative, where people share responsibilities, including those

39. Ibid. page 3.

40. Ibid. page 4.

41. Ibid. page 8.

for the young and for children born. Secondly population control cannot be presented as a cure for poverty. Social action must come first⁴². Planned parenthood, according to Ahmed, can only be socially acceptable as a "rear-guard action against poverty". The main battle must be fought on other fronts. Ahmed's paper is a plea for more emphasis on social reconstruction and less on philanthropy and oversimplification, by the family planning movement. He produces very strong arguments for his thesis, particularly with regard to the peasant communities of the Third World.

With regard to this same argument, a later paper put forward the "threshold hypothesis"⁴³. This was formulated out of a United Nations study into the interconnections between fertility and socio-economic status. The hypothesis states that "in a developing country, where fertility is initially high, improving economic and social conditions is likely to have little if any effect on fertility, until a certain economic and social level is reached, but once the level is achieved, fertility is likely to enter a decided decline and to continue downward until it is again stabilised on a much lower plane"⁴⁴.

42. Ibid. pages 9 - 10.

43. OKEDIJI, Francis Olu. "Social and Cultural Factors Affecting Fertility and Adoption of Family Planning in Africa" (paper presented at the International Conference of the I.P.P.F., Brighton, England, October 1973).

44. UNITED NATIONS Population Bulletin 7 (1963) (published in 1965) page 144, quoted by OKEDIJI, F.O., page 2.

Part of the remainder of the paper examines the relation between socio-economic development and fertility in the light of this hypothesis. Positive relationships are postulated between a lowered fertility and a formal education, improved health conditions, urban values, socio-economic status, opportunity for social mobility and employment opportunities for women. All these factors can be seen to be results of improved social and economic conditions⁴⁵. With regard to research possibilities, investigation into whether family planning programmes are a "fundamental causal variable in fertility change or an instrumental variable accelerating fertility changes already stimulated by social, cultural and economic changes", is suggested⁴⁶.

Contributions from the group and panel discussions at the conference, also took up this theme. Two in particular stressed the need to abolish racial, social, national and sexual discrimination, in order to provide successful family planning programmes⁴⁷.

The final paper to be discussed in relation to the controversy of whether family planning programmes can do much without considerable changes in social institutions, is one that, like Okediji's paper, looks at the cause and effect puzzle of population growth and economic and social development⁴⁸.

45. OKEDIJI, Francis Olu. Op.cit, pages 4 - 5.

46. OKEDIJI, Francis Olu. Op.cit, page 11.

47. TOMSIC, Vida. Panel Contributions to papers by SJOVALL & BERELSON.

48. BERELSON, Bernard. "Planned Parenthood Reconsidered: Contribution of Family Planning to Demographic, Economic and Social Goals" (paper presented at the International Conference of the I.P.P.F., Brighton, England, October 1973).

Berelson states at the outset that family planning goals are simply means to social and economic goals which are the ends in themselves. He illustrates the association between family planning and income by giving a table of the birth rates of various countries for 1970. No developed country has a birth rate of over thirty and no developing country has one under thirty. He also illustrates that factually, most countries with a high per capita gross domestic product have a low fertility rate, while those with a low per capita gross domestic product have a high fertility rate⁴⁹. These are of course descriptive tables which say nothing about their causal relationship. According to Berelson however, both are causes and both are consequences.

Although he concedes that theoretically, a reduction in birth rates can occur without direct intervention upon fertility, he attributes a major part of the actual practice of family planning to the Family Planning Movement. In answer to the debate over the relative importance of family planning programmes and socio-economic change, Berelson concludes that both are important. He states that "at each level of programme, the developmental setting makes about a threefold difference in annual acceptances, and at each level of development, the programmatic effect makes a twofold difference"⁵⁰. He bases this thesis on a study done of twenty-six developing countries. The countries were classified on two dimensions - their relative development on three major economic and

49. Ibid. pages 3 - 5.

50. Ibid. page 12.

social indicators (per capita gross domestic product, infant mortality and female enrolment for formal schooling) and the relative quality of their family planning programmes, (based on coverage, continuity and duration of effort and vigor)⁵¹.

Berelson's paper is perhaps the clearest and certainly the most substantiated one, with regard to this controversy. He warns against an unequivocal stand either for or against either family planning programmes or large scale socio-economic change. This kind of reasoning is only valid if a choice has to be made, which he maintains, it does not. Berelson is correct to assert that a choice does not have to be made, but the important contribution of the controversy lies perhaps in its constant reminder to the Family Planning Movement of the wider goals at stake.

Having considered the key controversy concerning family planning within a deprived community, the poor will now be considered in the light of the provision of services for them. According to Rainwater, a considerable body of research suggests that the lower class has a distinctive way of relating to and adapting to the world and that this influences their use of the standard services in any country⁵². The service he analyses in particular, is that of medical care.

51. BERELSON, Bernard. "An Evaluation of the Effects of Population Control Program". (forthcoming in 'Population and its Problems: a Plain Man's Guide' edited H.P. Parry, Oxford University Press 1974).

52. RAINWATER, Lee. "The Lower Class. Health, Illness and Medical Institutions" (in 'Among the People: Encounters with the poor', edited by Deutsher, Irwin and Thompson, E.J., Basic Books Inc. New York 1968).

The overriding characteristic of the lower class, he says, is that their life is dominated by 'crisis'. Because of this, any one particular problem often does not stand out as requiring more attention than any of the other multitude of problems. Particularly with regard to health problems, these are, often realistically, ignored in the interest of many more pressing problems. The example is given of the blue collar worker who will only attend to his illness if it incapacitates him for work⁵³. Lack of income, in this case, presents a bigger crisis than a nagging pain in the chest for example. Lower class people learn to live with illness, very often because of what is referred to as their "understaffed households". This refers to the frequent situation where only one parent has all the responsibility for maintaining the family⁵⁴. As a result, very often, any future orientated plans that may exist, must be readily abandoned for a more immediate and pressing crisis. This does not only apply to curative medicine but preventive as well. An example of this may be a mother who is due to collect her contraceptive pills on a particular day. On that particular day, someone may die, may lose their job, may fall ill or she might simply have something else to do, which seems to her to be equally urgent in demanding her attention. The crisis that is visible, like a sick child, may seem far more real and problematic than the unseen and as yet non-existent crisis of an unwanted baby.

The second characteristic of the lower class, according to Rainwater, is their '*attitudes towards their bodies*'. He believes that there is a tendency

53. Ibid. page 267.

54. Ibid. page 261.

to see the body as mysterious, as non-understandable in rational terms. This attitude follows from an incomprehension of the world at large and leads to an incomprehension of the particular process of conception and therefore of contraception⁵⁵. Sheila Kitzinger considers this to be particular to women of all classes, who have certain images of how their bodies function. An example of one image, is the simplistic notion that only one passage leads from the mouth through the stomach and the uterus, branching into the anus and the vagina. This is apparently common to many primitive and peasant cultures⁵⁶. It has been expressed in the fear that the intra-uterine contraceptive device or the condom can choke the woman using it.

A third characteristic named by Rainwater, concerns the '*low esteem*' that lower-class people have of themselves in contrast to the middle class belief in the intrinsic value of themselves. Lower class people apparently easily become resigned to the fact that they may not be functioning well, both socially and/or physically. Related to this, is a finding that reports that lower class people see themselves reaching middle age far earlier chronologically, than do middle class people⁵⁷. Rainwater relates this to their self-concept and body image. He suggests that this negative self-concept comes into being through a combination of two factors. One is the actual negative experience of failure, punishment and impotence; the other is a lifelong experience of symbolic communications of this,

55. Ibid. pages 262 - 263.

56. KITZINGER, Sheila. "Body Fantasies" (New Society, 6 July 1972). pages 12 - 13.

57. Reported by RAINWATER Lee, Op.cit., page 263.

made to them by others⁵⁸. Raising the status of lower class people, and cutting down on their constant experience of failure should then encourage a higher self-evaluation. This in turn should lead to less acceptance of impaired functioning, e.g. a woman may be less prepared to just accept the impaired physical functioning that fifteen pregnancies may give rise to. An important consequence of not being in good physical condition and one that may perpetuate the poor condition, is the rationalisation and excuse that disability affords. "Once impaired functioning is defined as a 'normal' state of the body and self, expectations of what one can and cannot do, are greatly modified"⁵⁹.

With regard to the actual services supplied, two factors are particularly important. Firstly he suggests that lower class women like to develop a close and trusting relationship with their physicians, but cannot do this when they are seen by more than one doctor, such as happens at a public clinic⁶⁰. Secondly, the difficulty in receiving the service - manifested in the necessity for using lengthy and expensive public transportation - reinforces the tendency in lower class people to only seek care in crisis situations. It is simply too difficult to maintain a constant preventive regime. Similarly an aversion to hospitalisation may be a result of practical difficulties leading to a pervasive anxiety - who is caring for the house,

58. RAINWATER, Lee. Op.cit, page 263.

59. RAINWATER, Lee. Op.cit, page 265

60. RAINWATER, Lee. Op.cit, page 268.

the children, husbands; loneliness because of realistic difficulties facing relatives wanting to visit, such as transport and limited visiting hours⁶¹. The writer suggests however that factors such as fear of hospitalisation and the desire for a close relationship with one's physician, are not problems exclusive to lower class women.

The implications of these factors lead Rainwater to put forward three recommendations. These are a greater decentralisation of medical services, more sub-professional health personnel (here he sees an important role for the social worker) and a greater direction of services towards children, e.g. on school premises⁶². These recommendations have equal relevance for the delivery of family planning programmes, particularly since these are often done through the ordinary health services.

This section of the review will be concluded with a brief analysis of an article by Warren Haggstrom, where certain proposals are put forward with regard to the implementation of programmes for the poor⁶³. Perhaps the phrase 'by the poor' should be used instead, since Haggstrom is committed to the idea of 'self-realisation' for the poor. An 'organiser' of the poor, according to Haggstrom, can be no more than a consultant and a technical assistant to the poor. This is because he is an outsider and can never fully understand what the poor want. They themselves must set their own goals and must attempt to attain them in their own manner. What Haggstrom

61. RAINWATER, Lee. Op.cit, page 270.

62. RAINWATER, Lee. Op.cit, pages 273 - 274.

63. HAGGSTROM, Warren C. "Can the Poor Transform the World?" (in 'Among the People: Encounters with the poor', edited by Deutscher, Irwin and Thompson, E.J. Basic Books Inc., New York 1968).

advocates, is a very similar type of social action to that proposed by Alinsky⁶⁴. He is concerned with the development of an organisation of the poor, for the poor, with "clear organisational structure and superior knowledge and skill in the context of a serious thrust for power"⁶⁵. Although there is a definite ideology underlining the article, it is very much a practical handbook for organising a poor peoples movement, in accordance with a set of criteria, through which they can "transform the world".

Rainwater and Haggstrom have been chosen for review, since they represent two different approaches to the practical implementation of programmes for the poor.

Whereas both are concerned with purposive social change, implicit in Rainwater's approach is the view that change can occur on various levels - altering the crisis orientated nature of the lives of deprived people, encouraging a higher evaluation of themselves, teaching an understanding of the body. He proposes three recommendations for action from the point of view of delivery of services. Haggstrom on the other hand represents an approach which is more all embracing. He looks at the problem in terms of power and a working class ideology rather than in terms of delivery of services. Consequently he recommends that services for the poor can only be improved when the poor have more power. This they can only achieve by organising themselves into a movement with specified goals. His recommendations thus concern ways and means of forming such an organisation.

64. ALINSKY, Saul. "Reveille for Radicals" (Random House Inc., Vintage Books, New York 1969).

65. HAGGSTROM, Warren C. Op.cit, page 85.

TRENDS IN THE RESEARCH

Having dealt with certain theoretical trends concerning deprivation and family planning programmes, the writer now proposes to analyse some of the empirical research that has been carried out in this area. An attempt is made to define family planning research and to delineate the different types of study undertaken in it's name. Secondly certain studies have been selected with regard to what trends can be observed in the actual research that has been carried out, and how this has led to the theoretical underpinning of the present study, i.e. to the hypotheses it proposes to test. Selection has in this instance, been made on the basis of the three areas under investigation - socio-economic-status, group pressure and resources.

At the outset, it is important to ask what family planning research consists of. It has been distinguished as something different from demographic research. The latter is usually concerned with population size, composition and growth on a national or even international level, thus offering a very broad perspective of fertility. Family planning research on the other hand usually involves the collection of data in smaller local areas, either testing certain hypotheses or evaluating certain programmes⁶⁶.

Bourgeois-Pichat, a demographer himself, does not seem to make such a firm distinction between the two, partly because of the recent phenomenon

66. BOGUE, Donald J. "Family Planning Research: an Outline of the Field" (in 'Family Planning and Population Programmes', edited Berelson et.al. University of Chicago Press, Chicago 1966), page 721.

of contraception. It is now no longer simply sufficient to know "how births happen", but "why they happen" and future demographic research is going to have to take into account many other factors as a result, such as "the age at which contraceptive methods begin to be used", and so on⁶⁷. Everything in demography he says, can be reduced to essential happenings in the life of a person: "he is born, lives for a certain time during which he reproduces himself, travels about and finally dies"⁶⁸. (Birth, reproduction, migration and death). But these demographic events set going many other phenomena - biological, socio-cultural and psychological - and demographic research is therefore all embracing including areas such as these, as well as political economy, ethnology, ecology and others⁶⁹.

It is difficult to talk about trends in family planning research because of the wide range of sciences in which research associated with family planning, is being conducted, e.g. in medicine, in public health, biology and bio-chemistry, as well as the social sciences themselves. Even within the social sciences alone, there is a great variety of both basic and applied research. Lyle Saunders lists some different streams of research, which have all contributed to the broad field of family planning research:

1. Research in reproductive biology.
2. Clinical trials of contraceptive methods.
3. Analysis of census data.

67. BOURGEOIS-PICHAT, Jean. "Demography" (in 'Main Trends of Research in the Social and Human Sciences'. Part I, Unesco 1970), pages 361 - 362.

68. Ibid. page 351

69. Ibid. page 355.

4. Communications and motivations research.
5. Fertility surveys exploring people's knowledge about reproduction and contraception and their sexual practices.
6. Action research, i.e. obtaining information basic to family planning programmes⁷⁰.

Most of this knowledge, he asserts, is an accumulation of useful and workable guidelines for organising family planning programmes. It is not often knowledge in the form of tested scientific propositions.

Bogue, unlike Saunders, maintains firmly, that family planning research is not trial and error research and is no less scientific or rigorous than any other branch of the social sciences. The reason for the existence of family planning research, is that the hypotheses explored by traditional demographic research, cannot provide a basis for a quick and easily accomplishable programme of fertility reduction. Despite this, Bogue says, family planning research must still conform to the principles of experimental design to the maximum extent possible⁷¹. This of course has many difficulties since most family planning research must be conducted under actual field conditions and is not laboratory work. The major difficulty lies in instituting controls of any sort, but alternatives such as repeating the experiment, intensifying

70. SAUNDERS, Lyle. "Research and Evaluation: Needs for the Future", (in 'Family planning and Population Programmes', edited B. Berelson et.al. University of Chicago Press, Chicago 1966), pages 780 - 781.

71. BOGUE, Donald J. Op.cit, page 725.

certain effects while reducing others and using accurate procedures in the analysis can be applied instead⁷².

Bogue classifies family planning research with regard to its subject matter and its research context. Its concern must lie with one or more of the following categories of subject matter:

1. Motives for adopting or rejecting family planning.
2. Attitudes towards family planning.
3. Knowledge of family planning methods and services.
4. Behaviour, i.e. adoption or rejection of family planning.

These can be studied in one or more of the following research contexts:

1. Inventory or baseline studies.
2. Explanation or testing of hypotheses.
3. Evaluation or measurement of change in motives, attitudes, knowledge or behaviour.

Bogue contends that these categories exhaust the field of family planning⁷³.

A type of study which falls into these categories of subject matter and which has characterised much of family planning research, is that known as the KAP study, i.e. a sample survey of knowledge, attitudes and practices, with regard to fertility matters. According to Berelson, KAP

72. STEPHAN, Frederick F. "Demonstrations, Experiments and Pilot Projects: a Review of Recent Designs" (in 'Family Planning and Population Programmes' edited, B. Berelson et.al. University of Chicago Press, Chicago 1966) page 716.

73. BOGUE, Donald J. Op.cit, pages 722 - 723.

questionnaires tend to cover certain main areas. These are the background characteristics of the sample, vital data such as pregnancy history, attitudes towards family size and family limitation, knowledge about reproduction and contraception, and the practice of family planning⁷⁴. Because of this tendency towards standardisation then, it is a useful study for comparisons of results with other KAP studies. The need for standardisation has long been recognised and various attempts have been made to prepare basic questionnaires, so that some co-ordination can be aimed for between all such surveys⁷⁵.

Other means of co-ordinating family planning research have been attempted, some of which will be reported briefly. The three studies to be discussed, represent two types of research, which predominate in the literature. The first and third represent action-orientated research, i.e. designed to relate to a specific programme, in this case to evaluate a programme and to test the effects of some change in a programme. The second study represents the fertility survey, to which this review will thereafter most often confine itself.

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74. BERELSON, B. "KAP Studies on Fertility" (in 'Family Planning and Population Programmes' edited B. Berelson. et.al. Chicago University Press, Chicago 1966) page 656.
75. THE POPULATION COUNCIL OF NEW YORK "Selected Questionnaires on Knowledge, Attitudes and Practices of Family Planning" (New York 1967).
 BOGUE, Donald J. "A Model Interview for Fertility Research and Family Planning Evaluation" (Community and Family Study Centre, Chicago 1970)
 LEHMANN, G. "Design of a General Questionnaire for Demographic Research in Africa" (Journal of Behavioural Science, Volume I, No. 4, 1972) page 201.

In 1963 and 1964 two research projects were conducted: the Taichung family planning study in Taiwan and the Seoul Urban Project on family planning in Korea. The Seoul Study was a deliberate extension of the Taichung study, in order to test some of the things which could not be adequately tested in Taichung. The target populations were the same size, although the area of Seoul was more dense. In both areas, national programmes of family planning were in operation. Both studies were aimed at married couples and were designed to discover the differential effects of various media advertising the currently operating family planning programmes. The Taichung study however, measured the cumulative effects whereas the Seoul study measured the separate effects of the media. Media used were posters, mass meetings, letters, pamphlets, home visits by trained field workers to wives and to husbands and wives, small group meetings, radio, television and newspapers. In Taichung, media was used cumulatively from little to much effort. For political reasons, mass media could be used far less in Taichung and more emphasis was placed on letters, visits and small group meetings.⁷⁶

The results of the Seoul study tended to confirm the Taichung findings. These can be summarised as follows:

1. A significant increase in the practice of contraception in a short space of time. The total fertility rate declined following the intensive programme.

76. TAKESHITA, John Y. "Lessons Learned from Family Planning Studies in Taiwan and Korea". (in 'Family Planning and Population Programmes', edited B. Berelson. et.al Chicago University Press, Chicago 1966) page 691.

2. The use of more intensive and more media such as the home visit and others, was more successful than doing nothing or using mail only.
3. Neighbourhoods where effective group meetings were held, yielded a higher rate of acceptance of the Intra-uterine contraceptive device method, but not of the traditional methods.
4. Diffusion, i.e. informal channels of information by friends, neighbours and relatives, was found to be of key importance.
5. Success with the introduction of a new intra-uterine contraceptive device.
6. Acceptors were most often couples who had already felt the need for family limitation or who were better educated, more modern and in a higher income group⁷⁷.

One of the major lessons learned from both studies is reported to be that success in the programme will be greater where significant social development has already occurred. The importance of the specific method being offered is stressed, as is the importance of diffusion. With regard to the latter, it will become necessary and important to recruit field workers from the local communities.

77. Ibid. pages 695 - 703.

Apart from the importance of the above results, these two studies allowed for comparison because their research designs were interconnected and could also be used as a form of experimental control on each other.

An example of a much larger attempt at co-ordination, was the comparative study undertaken of nine fertility surveys conducted in several different sized Latin American cities⁷⁸. Seven cities were surveyed in 1964 and two in 1966. This however was only the first phase of a larger programme. The second phase is not yet complete and consists of fertility surveys in rural areas in five different nations. This project will ultimately provide an intranational as well as an international comparison of fertility, as well as a comparison of the urban-rural factor in family planning. The project was specifically planned to be a co-ordinated effort to obtain three sets of information - levels and trends of fertility, attitudes about and practices of contraception.

The overall conclusion of the first phase, was that five factors are guiding the course of fertility in Latin America, i.e. knowledge, motivation, credibility (about family planning bringing social progress), attitude and legitimacy (with reference to the constraints placed by religion on family planning). In contrast to these five factors, the power of ideals of reproduction, e.g. ideal family size, modernization, demographic

78. CELADE AND CFSC, "Fertility and Family Planning in Metropolitan Latin America" (Community and Family Study Centre. University of Chicago, Chicago, 1972).

socio-economic and family variables, were found to be very small⁷⁹. These variables and this particular study will be dealt with again further on.

And finally the third study to be reviewed in this context, is that designed by the International Population Programme, which took place over the years 1966 to 1970⁸⁰. Five research projects were designed to evaluate family planning programmes in four Latin American countries - Mexico City, the Honduras, Colombia and the Dominican Republic. The studies were differently designed, two studying the desertion and drop out problem from the clinic, one of which was designed to obtain baseline information which was used in a later study in the same programme, and three looking at the effect of information and mass media campaigns, particularly that of the radio.

In general, the conclusions reached, were fairly critical of clinic procedures, of using medical channels to supply services and of the professional staff who run the programmes. Mayone Stycos suggests that large numbers of women may only be able to be effectively reached after "a poor nation achieves a higher level of economic and educational development"⁸¹. He is very critical of the conservative medical profession and the use of a service for sick people, i.e. the clinic, in the promotion of family planning which is a service for healthy people. The use of mass

79. Ibid. pages 266 - 267.

80. MAYONE STYCOS, J. "Clinics, Contraception and Communication" (Appleton-Century-Crofts. Meredith Corporation New York 1973).

81. Ibid. page 19.

communication, community organisers and grass roots educators, is recommended. Many of the conclusions of this study were similar to those of the earlier Taiwan and Korean studies. This study illustrates how a generalised set of conclusions has been reached, out of several research projects, for the typical Latin American family planning programme over a certain period.

Thus far then, family planning research has been examined in terms of its relationship to demographic research and the overall ground it covers. A trend towards standardising research has been noted, and if not standardising, towards other means of co-ordinating research. Most research has tended to fall into the category of either the action-orientated study or the fertility survey. A particular trend has been towards the KAP study, which type characterises the present research.

The writer now proposes to review the research which has influenced the formulation of the hypotheses presently being tested. This will be done in three sections, each reflecting the major areas under investigation:

- (1) Socio-economic status and modernization, using independent variables such as income, and occupation, to measure socio-economic status and education, age at marriage, urbanisation, the status of women and women in the labour force as indices of modernization. Many of these are inter-related: age at marriage can affect how much education a woman has; education can affect occupational status; urbanisation and education may influence the status of women.

- (2) Group Pressure for or against family planning, such as that from the family group, from the peer group and the professional group (e.g. doctors, social workers) and from religion.
- (3) Available resources enabling women to plan their families if they are so motivated.
- (1) Socio-Economic Status and Modernization

Already in the three studies mentioned, two opposing findings have been reached in the area of socio-economic status. Mayone Stycos in his study, asserts the need for people to acquire higher socio-economic status before family planning programmes can be effective⁸². The Taiwan and Korean studies found that family planning would be accepted more

- "(a) where significant social development has already occurred;
- (b) where mortality has been relatively low for some time
- (d) where there are effective social networks ... through which family planning ideas and services and other modernizing influences can be disseminated"⁸³.

Berelson on the other hand, has referred to the fact that 40% of the acceptors of the service in Taiwan, at the time of the above study, were women with no education. In Korea too, he refers to the fact that illiterate women participated equally in the programme. These women had been brought to the programme by "deliberate programmatic effort", and

82. Ibid. page 19.

83. TAKESHITA, John Y. Op.cit, page 707.

the importance of this, as he sees it, is that "at least some measure of family planning need not wait upon the long slow process of modernization"⁸⁴. The Celade study too, found very little correlation between the socio-economic status of the family (measured by education and income) and family planning status (measured by awareness, knowledge, trial and adoption of family planning). They did however, find that in every one of the nine cities surveyed, family planning status was correlated with the amount of credibility people had about family planning being a way of achieving social progress⁸⁵. This finding in itself is interesting and reflects another way in which socio-economic status plays a part in successful family planning.

There has been an increasing trend in the research, as well as in the general literature, to consider the role played by social and economic factors and modernization in fertility and in family planning attitudes and decisions. I would now like to look at some of the empirical evidence available, with reference to this.

In 1962 a study was undertaken in the Detroit Metropolitan area of one thousand one hundred and thirteen women who were at different stages in the family building process. The study was a longitudinal one, using three sets of interviews, two at the beginning and end of 1962 and one at the end of 1963. The study was undertaken by Ronald Freedman and Lolagene Coombs soon after the second

84. BERELSON, B. "KAP Studies on Fertility" (in 'Family Planning and Population Programmes', edited B. Berelson, University of Chicago Press 1966), page 664.

85. CELADE, Op.cit, pages 266 - 267.

'Growth of American Families' study, with which Freedman had also been involved. Unlike the general nature of the Growth of American Families survey, this study restricted itself to looking at the economic considerations which played a part in fertility choices. Two major hypotheses were advanced. One stated that "income is more closely related to the time when a family is formed and has its children than to the number of children it has or expects". The second stated that "a family's evaluation of its economic position and the choices it makes about important family expenditure, have a relation to fertility apart from the family's objective current income level"⁸⁶. Five main conclusions were reached. Firstly, current family income was found to be strongly related to age at marriage, fertility during the follow-up period and the interval from marriage to the given parity. (These three are referred to as the demographic events). Secondly, unemployment was related to higher fertility in the follow-up period. Thirdly, attitudes towards current family income were related to the demographic events. Wives satisfied with or expecting an increase in household income, both expected and had more children. Fourthly, actual and planned expenditures were related to the demographic events, e.g. parents with high aspirations or plans for their children and parents with two or more cars, all expected fewer children. Fifthly, different ways in which a wife spent her time, i.e. either by participating in the labour force or in voluntary associations, were related also to the demographic events⁸⁷: The final

86. FREEDMAN, R and COOMBS, L. "Economic Considerations in Family Growth Decisions" (Population studies (20) 2; November, 1966) page 197.

87. Ibid. pages 221 - 222.

conclusion drawn, was that almost every economic measure considered had a connection with the number of children expected and the timing of marriage and childbirth.

Later Freedman and his associates investigated the fertility decline in Hong Kong over the period 1961-1968. This time, they looked at the social and economic conditions as well as the activities of the Family Planning Association, with regard to the respective parts played by each in the decline. The former, they state, unquestionably created a demand for birth control, but the Family Planning Association "helped to define and increase the demand"⁸⁸. They assert too, that it is moreover, very difficult to prove or disprove the statement that the decline would have occurred anyway.

Freedman et al are criticized for their conclusions and for not trying to "analyse the consequences of changing social and economic conditions"⁸⁹. The authors of this paper are extremely critical of the importance attributed to family planning services in Hong Kong, which they say, are usually only widely available once a fertility decline has already set in. Their work attempts to "assess the role of changing social and economic conditions in Hong Kong's fertility decline" and to re-evaluate the role of family planning activities in the light of this evidence"⁹⁰.

88. FREEDMAN, R. et.al, "Hong Kong's Fertility Decline, 1961-68" (Population Index 36, 1970) pages 12 - 13.

89. SUI-YING WAT and HODGE, R.W., "Social and Economic Factors in Hong Kong's Fertility Decline" (Population Studies (26) 3; November, 1972) page 455.

90. Ibid. page 456.

This is done by using hypothetical calculations derived from Freedman et al's data and by a time series analysis of the movement of the crude birth rate. The conclusion reached is that there is little evidence to suggest that the activity of the family planning service is a causal factor in changing the course of fertility trends, which would ordinarily occur in response to the socio-economic situation. The authors state quite firmly that "the case of Hong Kong does not yet provide definite evidence that you can organise men and women against the production of children, unless the indigenous culture reinforces small family size goals and the endogenous socio-economic system is set in motion to make the attainment of large family size goals increasingly costly"⁹¹.

Freedman replied to this criticism basically by refuting the statistical technique of regression analysis that is used by Wat and Hodge. He does however, acknowledge that in a rapidly developing society like that of Hong Kong, fertility decline would eventually occur despite the existence of an organised family planning programme. But he maintains that an organised programme may just be the exogenous variable which could affect the timing, i.e. the beginning and the pace, of such a fertility decline⁹².

91. Ibid. page 464.

92. FREEDMAN, R. "Comment on 'Social and Economic Factors in Hong Kong's Fertility Decline' by Sui-Ying Wat and Hodge, R.W." (Population Studies (27) 3; November 1973), page 595.

Freedman's reply is also concerned with the difficulties involved in explaining socio-economic effects and in measuring modernization. Despite these difficulties however, many attempts have been made and are still being made, to explain fertility in socio-economic terms, because of the policy implications that this will have. With reference to this, Eva Mueller writes, "mere abstract admonitions to have small families, may have very little impact. Such advice comes closer to home when it is linked to problems which matter to the family such as education of children, achievement of a better standard of living or support in old age. Another conceivable way to encourage change, may be to alter by public policy the economic rewards and penalties entailed in raising a large family"⁹³. In this respect, she suggests a social security system for the aged; child labour laws; changes in the taxation system, in childrens' allowances and in education costs; and incentive payments to contraceptive users.

Mueller then concerns herself with researching into the cost and benefit considerations which may have contributed to the fertility decline of Taiwan, during its current demographic transition period. Her study is based on personal interviews with two thousand two hundred Taiwanese husbands in 1969. The "perceived utility" of children declines with both husband and wife's increased education and with increased income. The income effect in particular is found to be considerably important apart from the educational effect. The explanation she offers for these results, is that a rising

93. MUELLER, Eva. "Economic Motives for Family Limitation. A Study in Taiwan" (Population Studies (26) 3; November, 1972) page 383.

income leads to a sense of personal effectiveness and economic independence and that the consumption and educational aspirations of parents increases. She concludes the study with five policy implications which have emerged from it. These are raising educational levels; popularising the concept of the small family; offering educational assistance for children as rewards for family planning; giving priority to policies fostering the economic self reliance of parents such as pension funds; and offering no tax rebates to parents with many child dependents⁹⁴.

A very recent study was undertaken, which has significance at this point, regarding Mueller's policy proposals. A controlled study was undertaken over a three year period, into the effect of income maintenance programmes upon fertility⁹⁵. The underlying question being asked, was whether programmes which provide payments for each child, would encourage couples to have more children than they would otherwise have had. The implications of a study such as this and such as Muellers, are extremely important for the welfare policy makers and welfare planners in any society in which they function. Cain's original sample was one thousand three hundred and fifty-seven families, seven hundred and twenty-five of which were put on income maintenance plans, the remaining families serving as controls, retaining only the income they had, with no additional grants. By the third year,

94. Ibid. page 403.

95. CAIN, G.C. "The Effect of Income Maintenance Laws on Fertility: Preliminary Results of the New Jersey - Pennsylvania Experiment", (reported in Family Planning Digest (2) 6; November, 1973) page 1.

20-25% had dropped out of the study, resulting in an analysis based on five hundred and eighty-six intact families. The experimental programmes are reported to have no significant effect on the rate of pregnancy and births over three years. Nor did the more generous plans have any effect in contrast to the least generous plans. Other findings were that the higher the wife's educational and wage level, the lower was her fertility. The husband's education and wage level did not seem to have any significant effect⁹⁶.

A similar piece of research somewhat supported Cain's findings⁹⁷. Two hundred and twenty households in Illinois and four hundred and nine households nationwide, were contacted by telephone. They were asked whether they would have more children if the government paid them various amounts (ranging from twenty-five dollars to three hundred dollars) and whether they would have less if they had to pay the government similar amounts for each child after the second. They were asked to say what they would do, and what the average family in their neighbourhood would do. Two of the findings were particularly significant: With regard to their being paid at the highest level of three hundred dollars a month, only 26% responded favourably. With regard to their having to pay at the highest level of three hundred dollars a month, 53% said they would have fewer children. On both counts, responses concerning the average family were significantly higher than the responses concerning the respondents own personal behaviour.

96. Ibid. page 2.

97. SIMON, J.L. and SIMON, R.J. "The Effect of Money Incentives on Family Size: a Hypothetical Question Study" (reported in Family Planning Digest (2) 6, November, 1973) page 2.

Research dealing with the actual costs of childrearing was undertaken by Espenshade. This will not be dealt with in detail because it is mainly concerned with the methods used to obtain estimates of expenditure rather than with the estimates themselves. He does however, indicate the different types of costs involved. These costs concern the actual money expended (parental costs and public costs), opportunity costs such as the income which the wife will forgo and non-economic costs such as time and effort⁹⁸.

Various studies have focused not so much on fertility, but on contraceptive usage. An interesting study was undertaken in Sweden, where 92% of married women under forty-five are said to practise contraception. This percentage does not vary by socio-economic status and so, has interesting implications as to the role played or not played by contraceptive use in decreasing fertility, since usage can be considered to have been a constant variable in the sample. The conclusions state that low order births, i.e. first and particularly second births, are positively related to socio-economic status, while births of a fourth and higher order are inversely related to socio-economic-status, as has traditionally been found⁹⁹. The finding cannot be attributed to differential use of contraception by the different classes.

98. ESPENSHADE, T.J. "The Price of Children and Socio-economic Theories of Fertility - A Survey of Alternative Methods of Estimating" (Population Studies (26) 2; July 1972) page 208.

99. BERNHARDT, Eva M. "Fertility and Economic Status - Some Recent Findings on Differentials in Sweden" (Population Studies (26) 2; July 1972) page 183.

Supporting this was a study undertaken of nine hundred married white women in Port Elizabeth, which attempted in part to examine the incidence of contraceptive practice and its degree of success or failure in different socio-economic groups. One of the conclusions drawn regarding this aspect of the study, was that the use of contraception did not imply successful family planning - which was considered to be determined more by important intervening socio-economic variables¹⁰⁰.

Another study explicitly looking at the effects of contraceptive use, is that undertaken in Cairo in 1970, of an analysis of a sub-sample of five hundred and sixty-nine households. The main objectives of the study were,

- "(1) to establish the existence of a difference between actual and ideal fertility;
- (2) to show that the difference is related to some socio-economic and modernization variables;
- (3) to show that differences in actual and ideal fertility in different social groups are similar;
- (4) to show that these differences can be explained to a substantial extent by differences in the use and use-effectiveness of contraception"¹⁰¹.

100. HIGGINS, E. "Family Planning in the White Population of Port Elizabeth" (Unpublished Doctor of Philosophy thesis, Grahamstown, South Africa 1968), page 232.

101. KHALIFA, A.M. "A Proposed Explanation of the Fertility Gap Differentials by Socio-economic Status and Modernity: the Case of Egypt" (Population Studies (27) 3; November 1973) page 431.

With regard to the index for socio-economic-status of the family as a whole, income, husband's occupation and wife's education, are used. Psychological factors such as status satisfaction and feelings of economic security are ignored. Three kinds of variables are examined in this study - structural, e.g. socio-economic-status; demographic, e.g. age at marriage; and contraceptive use itself. The latter is referred to as an explanatory intervening variable. Contraceptive use is found to vary with both the structural and the demographic variables, although not all the variation could be explained by these. Finally, with reference to contraceptive use, the author states that the developing countries are going to have to attempt to manipulate the use of contraception, unless they are willing to wait for economic developments to show results. The question is asked, however, of "how much variation can be expected through this manipulation, without a parallel significant change in the structural variables"¹⁰².

Various studies of differential fertility as it is related to socio-economic status have been examined thus far. Studies from North and South America, from Asia and Europe and from Africa have been reviewed, and illustrate the international context of the question asked at the end of the Egyptian study: what is the relative importance of socio-economic status and contraception, to fertility. There is a large gap between fertility and socio-economic status

102. Ibid. page 442.

however, a gap containing conditions which underlie or lead to certain status positions. Many studies have begun to look at these various conditions either in their own right or as indices of modernization. The following have generally been regarded as most important: participation in the labour force by women, education, urbanisation, age at marriage, family role structure and the status of women.

Much research has been conducted into the role of participation in the labour force and the effect this has on fertility. Conflicting results have emerged. According to Weller, "Research in the industrialised countries, leads to the conclusion that there exists an inverse relationship between the female's employment status and children ever born, ideal and expected family size (but) In less industrialised settings, the empirical research has been less conclusive"¹⁰³. Some of the disparities in evidence can be put down to study design since the concepts of employment and fertility are very complex ones to measure according to Weller. Another explanation he offers, is that in the developing countries, there are more opportunities for women to find relatives in the kin group to care for their children while they work. Wages also tend to be low and economic circumstances rather than choice, thrusts the woman into the labour force. Mother-worker roles are compatible, unlike the position in the industrialised setting. If a programme to lower fertility by

103. WELLER, Robert H. "The Impact of Employment Upon Fertility" (in 'Family Issues of Employed Women in Europe and America', edited Andrée Michel, E.J. Brill, Leiden 1971), pages 154 - 155.

increasing female employment is to be effective, simply encouraging women to work will be insufficient. According to Weller, the following features will also be necessary. Women must be encouraged to enter white collar occupations, not, domestic, agricultural or home industries. Minimum wages should be laid down. Employment should be made attractive, "both financially and social psychologically, so that employment will be chosen over motherhood". Employment before marriage should be encouraged, as it will both delay fecundity and help to develop life styles and role perceptions other than motherhood¹⁰⁴.

A study which confirmed Weller's findings, also looked at the relationship of employment and fertility in the developing countries. The 1960 census of Thailand was analysed in order to compare the relationships between labour force participation, education and fertility in particular¹⁰⁵. The effect of education was found to be significantly related inversely, to fertility. Significant labour force participation and urban-rural differentials were also found. In the urban centre of Bangkok for example, the fertility of the working woman was lower than that of the housewife, in contrast to many rural areas where the fertility of the working woman was found to be higher. The recommendations offered by Goldstein are that education, participation in the non-agricultural labour force and exposure to the urban way of life should be encouraged¹⁰⁶.

104. Ibid. page 163.

105. GOLDSTEIN, Sidney. "The Influence of Labour Force Participation and Education on Fertility in Thailand" (Population Studies (26) 3; November 1972), page 420.

106. Ibid. page 436.

Also investigating non-familial work, education and urbanisation, was a study of three thousand five hundred and ninety Taiwanese women, interviewed in 1971. An attempt was made to determine the independent effects of these three variables on fertility behaviour and attitudes¹⁰⁷. Education emerged as the most important factor, with a strong inverse relationship to age at marriage, desired number of children and contraceptive usage. In contrast, urbanisation and work experience showed little effect. The explanations offered for this little effect, were that jobs were not "attractive alternatives to childbearing", and that the "custom of living with the husband's parents provides a solution to the child care problem"¹⁰⁸. Once again, a confirmation of Weller's conclusions, the study also provided strict controls upon other variables such as education and urbanisation. It is therefore suggested that other reports of the effects of female work participation, may have been a reflection of the co-variation of work plus one or more other variables.

An earlier work, investigating urbanisation on its own, was undertaken in Hong Kong in 1967. A large sample of three thousand seven hundred and fifty-three people were interviewed, one thousand one hundred and one of which were married men, one thousand five hundred and thirty married women and five hundred and sixty-one husband-wife pairs. The two indices of urbanisation used, were the decline in early marriages and the decline in arranged marriages and male superiority. These

107. SPEARE, A., SPEAR, M. and HUI-SHENG LIN, "Urbanisation Non-familial Work, Education and Fertility in Taiwan" (Population Studies (27) 2; July 1973.)

108. Ibid. page 334.

variables were found to only partially explain population trends and were felt to be reflections of other significant changes such as in educational levels, economic needs and family functioning¹⁰⁹.

In the study by Weller, there is also mention of husband dominant families, where less knowledge and less practice of birth control was found to occur. There has been quite an amount of research done in this area by Blake, Mayone Stycos and in particular Rainwater, with the general finding that family structure is related to socio-economic differentials in fertility. The next study to be discussed, is one where the "family role structure as an intervening variable in the socio-economic-status/fertility relationship", is investigated¹¹⁰. One of the aspects researched, relates to husband-wife communication. Three hypotheses are put forward. The first two postulate that "jointly-organised couples" are more efficient contraceptive users and will have lower fertility and lower fertility preferences. The third hypothesis states that "when family structure is controlled, the differences in contraceptive effectiveness, in fertility desires, expectations and in actual fertility between high and low status women will disappear"¹¹¹. The data were obtained from

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109. MITCHELL, R.E. "Changes in Fertility Rates and Family Size, in Response to Changes in Age at Marriage, the Trend Away from Arranged Marriages and Increasing Urbanisation" (Population Studies (25) 3, November 1971)
110. SHANNON-STOKES, C. "Family Structure and Socio-economic Differentials in Fertility". (Population Studies (27) 2, July 1973).
111. Ibid., page 298.

interviews with three hundred and four women in Kentucky in 1968. The first two hypotheses were supported, but with regard to the third, socio-economic-status was found to be a better predictor of fertility both before and after the control of family structure. It is suggested that family structure is only one of the variables related to socio-economic status and additional variables should be incorporated into future models, "if they are to adequately represent the complexity of the relationship between socio-economic status and fertility"¹¹².

Husband and wife communication were part of the investigation undertaken in a South African study, where one hundred Coloured women in Cape Town were interviewed with regard to family planning in 1968. 25% of families were found to have had no communication at all about family planning, while another 13% found such a discussion so unsuccessful that it was avoided¹¹³. Rainwater too, has investigated husband-wife communication. In lower class couples, "a pattern of a high degree of segregation and often ... a pattern in which there is a good deal of dissatisfaction with the marriage on the part of both partners", has been found¹¹⁴. As well as this, the middle classes are found to have more gratification in sexual relations and less segregated role organisations. Rainwater's study concludes

112. Ibid. page 304.

113. DE WET, Blanche. "Gesinsbeplanning by die Kleurling - 'n Studie van Honderd Kleurlinggesinne in Biskop Lavidorp, Kaapstad" (Unpublished Master of Arts thesis, Stellenbosch 1968) (Maatskaplike Werk/Social Work (5) 4; October 1969).

114. RAINWATER, Lee. "Family Design: Marital Sexuality, Family Size and Contraception" (Aldine Publishing Co., Chicago, 1965), page 729.

that effective contraceptive practice, is positively related to less role segregation and more sexual gratification on the part of the wife¹¹⁵.

Following closely upon the studies of male-female communication, are those investigating the status of women and its relation to fertility. Recently the Commission on Population Growth and the American Future recommended that sex and family roles be modified, that sexual discrimination be eliminated and that equal access to education and employment be assured to all women¹¹⁶. This was in direct recognition of the relationship between fertility and the status of women. A 1970 National Fertility Survey in the United States, also included in its investigation questions on sex role attitudes¹¹⁷. Some very interesting results emerged, suggesting that women are retaining several key aspects of the traditional sex role. 80% of the "ever-married" women under forty-five who were interviewed, said that it was better for a man to achieve status outside of the home and for a woman to take care of the home and family. However, nearly all women felt that equal pay should be given for equal work. More blacks than non-blacks rejected the traditional position

115. Ibid. pages 294 - 295.

116. Commission on Population Growth and the American future, "Population and the American Future" (new American Library, New York 1972, page 152. Reported by Family Planning Digest (3), 1; January, 1974).

117. MASON, K.O. and BUMPASS, L.L. "Women's Sex Role Attitudes in the United States, 1970" (Paper preseneted at the Annual Meeting of the American Sociological Association, New York 27-30 August 1973. Reported in Family Planning Digest (3) 1; January 1974).

of women, even after differences in background and socio-economic status had been standardised. More blacks than whites supported child care centres and maternity leave. In general, the one variable most strongly associated with the women's responses, was their education, as a higher education was related to a more egalitarian position. Work status was also related in this way to sex role attitudes but not, as might be expected, to attitudes about employment rights.

The inter-relationship of education, participation in the labour force, the status of women and fertility then, is clearly a complex one, each affecting the other in different ways. It has been shown how education, urbanisation and work affect fertility, but according to Harriet Presser, these conditions also arise as results of perfect fertility control. Being able to control fertility, she states, will itself lead to the postponement of marriage, to women achieving a higher education, to a change in woman's role and to a change in options open to women outside of the home¹¹⁸. The mutual effect all these factors have upon one another then, should result in a gradual spiralling upwards towards a concurrent occurrence of better fertility control and higher levels of socio-economic status.

The writer would like to briefly consider two countries where attempts have been made to institutionalise some of the variables that have

118. PRESSER, Harriet B. "Later Marriage, Fewer Babies, Less Illegitimacy" (Family Planning Digest (2) 6; November 1973), page 3.

been discussed. In Tunisia, family planning programmes are based on legal tenets regarding the equality of women, the prohibition of polygamy, a minimum age for marriage (seventeen for women and twenty for men) and the legalisation of abortion and contraception¹¹⁹. Once again here, there is recognition that the status of women has an effect on fertility. A similar situation has occurred in the People's Republic of China, where motivation to have fewer children has been institutionalised in various ways. According to a study of China by Salaaf, in the first few years of communist power, the government introduced marriage reforms, religious reforms and reforms in land tenure and organisation. These reforms reduced both the "productive and ceremonial utilities of children"¹²⁰. Particularly after the Cultural Revolution in the sixties, changes in educational methods and values were introduced into the schools. One of these was encouragement to plan ahead and another was the ideological emphasis placed on equality, particularly the equality of women. Salaaf emphasises the importance that work has in the People's Republic of China in particular amongst the peasantry who have been "transformed into a rural labour force organised without regard to kinship", thus decreasing again, the utility of children¹²¹. From her analysis of the Chinese case, she concludes that structural and ideological changes have brought

119. DALY, Amor. "Tunisia: The Liberation of Women and the Improvement of Society" (in 'Population' edited B. Berelson. Voice of America Forum Lectures, New York 1969) pages 113 - 124.

120. SALAAF, Janet W. "Institutionalised Motivation for Fertility Limitation in China" (Population Studies (26) 2; July 1972) page 258.

121. Ibid. page 235.

about the anti-natalist behaviour. It is not mentioned in this particular study, but going hand in hand with the structural and ideological reforms have been nationwide family planning campaigns, which have made use of "barefoot doctors". These are local people who have been trained to give advice in contraception or to perform abortion by vacuum aspiration, in their own communities¹²².

2. Group Pressures and Family Size Ideals

This section will include research pertaining to norms and pressures concerning family size. According to Watts, "a change in social norms regarding reproductive behaviour and the typical size of an expected family, which a society or a stratum within it holds, must precede a drop in the birth rate"¹²³. He argues that new means must be found of altering people's attitudes towards family size, rather than towards family planning. Pressures from various directions seem to be preventing just such a change in attitudes towards family size.

In July 1972 a study was conducted upon nine hundred and ninety men and one thousand and fifty women in a survey of a national sample in the United States. The study was an exploratory investigation into the acceptable range of family size limits and the social pressures brought to bear on couples who do not conform to such standards¹²⁴. Generally, a

122. HEALEY, Edna. "Family Planning in China" (Family Planning January 1973), pages 75 - 77.

123. WATTS, H.L. "Population Control" (paper delivered at the Winter School on Environmental Responsibility, University of Natal, July 1973) page 10.

124. GRIFFITHS, Janet. "Social Pressure on Family Size Intentions" (Family Planning Perspectives (5) 4; Fall 1973) pages 237 - 242.

sharp lower boundary of two children was found, with considerable pressure on couples to have at least a first and second child. Families of five and more children were less acceptable than families of four. Whereas 64% of men and 75% of women felt one child was too small for a family, this dropped sharply to 2% of men and 5% of women who felt that two children was too small for a family¹²⁵. Both direct and indirect pressures to have specific numbers of children were felt more by women than by men. The findings thus indicated that women who expected to have only one child would come under considerable pressure to have a second, from friends and family, as well as from their own concern about the well-being of that one child. Very little disapproval was expressed about couples having a third or fourth child. Respondents were asked a series of questions about how they thought others would respond to them and about how they would feel themselves, if they were childless, if they had one child or were expecting a fifth child. Strong negative pressures were predicted from peers and family. 78% of both men and women expected pressure to have a first child, 76% of women and 62% of men expected pressure to have a second child and 72% of women and 54% of men expected pressure to limit their family size after five children. Differences in expectations of these social pressures were not found in different age groups, nor were working women insulated from such pressures. On the other hand when the responses were analysed by religion and sex, a pattern emerged. Catholic men expected substantially less pressure than either Catholic women or non-Catholic men and women.

125. Ibid. page 238.

No educational level differences were found within each sex either. Pressure concerning childbearing was generally felt therefore throughout the sample. Griffith's research is an important one regarding the social pressure that is felt regarding the size of families, despite the fact that it is restricted to the westernised American family, albeit of different socio-economic classes. Other studies however, have also found that high norms exist for the ideal family size.

A national sample survey conducted in the urban areas of India in 1963 found that the average number of children considered to be ideal in a family, was 3.2. Reasons for wanting more children were usually to ensure family survival. Reasons for wanting less, were usually financial. Other studies in India have found the ideal most often to be four children¹²⁶. The Celade study referred to previously, offers various other variables which explain ideal family size. These are socio-demographic and social psychological factors, ideals of reproduction, modernization and religiosity. The social psychological factors and the ideals of reproduction are considered to be far more powerful than the others¹²⁷. Ideals of reproduction include the ideal age at marriage, ideal interval between marriage and first child, ideal intervals between births, ideal age to end childbearing and ideal size of family. The last is considered to be the most important. The respondents were asked to

126. CHANDRASEKARAN, C. "Recent Trends in Family Planning Research in India" (in Family Planning and Population Programmes, edited B. Berelson, University of Chicago Press 1966) page 553.

127. CELADE. Op.cit, page 253.

decide this firstly with reference to themselves and then with reference to "the average couple". The answers of practically all the respondents fell within the range of two to four children. Demographically, this is very significant because two children signifies suspension of population growth, three signifies moderate growth, four signifies rapid population growth¹²⁸. A larger proportion of women wished for a smaller family for themselves than for the average couple. The writer suggests that this implies an underlying sensitivity to the fact that there is an expected or normative family size.

Two studies, both of English working class life, reflect a different quality of social pressure to have children. Young and Willmott in their study of kinship in 1953 - 55, found that mothers held a very high status in the wider family group¹²⁹. A similar finding emerged in Seabrook's study of his own working class group, where childbirth was the only accomplishment open to women and was the feat which gained them the esteem of their children. "They were inexhaustibly fascinated by their capacity for motherhood and boasted unceasingly of the pain they had endured and the difficulty they had experienced giving birth" and "..... mothers were always talked about with almost religious reverence, and were 'saints on earth' and 'goodness itself'"¹³⁰. The subtle pressures in this kind of situation, are rarely investigated empirically.

128. CELADE. Op.cit, page 102.

129. YOUNG, Michael and WILLMOTT, Peter. "Family and Kinship in East London" (Routledge and Kegan, Paul 1957, Pelican 1972), pages 49 - 50.

130. SEABROOK, Jeremy. "The Unprivileged" (Longmans Green 1967, Penguin Books 1973), page 111.

Rainwater's 1965 research, found that there was one central principle regarding family size and that was, that "one should not have more children than one can support, but one should have as many children as one can afford"¹³¹. This principle is important when one asks how many couples will come under social pressure to use the size of their family to indicate to others their state of material wealth, or at least to indicate that one is not poor. Rainwater however, suggests that the opposite is true, namely that having a large family is a way of spreading wealth and avoiding the evil of materialistic self-indulgence and avoiding being considered selfish. Other pressures are hypothesised by Rainwater from the results of his data. One is that larger families resolve the housewife's conflict over whether or not and how to be active in the outside world. Secondly, in the society as it is, characterised by "aloneness and alienation", large families provide a "ready made primary group to which husband and wife can retreat"¹³². Rainwater's data is obtained from interviews with four hundred and nine individuals, representing two hundred and fifty-seven families from three urban areas in the United States.

Apart from the pressures people feel regarding the size of their family, from their relatives, their peer groups and the social institutions, what pressures can they expect from the professions which are concerned with the intimate areas of their lives? The views and attitudes

131. RAINWATER, Lee. "Family Design: Marital Sexuality, Family Size and Contraception" (Aldine Publishing Co., Chicago 1965), page 282.

132. Ibid. page 287.

of health professionals are important, because they may "influence or shape the views of potential practitioners" (of family planning)¹³³. One such study has investigated the medical, nursing and social work professions with regard to their views on family planning, sterilisation and abortion. This was a survey which took place in 1971, of forty-seven nursing schools, eleven medical schools and fifteen social work schools. The sample was stratified according to four variables - type of programme, religious affiliation, size of school and size of community. Although the data was collected by questionnaire, there was a relatively high response rate for this type of method (although response from the medical schools was low). Response rates were 78 - 84% in nursing, 42 - 55% in medicine and 60 - 74% in social work. In all three, both students and faculty members were contacted¹³⁴. The data yielded a great deal of information concerning attitudes towards birth control and the perception of their roles in the field of family planning, by the different professionals. These are obviously going to affect the pressures they bring to bear upon their patients and clients to plan their families. With regard to their attitudes, the nursing respondents were consistently the least in favour of encouraging birth control, vasectomy or tubal ligation. Medical students on the other hand, consistently exhibited the most support for providing birth control.

133. WERLEY, Harriet H. et.al. "Professionals and Birth Control: Student and Faculty Attitudes" (Family Planning Perspectives (5) 1; Winter 1973), page 49.

134 Ibid.

With regard to abortion, the nursing respondents are generally more conservative about recommending this, whereas the social work respondents tended to be generally more in favour and less disapproving of abortion. 51 - 53% of the social workers said that they would assist a client in obtaining an illegal abortion as against 43 - 51% of the medicals and 18 - 19% of the nurses. With regard to their roles, more medicals and social workers thought the nurses role appropriate to family planning, than the nurses did themselves. Social workers on the other hand, assigned themselves a greater role than either the nursing or medical respondents thought was appropriate for them. All respondents saw the physician as most appropriately functioning in family planning, then the nurse, then the social worker. Another very interesting finding, was that all the respondents considered that the provision of contraceptive services was more appropriate if given on the request of the client rather than on the initiation of the professional. Two significant patterns are stated to be discernible in the study as a whole. Firstly the professions have differing degrees of willingness to become involved in birth control. Social workers were found to be the most willing, followed by the medicals, followed by the nurses who were least sure of their roles. Secondly the more general finding was that the role of health professional was dominant over the role of student or teacher within all three of the professions surveyed.

Another study of social workers in this context, was an attitude survey in San Francisco

in 1966, which was followed up in 1969¹³⁵. The study developed out of a 1965 Planned Parenthood poll, which had found that half of its patients had been referred by friends or relatives, whereas 5% had been referred by private doctors and 5% had been referred by social workers. A survey was then undertaken to probe for the reasons for the paucity of referrals by social workers. All probation and welfare workers and N.A.S.W. members in the San Francisco area were included in the sample. The responses were as follows:

- 33% - reasons relating to the individual social worker;
- 23% - reasons involving characteristics of the clients;
- 22% - reasons relating to agency policy;
- 13% - reasons related to the attitudes of the profession;
- 9% - because of negative public opinion.

In 1969 a further Planned Parenthood poll of their clinics revealed that only 1% of clients were referred by social workers. Again about one thousand social workers in the San Francisco area were asked for suggested reasons for this. There was a general consensus that "workers lacked information and confidence about the subject in contrast to their awareness of responsibility". It was also found that "both community pressures and social and health agencies themselves promoted unfavourable policies"¹³⁶.

135. CASTOR, Jane and HUDSON, P.S. "Social Work Attitudes Towards Referral to Planned Parenthood" (Social Service Review (45) 3; September 1971), pages 302 - 309.

136. Ibid. page 308.

Religious pressures against birth control, have long been investigated in family planning research. In 1968 a study of one hundred Coloured women in the Cape, revealed that religion indirectly discouraged family planning, by promoting the belief that all life is pre-ordained¹³⁷. In a study in 1972, of a random sample of forty-four Coloured women in Durban however, religion was found on the whole, not to play a part in discouraging family planning, although in individual cases, contraception was viewed as being unnatural and as being against God's will. In fact, women whose religious activity was high, tended to plan their families more, although this was not significantly related. It was suggested that the "future" orientation of religion may have operated to offset the fatalism usually attributed to strong religious feeling¹³⁸.

Perhaps these conflicting results reflect a transition in religious attitudes towards birth control. A recent study was undertaken of moral judgement regarding artificial contraception, within Catholic clergy. A mailed questionnaire was sent to a national sample of the Catholic clergy throughout the United States. One hundred and sixty-five bishops, one hundred and fifty-five major superiors and five thousand one hundred and fifty-five priests were in the final sample. The study took place a few years after the 1968 *Humanae Vitae* of Pope Paul VI, which reiterated the

137. DE WET. Op.cit, page 192.

138. LONSDALE, S. "Family Planning. An Exploratory Study" (Unpublished dissertation for Bachelor of Social Science (Honours) degree, University of Natal, 1972) page 94 and pages 107 - 108.

traditional Catholic opposition to mechanical or chemical forms of contraception¹³⁹. The major conclusion of the study was that "over half of the priests of the United States no longer agree with their church's official teaching on contraception"¹⁴⁰. The data suggests that the theological thinking of the clergy is in a period of gradual transition. If this is so and applies universally, it may be a reason to account for the conflicting conclusions on the influence of religious pressures upon family planning.

3. Available Resources

It has been suggested that low income couples have been unable to avoid fertility, not because of a lack of motivation, but because of a lack of access to contraception. Evidence of this is stated to be the prevalence of illegal abortion. If the resources were available in a convenient and acceptable manner, it is stated, deprived people would use them¹⁴¹.

One major study has investigated this, the "information, advice and help about contraception that is given to parents of young children"¹⁴². Cartwright's research into

139. MOORE, Maurice J. "Death of a Dogma" Community and Family Study Centre, University of Chicago, 1973).

140. Ibid. page 111.

141. SHLAKMAN, Vera. "Social Work's Role in Family Planning - Social Policy Issues" (in 'Family Planning. The Role of Social Work', edited F. Haselkorn. Adelphi University School of Social Work 1968) page 75.

142. CARTWRIGHT, Ann. "Parents and Family Planning Services" (Routledge & Kegan Paul. London 1970), page 1.

family planning services was conducted in twelve areas in England and Wales during 1967 - 68. In each area one hundred and fifty mothers and thirty fathers were selected for interviewing, after the birth of their latest baby. One thousand seven hundred and twenty-six gave the names of their general practitioners, seven hundred and two of whom were traced and interviewed. Two hundred and twenty-nine health visitors and seventy clinic doctors were also interviewed. The main sources of help for most people, were husbands, friends and relatives. This was despite the fact that 49% felt the best person to give advice would be a staff member of the family planning clinic and 40% felt their general practitioner would be the best person. The problem appeared to be one of role perception. Most mothers felt that their general practitioner should suggest family planning, while most general practitioners waited for their patients to request help. It is extremely interesting to compare this result to that of Werley et al. mentioned previously¹⁴³. The doctors interviewed were also found to be unaware of their patients' anxieties about the pill and most often recommended the pill as if it were the only contraceptive method available. A major problem to the doctor initiating a discussion of family planning with his/her patient, was in lack of time. The general practitioner's attitude was found to be very important in influencing the mother's attitude regarding the safety of the contraceptive. Whether a mother went to a clinic or not, was related to her husband's occupation, the services available and the type of area she lived in, i.e. depressed or not. Most clinic

143. See page 94, lines 18 - 23.

attenders were not affected by the inconveniences of the clinic - only 8% felt it was inconvenient and only 11% did not like the clinic either because of the long periods of waiting or because of personal embarrassment. It was generally found however, that services were least available where they were most needed. Areas with a higher proportion of manual workers had fewer clinic facilities than areas with a lower proportion of manual workers¹⁴⁴. The results of the follow up study done in 1970, closely resembled these findings.

A study of domiciliary services of family planning was undertaken in Birmingham, where two hundred and sixty-two case records were analysed with regard to referring agencies, characteristics of families, contacts made, methods advised, and relative success¹⁴⁵: The privacy of the domiciliary service, was seen to enable Catholic families to benefit from contraception. A very strong need was shown for such a service, by the eager and sometimes desperate co-operation of husbands and wives in the scheme. The final conclusion to the study, is to stress the need for such a family planning service.

Out of the wealth of research that has been done in the field of family planning, the above studies have been selected for their relevance to the present study, and for the role they have played in suggesting areas for investigation.

144. CARTWRIGHT, Ann. Op.cit, page 211.

145. SHAPIRO, Pauline and BATE, J. "Taking Family Planning into the Home" (New Society 3.2.1972), pages 229 - 231.

PART III

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PART III : METHODOLOGY OF THE STUDY

THE RESEARCH DESIGN

Throughout the study, the subjects' knowledge about, attitudes towards and practices of family planning, have been the dependent variables under investigation. It can therefore be described as a KAP type research survey. The research methods used in the study however, are partly exploratory and partly quantitative - descriptive, as defined by Tripodi et al¹. As in experimental research, the latter describes relationships between variables by using certain devices and statistical concepts such as correlation and proportion, to measure these relationships. However unlike the true experimental study, the independent variables are not manipulated nor are subjects assigned to experimental and control groups. In this sense it is descriptive research, although the data is presented in quantitative form.

Within this particular category of research method, there are a variety of designs and data collection techniques. The design used in the present investigation consists of the following: certain hypotheses have been stated and an interview schedule has been constructed whereby these can be tested, to ascertain the existence of a relationship between variables. The Chi Square test has been used to indicate the probability of the existence of such an association. Probability was taken to be significant at the 0,05 level. A

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1. TRIPODI, T, FELLIN, P. and MEYER, H.J. "The Assessment of Social Research. Guidelines for Use of Research in Social Work and Social Science." (F.E. Peacock Publishers Inc., Illinois 1969) pages 23 - 25.

measure of association was also used, the Phi Coefficient, which ranges from 0,00 (no association) to 1,00 (perfect association)². The Phi Coefficient was corrected for tables greater than 2 x 2 . Over and above this, observations were made during the interview and much unstructured information was obtained. This must be considered to be information of an exploratory nature. The data has not been specifically separated into categories of quantitative or qualitative data in the analysis.

After the interviews were completed, the schedules were edited, the coding of data was finalised, the data was transferred to punch cards and the final contingency tabulations were obtained by means of a computer.

SAMPLING PROCEDURE

The universe from which the sample was drawn was the Austerville Government Village Housing Scheme. The Department of Community Development maintains a list of all occupied and unoccupied dwelling units in this scheme. A random sample of over one hundred units was drawn out of the total of two thousand and eight occupied units. The table of random numbers by M.G. Kendall and B.B. Smith was used for this purpose³. The sample was satisfactorily spread throughout the area and a reasonable cross section of the total population was obtained.

2. BLALOCK, H.M. "Social Statistics" (McGraw Hill, Second edition 1972) pages 295 - 297.

3. Reproduced in Edwards, Allen L. "Experimental Design in Psychological Research", (Third edition, Holt, Rinehart and Winston Incorporated 1968), pages 390 - 394.

The writer decided at the outset, to draw *a sample of one hundred units. Of the original sample drawn, the first five units were used for a pilot study. Two of the units had to be discarded as they represented the addresses of a welfare agency in the area and one unit had to be discarded as the family had moved to Sydenham some days before. Only two refusals were experienced, both women being very African in appearance and very dark skinned. Neither could speak English and both were agitated and appeared frightened of the interview. In order to compensate for these lost units, the next consecutive ten numbers from the random table were introduced to make the final sample one hundred units.

The refusal rate of 2% is exceptionally low. Higgins' 1968 study in Port Elizabeth showed a similar refusal rate of 2,2% but both of these are low, despite the typically high response rate for such studies⁴. A partial explanation might be that the subjects were face to face with the researcher herself and not with an employed fieldworker. This meant that they were being asked to personally assist the person confronting them, making refusal more difficult. Secondly, the researcher was perhaps better and more easily able to explain the purpose of her study, than a fieldworker would have been.

Certain women in the sample were not vulnerable to pregnancy, as were the others. They were nevertheless included in the study, as they

4. HIGGINS, E. "Family Planning in the White Population of Port Elizabeth" (unpublished Doctor of Philosophy thesis, Grahamstown 1968), page 14.

were still part of the community and reflected aspects of its norms. The isolated and unusual situation, is also often the one that stands out in people's memories and as such, may in fact have a greater effect on the fertility behaviour of other women.

The size of the sample was chosen for various reasons. A large sample was felt to be no more a guarantee necessarily, of correct results than a small sample⁵. With a small sample, it would be possible to give more attention to each return. Since a large part of the study was exploratory, it would be necessary to explore each return separately. For this reason, the writer herself did all the interviewing. In practical terms therefore, it was not possible for one person to interview more than one hundred women in the time available. The extra insights obtained from the writer doing her own interviewing, were felt to offset the advantages that would accrue from a larger sample.

THE INTERVIEW SCHEDULE⁶

The schedule employed in this survey consisted of one hundred and forty-two questions all of which were structured and pre-coded except for twenty-three which were open ended. Only two questions were not coded at all. The larger part of the schedule was structured, in order that a minimum amount of unnecessary recording would have

5. PARTEN, M. "Surveys, Polls and Samples" (Harper and Brothers Publishers Inc., New York, 1950), page 290 ff.

6. The complete schedule appears in an Appendix at the back of this study.

to take place during the interview. However, most questions allowed for any additional information that might have emerged. Many questions were therefore both structured and open-ended, fulfilling the dual aim of the study, i.e. to obtain standardised, quantitative-descriptive data as well as qualitative-exploratory data. Each schedule was also provided with space for a "thumb-nail" sketch. This was information obtained from the observations and impressions of the interviewer and from the informal discussion with the respondent.

The schedule was finalised after a pilot study had been conducted on five women. In the pilot study, a set of cards with illustrations of each of the eleven available contraceptive methods, was used together with the schedule. It was hoped that these would enable women to recognise contraceptives that they either knew about or had used, thus giving a more accurate measure of their knowledge and practice of contraception. They were found to embarrass most respondents however, particularly if children were nearby and also to confuse some, e.g. the illustration of the injection was not associated with contraception, despite the context in which it was presented. The cards were therefore, not used in the final survey. Many small alterations and additions to the schedule took place after the pilot study. One major change was the addition of three questions concerning abortion. Another was the shortening of the schedule, so that the interview would last approximately fifty-five minutes instead of approximately eighty minutes. The former length of time was felt to be preferable, for at this point of the interview, many respondents were tired of being questioned. They were however ready to move into a more informal and relaxed discussion on the subject.

The schedule was divided into eight parts, the largest and most important being the first two, the background information and the reproductive and contraceptive history of the respondents. These contained mostly questions about facts, rather than about opinions or values, and were therefore considered less threatening. It was also necessary to obtain vital information whilst interest was still high. The remaining parts contained questions on resources, future orientation, benefits derived from children, emancipation, family size and group pressures. The writer considered that the last two sections would lead more easily into a general discussion, since they were being asked for their views on matters close to them.

With regard to knowledge of contraception, a point system of one to twelve points was created to measure the extent of knowledge each woman possessed about contraception. One point represents having no knowledge at all and twelve points, the most knowledge that a woman could have. In presenting the data, the twelve points were grouped together, to represent six degrees of knowledge, in order to make the data more manageable and the general distribution easier to read off the table.

The Chi Square and Phi Coefficient were in all cases however, calculated from the original larger contingency table.

FIELD WORK

The data was collected over a five week period in April of the present year, by the writer herself. Subjects were visited by the interviewer,

without prior notice. The woman of each house was the subject. 79% of the women were interviewed at their place of residence and 21% at their place of employment. Working women were usually given time off for the interview, otherwise they were interviewed during the lunch break. Many women were not at home when first contacted and had to be visited again. Very few required the maximum of five visits before they were contacted, most were found after two or three visits and many were at home on the first call. Because the area is fairly compact, it was not difficult to call back again and again or to leave messages with neighbours.

The vast majority of respondents were extremely co-operative and friendly and seemed to have a fair amount of spare time on their hands. The interviewer began by explaining briefly what the study was about and under what auspices it was taking place. She introduced herself as a research worker, (not a student) from the University. The interview itself took from 45 - 65 minutes and was followed by approximately ten minutes of informal "chatting" about the subject of family planning. More often than not, the subject would want to talk about the shortcomings of the housing scheme and the area, during this period. The interview was therefore $\frac{5}{6}$ structured and $\frac{1}{6}$ unstructured. The final unstructured ten minutes was used to obtain exploratory information which may not have been covered by the structured schedule. It was also used to leave the respondent feeling comfortable and at ease about having exposed herself. It was an opportunity for her to explain or expand on previous answers.

The beginning and terminating of the interview was considered to be of vital importance to the quality of the replies, and to the honesty and relaxed nature of the body of the interview. Therefore an attempt was made to be as honest as possible about the purpose of the visit, to stress confidentiality and to inform each respondent as to how they were chosen. The randomisation procedure was described as picking addresses out of a hat. The interviewer had had experience in interviewing techniques, as a social worker. No discomfort was expressed over the fact that the interviewer was a 'single' woman but it was commented on, once or twice.

ANALYSIS OF DATA

The basis of the present study is an analysis of the relationships between various sociological factors on the one hand and various demographic or fertility factors on the other. It is therefore necessary before analysing these relationships, to offer a general picture of the sociological and reproductive circumstances of the sample population. Thereafter the results of the hypotheses that were tested will be analysed and the quantitative-descriptive data presented. The last section consists of some case studies, in an attempt to present some of the information that emerged from the study, in a purely descriptive form.

I

SOCIOLOGICAL BACKGROUND TO THE SAMPLE POPULATION

This chapter outlines the major social and economic characteristics of the sample population. For clarity of presentation, these will be given under a number of sub-headings.

AGE

TABLE 1 (1) : PERCENTAGE AND ACTUAL DISTRIBUTION OF WOMEN IN THE SAMPLE POPULATION ACCORDING TO AGE

<u>AGE</u>	<u>FREQUENCY (f)</u>
19	2
20-24	13
25-29	16
30-34	16
35-39	11
40-44	15
45-49	10
50-54	4
55-59	8
60+	5
Total	100

The ages of the women in the sample population, ranged from the two youngest who were nineteen to the oldest who was sixty-seven. The sample was not restricted to women who were in the childbearing age group, as a picture of the whole population was required. The opinions of older women in particular, may have influenced the general norms pertaining to childbearing, despite the fact that this was no longer an issue directly affecting their lives. This would be due to many things, one of which might be the frequent presence of old people in homes, because of the lack of housing and of other facilities for the aged. 73% of the women interviewed were under forty five years of age and were therefore considered to still be in the childbearing years of their lives. Table 1 (1) illustrates the spread of ages.

CONJUGAL STATUS

72% of the women were either married or cohabiting and thus had an ongoing sexual relationship. Fourteen women had been married or had cohabited regularly with more than one man. The remaining 28% comprised seven single women, five separated women, two divorcees and fourteen widows. 74% of the women were married or had begun cohabiting before they were twenty-three years of age. 75% had fallen pregnant at least once before this age. Similarly, 40% were married before the age of twenty and 50% had fallen pregnant before the age of twenty.

HOME LANGUAGE

85% of the sample were English speaking. The remaining 15% were Afrikaans speaking.

MOBILITY

72% of the sample had lived in Austerville for over two years. 20% on the other hand, had been resettled in Austerville within the past few months. The respondents had all come from many different areas, both in and around Durban. 85% had lived in an urban area for most of their lives, before coming to Austerville. 15% had come from rural areas, either in the Transkei or Kwa-Zulu.

RELIGIOUS AFFILIATION

TABLE 1 (2) PERCENTAGE DISTRIBUTION OF WOMEN AND MEN AS REGARDS THEIR RELIGIOUS AFFILIATION

RELIGIOUS AFFILIATION	MEN	WOMEN
Roman Catholic	43	46
Anglican	18	17
Methodist	7	7
Muslim	5	4
Other Protestant Sects (Including Congregational, Baptist, Seventh Day Adventist, Apostolic, Assemblies of God, Lutheran, Full Gospel, Jehovah's Witness, Followers of Christ, Nazareth, Living Waters and Ethiopian Free Church)	22	25
No religion	1	1
Don't know	2	0
No answer	2	0
Total	100	100

46% of the women and 43% of the men were of the Roman Catholic faith. A distinction must be made between Protestant and Roman Catholic, because of the Roman Catholic Church's known opposition to birth control. However this opposition is not exclusive and

some of the smaller, more conservative Protestant sects also directly and indirectly appear to discourage birth control.

OCCUPATION

28% of the respondents were currently employed, 64% had worked at some stage of their lives, but were housewives at the time of the interview and 8% had never worked at all. All of the men worked, but 14% were temporarily out of work at the time of the interview. The following tables represent the working status and working pattern of both the women and the men. 54% of men had been in employment for more than three years.

TABLE 1 (3): THE WORKING STATUS OF THE RESPONDENTS
AND THE TIME THEY HAVE SPENT IN THEIR
CURRENT EMPLOYMENT

Work Status	% of women in each category	Length of time in present employment	% of women in each category
Unskilled	4	Less than 1 year	9
Semi-skilled	21	1 to 3 years	6
Skilled	1	Over 3 years	13
Professional	1	Not applicable	72
Other	1		
Not working at present	64		
Never worked	8		
Total	100	Total	100

TABLE 1 (4): THE WORKING STATUS OF THE MEN AND THE TIME THEY HAVE/HAD BEEN WORKING IN THEIR PRESENT OR PREVIOUS EMPLOYMENT.

Work Status	% of men in each category	Length of time in present or previous employment	% of men in each category
Unskilled	11	Less than 1 year	28
Semi-skilled	31	1 to 3 years	12
Skilled	47	Over 3 years	54
Clerical	4	Don't know	1
Professional	2	No answer	5
Other	1		
No answer	4		
Total	100	Total	100

UNEMPLOYMENT

Many reasons were given by respondents, as to why either they or their menfolk were unemployed. With regard to the men, the explanations offered were usually those concerning illness or simply not finding a suitable job. The pattern was different however, among women who were not working. A high proportion of women - 31 out of 64 - had given up work either because they had fallen pregnant or because they had to look after their children. Only one woman said that she had given up work because she had wanted to. This suggests on the one hand that accidental pregnancies are causing women to give up work that they either enjoy or financially require. On the other hand it suggests that there is a lack of child care facilities in the area.

INCOME AND RENT

53% of the sample earned less than R150 a month whereas 12% earned over R300 a month. Rent is based on the household income. Many people live illegally in their houses under the names of previous tenants, simply because this was the only way they could get accommodation originally. They are therefore often paying more rent than they can afford or less rent than that which their own income would indicate.

TABLE 1 (5) : PERCENTAGE DISTRIBUTION OF HOUSEHOLDS
ACCORDING TO THE RENTS PAID

RENT	% of Households
Under R5	26
R5,10 to R10	11
R10,10 to R15	15
R15,10 to R20	11
R20,10 to R25	14
R25,10 to R30	7
R30,10 to R35	7
R35,10 +	9
Total	100

GENERAL FINANCIAL SITUATION

The majority of women(84%) said they had difficulty managing financially, 61% specifying overwhelming problems. All the women but one, specified their actual problem areas. These were predominantly given as the increased cost of living

(33% of the women) and inadequate wages (18% of the women). Other reasons given included unemployment, illness, debts and alcoholism. Only a very small percentage gave as their problem, having had too many children. Medical expenses were not mentioned often as being a problem, although only 33% of the sample belonged to a medical aid. When asked how they solved their problems, just under one half of the sample said they received help from their families or from working children. 16% felt hopeless and saw no available solutions to their financial problems. Many women mentioned the high rents as being part of the rising cost of living with which they could not cope.

EDUCATION

The categories of education used in this study, ranged from having had no schooling to having attended a University. The category of 'Primary School' embraced all schooling up to Standard 5. The category of 'Matriculation' means having passed the school leaving examinations.

a). Education of Parents

In general there was a low level of educational achievement throughout the sample. However the educational achievement of this group was higher than the figures given in the 1970 National Census, for the total Coloured population in the urban areas of Natal. In the present sample, only 14% of the women and 26% of the men, went beyond Standard 7. In the majority of these cases, this was not even beyond Standard 6 - Standards 6 and 7 being one category for the purposes of the study. Only 1% of the women and 3% of the men had matriculated. This information

has been compared to that of the census data, in Table 1 (6).

TABLE 1 (6) : PERCENTAGE DISTRIBUTION OF WOMEN AND MEN IN THE SAMPLE, ACCORDING TO THE STANDARD OF EDUCATION THEY OBTAINED, AS COMPARED WITH THE SCHOOL STANDARDS OBTAINED BY ALL COLOURED IN THE URBAN AREAS OF NATAL(1)

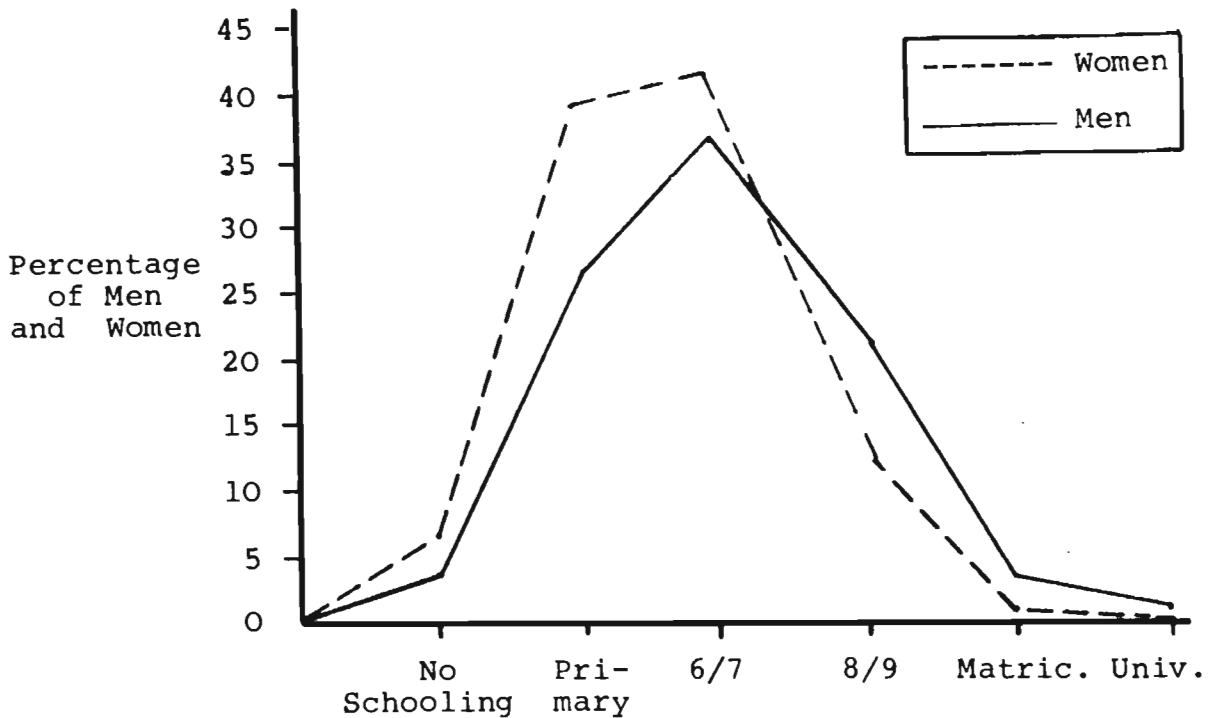
Level of Education	Women	Men	Urban Natal
No schooling	6	3	24
Primary school	39	26	38
Standard 6/7	41	36	28
Standard 8/9	12	21	8
Matriculation	1	3	2
University	0	1	0
Other post matriculation training	1	1	0
Don't know	0	8	0
No answer	0	1	0
Total	100	100	100

An appreciable difference was found between the educational levels of the women and of the men. Generally, the women had considerably less education than their menfolk. This fact is also reflected in the 1970 census for Urban Natal. Although more women than men achieved a primary school education, more men than

(1) Calculated by the writer from the Population Census 6.5.1970. Report No. 02-01-03. Republic of South Africa. Department of Statistics, Pretoria, page 78.

women obtained a high school and a matriculation qualification. The information is presented below in graphic form.

FIGURE 1 (1) : GRAPHIC REPRESENTATION OF THE LEVELS OF EDUCATION ACHIEVED BY BOTH MEN AND WOMEN IN THE SAMPLE POPULATION



It would appear that information from the census would reflect a similar pattern to that shown in the graph.

b). Education of children

The women were asked what standard of education they would like their children to achieve. None wanted their children to have only a primary school education. The distribution of education desired for children, was far higher than that of the actual standards achieved by the parents themselves. There was little difference in the education desired for sons as against

daughters, although the trend was towards less education for girls.

TABLE 1 (7) : PERCENTAGE DISTRIBUTION OF THE EDUCATIONAL ASPIRATIONS WOMEN HAD FOR THEIR CHILDREN

Standard of Education	Desired for sons	Desired for daughters
No sons/daughters	5	9
Standard 6 or 7	3	6
Standard 8 or 9	17	22
Matriculation	39	33
University	33	26
Other post matriculation training	0	1
Don't know	1	1
No answer	2	2
Total	100	100

10% of the sample stated explicitly that boys should have more education than girls. This was usually related to the perceptions respondents had, regarding the roles of men and women, e.g. men work and must support a family, women get married and have babies.

Despite the high aspirations that the group held for their children, only 29% were planning and saving, to ensure that they obtained an education. Reasons for not doing so, were usually given as financial. 64% of the women found meeting the costs of their children's education a problem, while only 9% did not. 27% had not yet experienced this as a problem, either because they had no children or because their children were not of schoolgoing age.

II

REPRODUCTIVE CHARACTERISTICS OF THE SAMPLE POPULATION

This chapter outlines various features characterising the women in the sample, with regard to their reproductive function. These features are as follows:

- (1) Various aspects of family size will be discussed, i.e. whether there is a trend for women to have less children than the previous generation, whether the ideals women have of family size are being realised and what the attitudes are of women, towards various sized families.
- (2) Involuntary phenomena that affect family size, such as infant and foetal mortality, are also discussed, including the incidence of voluntarily induced abortion.
- (3) The response of the respondents to their own pregnancies and to contraception, is considered.
- (4) The practice of contraception and reasons given for not practicing it, as well as the different types of contraception used, are presented.
- (5) Finally, the respondents' knowledge about pregnancy and about contraception, is discussed.

FAMILY SIZEa). Comparison of Generations

The women interviewed tended to have smaller families than the previous generation. 61% of the sample had less than five children in comparison with

42 - 43% of their mothers-in-law and mothers who had less than five children, at the same age. In contrast, 4% of the sample had ten or more children in comparison to 12 - 13% of their mothers-in-law and mothers, at the same age. See Table II (1) for distribution of respondents, mothers and mothers-in-law, according to their family size.

TABLE II (1) : THE NUMBER OF TIMES A RESPONDENT HAS FALLEN PREGNANT COMPARED WITH THE NUMBER OF PREGNANCIES EXPERIENCED BY HER MOTHER AND MOTHER-IN-LAW, AT THE SAME AGE

No of pregnancies	% of respondents having these numbers of children	% of mothers of respondents having these numbers of children	% of mothers-in-law of respondents having these numbers of children
Don't know	0	1	7
No pregnancies	5	1	1
1	6	1	11
2	9	7	9
3	22	24	9
4	19	10	12
5	16	10	8
6	3	6	12
7	8	12	8
8	6	8	7
9	2	7	4
10	2	5	6
11	1	2	1
12	0	2	1
13	1	2	0
14	0	0	1
15	0	1	0
16	0	1	1
22	0	0	1
Not applicable	0	0	1
Total	100	100	100

b). Comparison of Actual and Ideal Size FamilyTABLE II (2) : THE ACTUAL NUMBER OF PREGNANCIES EXPERIENCED BY THE RESPONDENT, COMPARED WITH THE SIZE FAMILY SHE CONSIDERS IDEAL FOR HERSELF AND HER DAUGHTER

No. of Pregnancies or children	% of respondents experiencing these numbers of pregnancies	% of respondents considering these to be the ideal number of children for themselves	% of respondents considering these to be the ideal number of children for their daughters
Don't know	0	4	10
None	3	0	0
1	4	0	0
2	7	16	28
3	10	19	22
4	20	42	27
5	15	8	7
6	10	9	6
7	9	0	0
8	5	0	0
9	3	0	0
10	7	1	0
11	2	0	0
12	2	1	0
13	0	0	0
14	2	0	0
15	1	0	0
Total	100	100	100

77% of the women considered four or less children ideal for themselves, as well as for their daughters. Despite this, 56% had fallen pregnant more

than four times. There was a tendency for respondents to consider four children an ideal size family for themselves, but either two, three or four, ideal for their daughters. None stated that only one child was ideal. The women appear then to be having many more pregnancies than their expressed ideals. 59% of the sample had less than six children and 47% still had ten to fifteen years of potential childbearing ahead of them. So although only 14% of the sample had had ten or more pregnancies, it should be remembered that the age distribution of the sample was a low one, with more than half the women being under forty years of age. Further pregnancies could therefore possibly take place.

c). Attitudes towards Family Size

TABLE II (3) : PERCENTAGE DISTRIBUTION OF RESPONDENTS' ATTITUDES TOWARDS DIFFERENT TYPES OF FAMILIES

Attitude	Families with no children at all	Families with only one child	Large Families
Positive	4	28	32
Negative	90	66	57
Indifferent	6	6	9
Don't know	0	0	2
Total	100	100	100

Respondents were asked how they felt about couples who made the following three decisions : to have no children at all, to have only one child or to have a large family. 'Large' was not defined. Answers were

definite in nearly all cases, disapproval frequently being strongly expressed. Expressions such as 'spiteful', 'selfish', 'only lust', 'against God', 'no good getting married then' and 'it won't be a happy home', were used in respect of people who made such decisions. Most of the indifferent answers were qualified by the statement that the couple may have had a medical disability, which caused such an unusual decision. Attitudes towards large families were also generally negative, but not much more so than attitudes to the one child decision.

Many different perceptions were held as to what constituted a large or small family. There was a tendency to see small families as comprising two children (50% of the respondents) or four children (22% of the respondents) and a tendency to see large families as comprising five or six children (49% of the sample) or seven or eight children (22% of the respondents). When asked for their preferences, 80% preferred a small family. Reasons for this in almost all cases, was the increase in the cost of living. Four women felt that having fewer children would give them more time for themselves. Another four felt that they would be able to give fewer children more love and care. In cases where larger families were preferred, they were believed to be happier.

FOETAL AND CHILD MORTALITY

A high child mortality rate was indicated. 26% of the sample had lost at least one child, 12% had experienced at least one stillbirth and 34% at least one miscarriage. The latter can be broken

down as follows:

Experience of one miscarriage	18 women
Experience of two miscarriages	8 women
Experience of three miscarriages	6 women
Experience of four miscarriages	2 women
TOTAL	34

An attempt was made to probe into the cause of these miscarriages in various ways, at the same time attempting to assess the incidence of abortion. Table 11 (4) illustrates this.

TABLE 11 (4) : COMPARATIVE TABLE SHOWING THE DISTRIBUTION OF ANSWERS GIVEN TO THREE QUESTIONS PROBING INTO THE INCIDENCE OF ABORTION

	Did she or a friend try to bring on the miscarriage?	Had any of her friends ever had an abortion?	Are abortions frequent in Austerville?
Yes	4	9	32
No	33	75	25
Vague	3	12	18
Don't know	0	4	25
N/A	60	0	0
Total	100	100	100

As the question became less personal and more abstract, there were more affirmative answers regarding the incidence of abortion. It is possible that the answers are not a correct reflection of the situation, as (a) abortion is illegal in South Africe and (b) local publicity had been given to abortion in the press, just

prior to the study, which highlighted its illegality. The publicity sprung out of the trial and conviction of an eminent gynaecologist, on charges of abortion. This would inhibit admissions of undergoing or knowing about abortions, by ordinary people. There was mention on a few occasions of apparently aborted fetuses being found in the gutters and dustbins of Austerville.

ATTITUDES

a). Attitudes towards pregnancy

In general, pregnancy was not found to be associated with negative feelings, even if the pregnancy had been accidental. Whilst 11% of the sample said that they had deliberately tried to fall pregnant at the time of their first child, 48% nevertheless, reported being pleased with the discovery of this pregnancy. 58% also reported being pleased at the discovery of their most recent pregnancy. Three factors may account for this association of pregnancy with positive feelings:

- (i) 54% of the women reported that their relationship with their partners improved during pregnancy;
- (ii) Respondents may not have admitted to feelings of displeasure at being pregnant, because of certain social norms, or
- (iii) Respondents may not have admitted to feelings of displeasure at being pregnant because of personal feelings of commitment to children who they now have, whether they originally wanted them or not.

b). Attitudes towards Contraception

Attitudes towards family planning and contraception were often ambivalent. 67% of the women however, felt that family planning was a "good thing", as against 42% of the men. The attitudes of 25% of the men were not known, so it is possible that the percentage of men approving of contraception, may be higher.

CONTRACEPTIVE PRACTICES

a). Use of Contraception

58% of the sample reported using some means of contraception at some time in their lives. 49% of the women compared with 27% of the men used a contraceptive. 29% of the sample first began to use a preventative only after their first or second child. Only 6% of the sample used a preventative before the women had ever experienced a pregnancy, whilst 15% began after their fourth child or later. The reasons given for beginning birth control, included marital problems, illness, financial difficulties and wanting or needing to return to work. Many women said that they were influenced by someone else suggesting such a course of action. These suggestions came from the hospital, the baby clinic, the factory nurse, husbands and in-laws.

b). Types of Contraception

Many women who started family planning had tried more than one method. Table 11 (5)

indicates which were the most popular methods according to frequency of usage by women in the sample.

TABLE 11 (5) : EXTENT OF USAGE OF EACH CONTRACEPTIVE METHOD, BY WOMEN IN THE SAMPLE

Method	No. of Couples Employing this method
Pill	38
Withdrawal	17
Loop	12
Condom	12
Pessary	10
Injection	8
Rhythm	5
Foam	3
Diaphragm	2
Abstinence	2

The Pill is the most tried method of them all, which may indicate, that once women have been reached, they will use one of the most reliable and effective contraceptive methods. The problem then would lie either in a lack of motivation to plan or in a lack of effective use of the contraceptive method - but not necessarily in the technology of the contraceptive used. The second most tried method is withdrawal, followed by the loop and the condom. Both male methods of contraception feature high on the list, together with two of the most effective female methods of contraception. Very few women reported using home remedies, with only one mention of the old sponge method¹.

1. Placing a small piece of sponge up into the vaginal passage to block the entry to the womb.

Some women reported the use of laxatives after sexual intercourse. Sheila Kitzinger's article on body fantasies and ignorance about bodily functions and structure refers to this aspect of contraception². One woman gave herself a regular monthly dose of Apiol and Steel tablets, to ensure menstruation. The writer is aware that this is a method often used in the hope that it will induce menstruation or an abortion, if pregnancy is suspected. Breastfeeding as a means of family spacing was mentioned twice.

c). Reasons for not Using Contraception

Although many women had not actually used contraceptives, they may have wanted to, without actually doing so. This did not appear to be the case however. Many women stated that they did not even want to use a preventative. The main reasons given for this were, being afraid of side effects (13 women), being ignorant about contraception (13 women), a belief that such a thing was sinful and going against God's wishes (15 women), and the partners' opposition (3 women). With regard to the latter, it seems that male opposition is not too severe a problem for the women. This is reflected also in the fact that for many, the male is playing a part in family planning, as can also be seen by the high rate of usage of the condom and withdrawal methods.

KNOWLEDGE

a). Knowledge of Pregnancy

At the age of fifteen, 78% of the respondents had not known how a woman became pregnant. The age

2. See page 55.

of fifteen was used in the question, as the writer considered that most girls of this age would have reached their menarche. Menstruation would therefore have provided an opportunity for sexual education from either mothers, sisters, friends or teachers.

b). Knowledge of Contraception

With regard to their knowledge of contraceptive matters, only 5% of the sample were completely ignorant of any contraceptive methods. The sources of information about such things, were many and varied. What stands out clearly however, is the extent to which women obtain information from their friends. 43% found out about contraception from their friends, or by hearing others talk about it. No-one reported being told about contraceptive methods from their mothers, in contrast to four women, who had been enlightened by their daughters. 16% reported obtaining their information from the family planning and baby clinic, while 5% had read about birth control methods in various womens' magazines or in the newspaper.

TABLE II (6) : PERCENTAGE OF WOMEN WHO KNEW ABOUT EACH PARTICULAR CONTRACEPTIVE METHOD

Method	Percentage of Women knowing about it
The 'Pill'	95
Loop	84
Injection	74
Condom	68
Withdrawal	60
Rhythm	41
Douche	33
Pessary	31
Diaphragm	30
Foam	17
Abstinence	5
Nothing	5

The more sophisticated and reliable methods of contraception were the better known ones. Every woman who knew of at least one method of contraception, knew of the 'Pill'. As with usage, many of the women knew of the condom and withdrawal methods of contraception as well.

III

SOCIO-ECONOMIC-STATUS AND MODERNIZATIONSOCIO-ECONOMIC-STATUS

Although many factors determine socio-economic-status, when social class is not the fundamental factor under investigation, household income and occupation of the male are usually used as the major indices reflecting a family's status. Socio-economic-status in this limited sense, has two dimensions. The social dimension is the evaluation of a person's prestige in the community. The economic dimension is the economic power a person has in the community. In the present study, occupation has been used to determine the social dimension and household income, the economic dimension of the socio-economic-status of families under investigation.

Although employment of the woman is an index of modernization, it will be dealt with under occupation.

HYPOTHESES: There will be more knowledge about family planning on the part of the woman, a more favourable attitude towards family planning and more actual use of contraception on the part of both woman and man, and a greater desire to plan her family on the part of the woman (a) among families with a higher socio-economic-status, measured by income and occupation; and (b) when the woman of the family is employed.

(a) Income

The range of income was as follows:

TABLE 111 (1) : PERCENTAGE DISTRIBUTION OF THE SAMPLE POPULATION ACCORDING TO HOUSEHOLD INCOME

Household Income in Rands	Percentage
R 0 - 49	17
R 50 - 99	16
R 100 - 149	20
R 150 - 199	14
R 200 - 249	10
R 250 - 299	11
R 300 - 349	7
R 350 - 399	3
R 550+	2
Total	100

The distribution pattern emerging in three of the income groups, strongly supported the hypothesis. These three income groups were the lowest - R0 - 49, one of the highest - R350 - 399, and one of the midway groups - R150 - 199. Looking at these three groups in particular, there is a clear trend in all four of the cases illustrated in Tables III (2) and III (3), which indicates that the proportion of positive attitudes towards contraception of both women and men and the proportion of women practising or desiring to practice contraception, increases as income increases. There is a positive relationship between income and these dependent variables.

TABLE III (2) : PERCENTAGE DISTRIBUTION OF THE DIFFERENT INCOME GROUPS ACCORDING TO MALE AND FEMALE ATTITUDES TOWARDS CONTRACEPTION

Income Group	Actual No. in Sample	(Af) Attitudes of Respondents towards contraception			(Am) Attitude of Respondents' partners towards contraception				
		Positive	Negative	Don't know	Positive	Negative	Indifferent	Don't know	No answer
R 0 - 49	17	35	65	0	18	29	0	53	0
R 50 - 99	16	44	50	6	31	31	0	38	0
R100 - 149	20	65	30	5	15	40	5	30	10
R150 - 199	14	93	7	0	71	22	0	7	0
R200 - 249	10	90	10	0	50	40	0	10	0
R250 - 299	11	64	36	0	36	46	0	18	0
R300 - 349	7	100	0	0	100	0	0	0	0
R350 - 399	3	100	0	0	100	0	0	0	0
R550 +	2	100	0	0	100	0	0	0	0
Total	100								

Af : $\chi^2 = 27,549$; d.f. = 16; $p < ,05$. Phi Coefficient = 0,53

Am : $\chi^2 = 49,274$; d.f. = 32; $p < ,02$. Phi Coefficient = 0,35

The proportion of women who do not know what their partners' attitudes are towards family planning, decreases as income increases. It would appear then that there is more male-female communication regarding contraception in the higher income groups, as well as more positive attitudes towards contraception.

TABLE III (3) : PERCENTAGE DISTRIBUTION OF THE DIFFERENT INCOME GROUPS ACCORDING TO FEMALE PRACTICE OF CONTRACEPTION AND FEMALE DESIRE TO PRACTICE CONTRACEPTION

Income Group	Actual No. in Sample	(Pf) Use of contraception by Respondents		(Df) Desire by Respondents to use contraception	
		Used	Not used	Desire	No desire
R 0 - 49	17	12	88	24	76
R 50 - 99	16	25	75	37	63
R100 - 149	20	30	70	50	50
R150 - 199	14	79	21	86	14
R200 - 249	10	70	30	70	30
R250 - 299	11	82	18	91	9
R300 - 349	7	71	29	86	14
R350 - 399	3	100	0	100	0
R550 +	2	100	0	100	0
Total	100				

Pf : $\chi^2 = 34,026$; d.f. = 8; $p < ,001$. Phi Coefficient = 0,58
Df : $\chi^2 = 39,605$; d.f. = 24; $p < ,05$. Phi Coefficient = 0,36

As income increases, more women tend to employ contraceptive methods and more women desire to use contraception, even if they do not actually do so. Income and actual use of contraception by the women are very significantly related, with a moderate association ($p < ,001$ and 0,58).

TABLE III (4) : PERCENTAGE DISTRIBUTION OF THE EXTENT OF KNOWLEDGE ABOUT CONTRACEPTION POSSESSED BY THE RESPONDENTS, ACCORDING TO THEIR INCOME

Income Group	Actual No. in Sample	(Kf) Extent of Knowledge of Respondents about contraception					
		1/2	3/4	5/6	7/8	9/10	11/12
R 0 - 49	17	17	36	24	17	6	0
R 50 - 99	16	19	19	31	19	6	6
R100 - 149	20	20	5	40	20	15	0
R150 - 199	14	0	7	29	29	28	7
R200 - 249	10	0	10	30	20	40	0
R250 - 299	11	0	10	18	27	27	18
R300 - 349	7	0	0	14	43	43	0
R350 - 399	3	0	0	0	33	0	67
R550+	2	0	0	0	100	0	0
Total	100						

$$\chi^2 = 104,082; \text{ d.f. } = 88; \text{ p } < ,001. \text{ Phi Coefficient } = 0,37.$$

A wide range of the extent of knowledge about contraception, was found in the first three income groups, a smaller range in the next three and an even smaller range in the last two income groups. Of the three income groups focused on earlier, the range is as follows:

R 0 - 49 : ranged over points 1 to 9
 R150 - 199 : ranged over points 4 to 11
 R350 - 399 : ranged over points 7 to 12

Table III (4) illustrates the different ranges of knowledge about contraception, possessed by respondents in all the different income groups. The trend which can be observed from this table, indicates that a correlation would be

found between higher income and more knowledge about contraception. The relationship between the two was found to be a very significant one. Lower income groups tended to have less knowledge about contraception than people in the higher income bracket. Knowledge increases steadily with income.

(b) Occupation

89% of men in the sample were reported as being blue-collar workers, whereas only 4% were clerical workers and 2%, professional men. The analysis has therefore concentrated on the three categories of blue-collar occupations, i.e. unskilled, semi-skilled and skilled workers. No relationship was found to exist between the man's occupation and the use or desire to use contraception of the woman. Table III (5) analyses the attitude of the man towards contraception and his use of contraception, in terms of his occupation.

As might be expected, the most significant findings were the following : the relationship between the male's occupation and his attitude towards contraception, and between his occupation and his actual use of contraception. The proportion of men with a positive attitude and of men who used a contraceptive, was greater among the skilled workers than among the unskilled workers. This trend however, did not continue among the higher status occupation groups.

TABLE III (5) : PERCENTAGE DISTRIBUTION OF THE OCCUPATION OF THE RESPONDENT'S PARTNER,
ACCORDING TO HIS ATTITUDE TOWARDS AND USE OF CONTRACEPTION

Male's Occupation	Actual No. in Sample	(Am) Attitudes of Respondents' partners towards contraception					(Pm) Use of contraception by Respondents' partners		
		Positive	Negative	Indifferent	Don't know	No answer	Used	Not used	No answer
Unskilled	11	46	27	0	27	0	0	100	0
Semiskilled	31	39	26	0	35	0	26	74	0
Skilled	47	53	30	2	15	0	36	64	0
Clerical	4	0	75	0	25	0	50	50	0
Professional	2	0	50	0	50	0	0	100	0
Other	1	0	0	0	100	0	0	100	0
No answer	4	0	25	0	25	50	0	75	25
Total	100								

Am - $\chi^2 = 64,826$; d.f. = 24; $p < ,001$. Phi Coefficient = 0,40

Pm - $\chi^2 = 33,379$; d.f. = 12; $p < ,001$. Phi Coefficient = 0,41

TABLE III (6) : PERCENTAGE DISTRIBUTION OF THE OCCUPATION OF THE RESPONDENT'S PARTNER,
ACCORDING TO THE RESPONDENT'S ATTITUDE TOWARDS AND KNOWLEDGE ABOUT CONTRACEPTION

Male's Occupation	Actual No. in Sample	(Af) Attitudes of Respondents towards contraception			(Kf) Extent of knowledge of Respondents about contraception					
		Positive	Negative	Don't know	1/2	3/4	5/6	7/8	9/10	11/12
Unskilled	11	64	36	0	36	36	28	0	0	0
Semiskilled	31	61	39	0	13	10	16	26	29	6
Skilled	47	77	21	2	0	8	36	28	20	8
Clerical	4	25	75	0	0	0	25	50	25	0
Professional	2	50	50	0	0	100	0	0	0	0
Other	1	0	100	0	0	0	100	0	0	0
No answer	4	75	0	25	50	0	0	50	0	0
Total	100									

Af : $\chi^2 = 21,863$; d.f. = 12; $p < ,05$ Phi Coefficient = 0,33

Kf : $\chi^2 = 98,563$; d.f. = 66; $p < ,006$ Phi Coefficient = 0,41

The same pattern emerges with regard to the woman's attitude towards and knowledge about contraception. A higher proportion of women with positive attitudes towards contraception, were found to have partners engaged in skilled work as against unskilled work. Respondents whose partners did unskilled work, tended on the whole to have less information about contraception, than those whose spouses did semiskilled or skilled work.

With regard to the three categories of blue collar work, 36%, 13% and 0% respectively, had only one to two points for knowledge (i.e. little knowledge about contraception), whereas 0%, 6% and 8% had eleven to twelve points for knowledge (i.e. much knowledge about contraception). None of the partners of unskilled workers had more than six points for knowledge, compared with 61% of the partners of semi-skilled and 56% of the partners of skilled workers, who had between seven and twelve points for knowledge. The knowledge that the women possess about contraception then, appears to increase as the work that the men do, becomes more skilled.

A similar pattern emerges with regard to the occupation of the woman and her use of contraception, which can be observed in Table III (7).

TABLE III (7) : PERCENTAGE DISTRIBUTION OF THE OCCUPATION OF THE RESPONDENT, ACCORDING TO HER USE OF CONTRACEPTION

Employment category	Actual No. in Sample	Women currently employed	
		(Pf) Use of contraception by Respondents	
		Used	Not used
Unskilled	4	25	75
Semiskilled	21	76	24
Skilled	1	100	0
Professional	1	0	100
Other	1	0	100
Not working	64	43	57
Never worked	8	25	75
Total	100		

Pf : $\chi^2 = 11,115$; d.f. = 5; $p < ,05$ Phi Coefficient = 0,33

The categories of employment that the working women of the sample are currently engaged in, are found to be significantly related to whether or not she plans her family. There is a steady increase in the proportion of women who plan, from the unskilled workers (less planning) to the skilled workers (more planning). The trend reverses for professional women, although only one woman reported her occupation as being a professional one. No relationship was found between the woman's occupation and the other five dependent variables.

(c) Working Women

TABLE III (8) : PERCENTAGE DISTRIBUTION OF WOMEN WHO ARE EMPLOYED, WHO WERE ONCE EMPLOYED AND WHO HAVE NEVER BEEN EMPLOYED, ACCORDING TO THEIR USE OF CONTRACEPTION

Employment Category	Actual No. in sample	Used contraception	Did not use contraception
Women who had never worked in their lives	8	25	75
Women who used to work, but are no longer working	64	43	57
Women who are currently employed	28	69	31
Total	100		

The above table suggests that working itself, by women, has an effect on family planning. The proportion of women who used contraception was greatest among women who had always worked, and least among women who had never worked in their lives; 69% and 25% respectively. Among women who used to work or had worked at some stage in their lives, but were housewives at the time of the interview, the proportion who used contraception adjusted accordingly: 43%.

EDUCATION

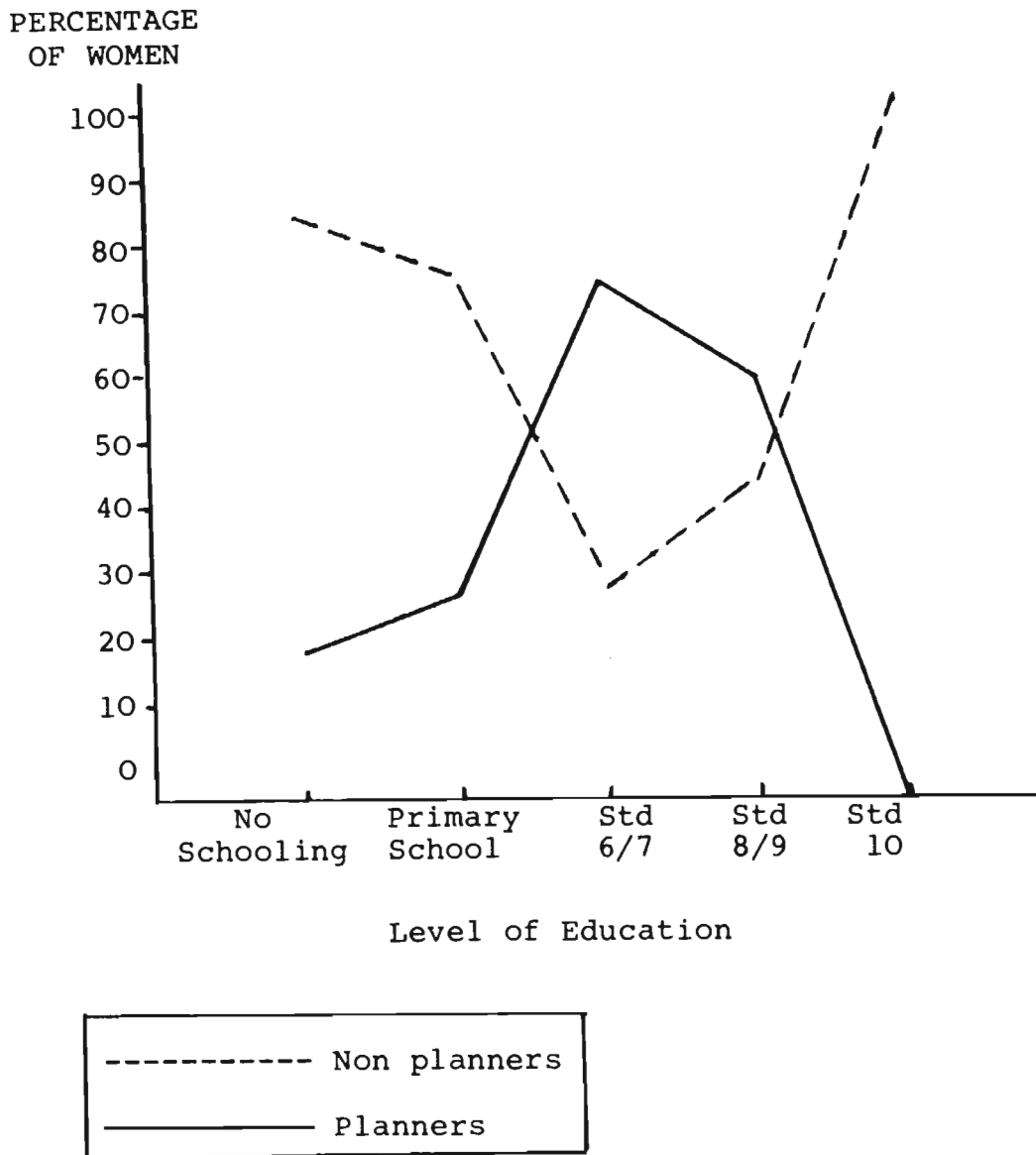
HYPOTHESIS : There will be more knowledge about family planning on the part of the woman, a more favourable attitude towards family planning and more actual use of contraception on the part of both woman and man and a greater desire to plan her family on the part of the woman among families where both man and woman have achieved a higher standard of education, in particular the woman.

(a) Education of the Women

As with the income groups, particular levels of education also appear more prominently than others. Levels of education up to Standard 6/7 show definite trends in their relationship to the dependent variables, (when the relationships were found to be significant). These trends often reverse at this point, however. This is possibly because the majority of women in the sample, 86%, never went beyond Standard 6 or 7 and so the evidence for Standards 8 to 10 are on the basis of only thirteen women.

Figure III (1) illustrates the distribution of women who plan their families as against those who do not, according to their education. A similar pattern applies to women with positive attitudes as against those with negative attitudes, to women who desire to plan as against those who do not, to women who have more knowledge about contraception as against those who have less and also to men who plan as against men who do not.

FIGURE III (1) : GRAPHIC DISTRIBUTION OF THE LEVEL OF EDUCATION OF THE RESPONDENTS ACCORDING TO THEIR USE OR NON USE OF CONTRACEPTION



The following table indicates the actual percentage distribution of the educational level attained by the women, according to their attitudes towards, use of and desire to use contraception and according to the use of contraception of their partners. These were all found to be significant, particularly the female dependent variables. The proportion of women with positive attitudes to contraception, who practised contraception or desired

to do so and the proportion of men practising contraception, increases as the woman's level of education increases. The proportions decrease, usually only slightly, among women with a Standard 8 or 9 education.

TABLE III (9) : PERCENTAGE DISTRIBUTION OF THE RESPONDENT'S LEVELS OF EDUCATION, ACCORDING TO FEMALE ATTITUDES TOWARDS CONTRACEPTION, MALE AND FEMALE PRACTICES OF CONTRACEPTION AND FEMALE DESIRE TO PRACTICE CONTRACEPTION

Womens level of Education	Actual No. in sample	(Af) Attitudes of Respondents towards contraception			(Pf) Use of contraception by Respondents		(Pm) Use of contraception by Respondents partners			(Df) Desire by Respondents to use contraception	
		Positive	Negative	Don't know	Used	Not used	Used	Not used	No answer	Desire	No desire
No education	6	17	50	33	17	83	0	100	0	17	83
Primary school	39	51	49	0	26	74	10	90	0	36	64
Std. 6 or 7	41	85	15	0	73	27	42	56	2	85	15
Std. 8 or 9	12	83	17	0	58	42	42	58	0	75	25
Matriculation	1	0	100	0	0	100	0	100	0	0	100
Other (Post matriculation training)	1	100	0	0	100	0	100	0	0	100	0
Total	100										

$Af - x^2 = 49,246$; d.f. = 10; $p < ,001$. Phi Coefficient = 0,50
 $Pf - x^2 = 23,031$; d.f. = 5; $p < ,001$. Phi Coefficient = 0,48
 $Pm - x^2 = 18,424$; d.f. = 10; $p < ,05$. Phi Coefficient = 0,30
 $Df - x^2 = 35,355$; d.f. = 15; $p < ,01$. Phi Coefficient = 0,34

TABLE III (10) : PERCENTAGE DISTRIBUTION OF THE LEVELS OF EDUCATION ATTAINED BY THE RESPONDENTS, ACCORDING TO THEIR KNOWLEDGE ABOUT CONTRACEPTION

Women's Level of Education	Actual No. in Sample	(Kf) Extent of knowledge of Respondents about contraception					
		1/2	3/4	5/6	7/8	9/10	11/12
No schooling	6	50	33	17	0	0	0
Primary school	39	16	18	38	13	13	2
Std. 6 or 7	41	2	5	25	37	27	4
Std. 8 or 9	12	0	8	8	42	25	17
Matriculation	1	0	100	0	0	0	0
Other (post matriculation training)	1	0	0	0	0	0	100
Total	100						

$$\chi^2 = 84,494; \text{ d.f.} = 55; p < ,001. \text{ Phi Coefficient} = 0,41$$

The effect of the woman's education upon her knowledge about contraception, is shown in Table III (10). Her knowledge about contraception increases as her level of education increases. Proportionately more women who have achieved a higher standard of education, have more knowledge about contraception, although this trend reverses at the level of matriculation.

(b) Education of the Man

As far as the man's educational level is concerned, this was found to be related to his attitude towards and his use of contraception, and to the woman's knowledge about, use of and desire to use contraception. In most of the cases where a relationship was found, the trend expressed by the distribution reverses at a particular point, often Standard 8 or 9.

TABLE III (11) : PERCENTAGE DISTRIBUTION OF THE EDUCATIONAL LEVEL ATTAINED BY THE MEN,
ACCORDING TO THEIR ATTITUDES TOWARDS AND USE OF CONTRACEPTION(3)

Man's Level of Education	Actual No. in Sample	(Am) Attitudes of Respondents' partners towards contraception					(Pm) Use of contraception by Respondents' partners		
		Positive	Negative	Indifferent	Don't know	No answer	Used	Not used	No answer
No education	3	33	33	0	34	0	0	100	0
Primary school	26	42	31	0	27	0	12	88	0
Standard 6 or 7	36	53	30	0	17	0	33	67	0
Standard 8 or 9	21	38	33	5	24	0	48	52	0
Matriculation	3	33	33	0	34	0	33	67	0
University	1	0	0	0	100	0	0	100	0
Other (post matriculation training)	1	0	100	0	0	0	0	100	0
Don't know	8	25	13	0	50	12	12	88	0
No answer	1	0	0	0	0	100	0	0	100
Total	100								

Am : $x^2 = 70,128$; d.f. = 32; p ,001. Phi Coefficient = 0,42.

Pm : $x^2 = 111,218$; d.f. = 16; p ,001. Phi Coefficient = 0,75.

- (3) In this table, as in some of the others, categories such as the "Don't know" row, were included in the Chi square calculation. Because of accidental deviation, marginal to the relationship between the dominant variables, this may have augmented the x^2 figure to some degree and therefore the probability as well.

The number of men approving of family planning and actually practising some form of contraception increases as the educational level increases, until the higher standards, when it starts to decrease. Once again however, it must be remembered that only three men were reported as having matriculated and only one as having attended a university. The analysis should therefore concentrate on the trend that can be observed from primary school to Standard 8 or 9, since 83% of the men were distributed among these three categories of educational achievement.

There was a particularly high degree of association between the educational level achieved by the man and his practice of contraception.

TABLE III (12) : PERCENTAGE DISTRIBUTION OF THE EDUCATIONAL LEVEL ATTAINED BY THE MEN,
 ACCORDING TO THE KNOWLEDGE POSSESSED BY THE RESPONDENT ABOUT CONTRACEPTION,
 TO HER USE OF AND HER DESIRE TO USE CONTRACEPTION(4)

Man's Level of Education	Actual No. in Sample	(Kf) Extent of Knowledge of Respondents about contraception						(Pf) Use of contraception by Respondents		(Df) Desire by Respondents to use contraception	
		1/2	3/4	5/6	7/8	9/10	11/12	Used	Not used	Desire	No desire
No schooling	3	33	0	34	33	0	0	0	100	0	100
Primary school	26	12	24	36	16	12	0	31	69	42	58
Std. 6 or 7	36	3	9	25	27	25	11	64	36	78	22
Std. 8 or 9	21	10	5	15	34	27	9	67	33	76	24
Matriculation	3	0	0	67	0	33	0	33	67	67	33
University	1	0	100	0	0	0	0	100	0	100	0
Other (post matriculation training)	1	0	100	0	0	0	0	0	100	0	100
Don't know	8	25	12	25	38	0	0	25	75	25	75
No answer	1	100	0	0	0	0	0	0	100	0	100
Total	100										

Kf : $\chi^2 = 93,692$; d.f. = 88; p ,001. Phi Coefficient = 0,34

Pf : $\chi^2 = 17,258$; d.f. = 8; p ,05. Phi Coefficient = 0,42

Df : $\chi^2 = 42,866$; d.f. = 24; p ,05. Phi Coefficient = 0,38

(4) The same comments would apply to this table as those given in the footnote to Table III (11), but it is clear that the tables are significantly related, despite inconsistent variation in the "Don't know" category. In this and in subsequent tables where it occurs, allowance is made for the effect of such categories in the interpretation.

Table III (12) indicates the effect the man's education had upon the woman's knowledge about, use of and desire to use contraception. The proportion of women using contraception and desiring to use contraception, increases steadily until the matriculation and Standard 8 or 9 levels respectively, when the proportion decreases, only to increase again at university level.

When the man's educational attainment was low, the respondents tended to have less knowledge about contraception. Their knowledge increases as did the man's level of education. At the matriculation and university levels however, the women had very little knowledge about contraception.

STABILITY

HYPOTHESIS : There will be more knowledge about family planning on the part of the woman, a more favourable attitude towards family planning and more actual use of contraception on the part of both woman and man, and a greater desire to plan her family on the part of the woman, among families manifesting a greater stability in their immediate lives.

Stability in the present study, refers to the following : financial stability, measured in terms of the amount of financial problems experienced and the avenues open to parents to solve them; occupational stability, measured by the length of time both woman and man have been in their current employment; and residential stability, measured by the length of the family's residence in Austerville. When these factors were tested for their relationship to family planning, much contradictory evidence resulted.

(a) Residential Stability

Residential stability was not found to be related to any of the dependent variables.

(b) Occupational Stability

With regard to job stability, a significant relationship emerged between the length of time a man had been in his present place of employment and his attitude towards family planning ($\chi^2 = 74,787$;

d.f. = 16; $p < ,001$), his use of contraception ($\chi^2 = 23,677$; d.f. = 8; $p < ,01$) and the woman's attitude towards contraception ($\chi^2 = 22,190$; d.f. = 8; $p < ,01$). With the exception of his use of contraception however, these relationships were inverse ones.

A significant relationship also emerged between the length of time the respondent had been in her present place of employment and her use of contraception ($\chi^2 = 8,156$; d.f. = 3; $p < ,05$) and her partner's attitude towards contraception ($\chi^2 = 21,980$; d.f. = 12; $p < ,05$). These were also inverse relationships.

It would appear then, that the less occupational stability there was, the more positive was the man's attitude towards family planning, the more positive was the woman's attitude and the more she practised family planning.

(c) Financial Stability

Financial problems were not found to have an effect on any of the dependent variables. The second index of financial stability, the avenues open to solve financial problems, was however found to be significantly related to the attitudes of both women and men towards family planning and to the use of contraception by the women. These three relationships are illustrated in Table III (13).

TABLE III (13) : PERCENTAGE DISTRIBUTION OF ANSWERS TO WHERE SOLUTIONS FOR FINANCIAL PROBLEMS WOULD BE FOUND, ACCORDING TO MALE AND FEMALE ATTITUDES TOWARDS CONTRACEPTION AND FEMALE USE OF CONTRACEPTION

Solutions to Financial Problems Given As:	Actual No. in Sample	(Af) Attitudes of Respondents towards Contraception			(Am) Attitudes of Respondents' partners towards contraception					(Pf) Use of contraception by Respondents	
		Positive	Negative	Don't know	Positive	Negative	Indifferent	Don't know	No answer	Used	Not used
No problems	14	64	36	0	50	36	0	14	0	79	21
Coming from the family	35	86	14	0	54	32	0	14	0	51	49
Coming from working children	12	67	25	8	8	17	8	67	0	17	83
Coming from outside family	21	38	57	5	33	33	0	34	0	33	67
Unsolved	15	73	27	0	47	33	0	7	13	67	33
Other	2	0	100	0	0	0	0	100	0	0	100
Don't know	1	100	0	0	100	0	0	0	0	100	0
Total	100										

Af - $\chi^2 = 22,100$; d.f. = 12; $p < ,05$. Phi Coefficient = 0,33
 Am - $\chi^2 = 45,324$; d.f. = 24; $p < ,01$. Phi Coefficient = 0,34
 Pf - $\chi^2 = 16,900$; d.f. = 6; $p < ,01$. Phi Coefficient = 0,41

There are three particularly interesting categories of answers - those families who have no problems and therefore require no solutions, those families who have problems but cannot find a means of solving them and those families whose problems are solved by the financial contributions of their working children. Between the first two categories, there is not much difference in the proportion of women who are positive in their attitudes towards contraception, who actually did plan their families and whose partners felt positive about contraception. But the proportion drops, considerably in two instances, with regard to the third category of working children. Women who gave the contribution of working children, as the source of their solutions to their financial problems, tended to feel positively about contraception. They did not tend to actually go ahead and use contraception however, possibly because of their experience of children as a source of income.

BENEFITS DERIVED FROM CHILDREN

HYPOTHESIS : There will be less knowledge about family planning on the part of the woman, a less favourable attitude towards family planning and less actual use of contraception on the part of both woman and man and less of a desire to plan her family on the part of the woman among families where financial and other benefits are perceived as accruing to parents of many children.

It has already been observed in the previous section, that this appears to be the case when working children contribute to the family financially. The benefits derived from children were also investigated with regard to (a) their actual financial contribution, (b) their expected financial contribution, (c) their contribution as a source of companionship or support in their parents' old age, and (d) the less tangible emotional contribution that children offer parents.

(a) Actual Financial Contribution

The actual financial contribution made by children was investigated in terms of families who had received any form of state assistance, for any of their children and in terms of families whose children had contributed to the family income while employed. Both of these factors were significantly related to the attitudes towards contraception of the women and the men and to the use of and desire to use contraception of the women. All eight

relationships were inverse. A higher proportion of parents who had experienced their children as contributors to the family income, had negative attitudes towards family planning and showed less planning and less of a desire to plan on the part of the woman. The actual distribution can be read off the following Tables III (14) and III (15). The distribution clearly indicates a trend in the direction hypothesised.

TABLE III (14) : PERCENTAGE DISTRIBUTION OF FAMILIES WHOSE CHILDREN CONTRIBUTE TO THE FAMILY INCOME, ACCORDING TO MALE AND FEMALE ATTITUDES TOWARDS CONTRACEPTION

Children in Receipt of Grants	Actual No. in Sample	(Af) Attitudes of Respondents towards contraception			(Am) Attitudes of Respondents' partners towards contraception				
		Positive	Negative	Don't know	Positive	Negative	Indifferent	Don't know	No answer
Yes	26	50	42	8	23	23	0	50	4
No	71	75	25	0	51	31	1	16	1
N/A	3	33	67	0	0	67	0	33	0
Total	100								
Children as Contributors to Family Income									
Yes	36	44	50	6	14	30	3	50	3
No	58	79	21	0	60	26	0	12	2
N/A	6	83	17	0	33	67	0	0	0
Total	100								

Grants - Af : $\chi^2 = 10,975$; d.f. = 4; $p < ,05$. Phi Coefficient = 0,23
 Am : $\chi^2 = 16,726$; d.f. = 8; $p < ,05$. Phi Coefficient = 0,29
 Income Af : $\chi^2 = 14,419$; d.f. = 4; $p < ,01$. Phi Coefficient = 0,27
 Am : $\chi^2 = 30,960$; d.f. = 8; $p < ,001$. Phi Coefficient = 0,39

(b) Expected Financial Contribution

The expected financial contribution of children as distinct from the actual contribution, was investigated in terms of the amount of support expected by parents from children, when they are too old to work. This was asked of the respondents directly, as well as indirectly by a question concerning their retirement plans. Once again it was found that the less they expected support from their children, the more positive they would be regarding family planning. The proportion of planners to non-planners for those expecting support from their children was 18:82 as against 72:28 for those not expecting support. ($\chi^2 = 27,158$; d.f. = 4; $p < ,001$. Phi Coefficient = 0,52). The proportion of women desirous of planning their families to those not desiring to plan were 34:66 for those expecting support, as against 78:22 for those not expecting support. ($\chi^2 = 32,411$; d.f. = 12; $p < ,01$. Phi Coefficient = 0,33). This may indicate that while some women may desire to plan their families, they do not actually do so, because of the financial support they expect from having many children.

The respondents were also asked for a moral statement on whether or not children ought to contribute to the family income, once they begin working for a wage. 94% of the sample felt that they should do so. Of the small remaining percentage who did not feel that children should contribute, every single one used contraception, i.e. 100%, as compared with 47% of the larger group who did feel that children should contribute. Use of contraception by the respondent and the moral statement, were significantly related and supported the hypothesis. ($\chi^2 = 6,346$; d.f. = 2; $p < ,05$. Phi Coefficient = 0,25).

(c) Contribution in Old Age

While 47% of the sample said that they were making no plans for their retirement, the remainder either included in their plans their children as financial support or saw their children as companions for their old age or looked in directions other than those of their children for financial and emotional support. The following table looks at the answers given and their relationship to the respondent's attitude towards, use of and desire to use contraception. The data from Table III (16) would appear to indicate that women who do not view their children as financial or emotional supports for their old age, are more likely to have positive attitudes towards family planning, are more likely to use contraception or desire to do so.

TABLE III (16) : PERCENTAGE DISTRIBUTION OF THE BENEFITS THAT ARE BELIEVED TO DERIVE FROM CHILDREN IN OLD AGE, ACCORDING TO THE RESPONDENT'S ATTITUDE TOWARDS, USE OF AND DESIRE TO USE CONTRACEPTION

Benefits Derived from Children in old Age	Actual No. in Sample	(Af) Attitudes of Respondents towards contraception			(Pf) Use of contraception by Respondents		(Df) Desire by Respondents to use contraception	
		Positive	Negative	Don't know	Used	Not used	Desire	No desire
Support	7	29	57	14	0	100	14	86
Companionship	4	100	0	0	25	75	75	25
Both	4	75	25	0	0	100	25	75
Neither	31	77	23	0	74	26	81	19
No plans for old age	47	62	38	0	47	53	55	45
Don't know	7	72	14	14	43	57	57	43
Total	100							

Af : $\chi^2 = 20,214$; d.f. = 10; $p < ,05$. Phi Coefficient = 0,32

Pf : $\chi^2 = 19,560$; d.f. = 5; $p < ,01$. Phi Coefficient = 0,44

Df : $\chi^2 = 25,080$; d.f. = 15; $p < ,05$. Phi Coefficient = 0,29

TABLE III (17) : PERCENTAGE DISTRIBUTION OF THE BENEFITS THAT ARE BELIEVED TO DERIVE FROM CHILDREN IN OLD AGE, ACCORDING TO THE ATTITUDE TOWARDS AND USE OF CONTRACEPTION, BY THE MAN

Benefits derived from children in old age	Actual No. in Sample	(Am) Attitudes of Respondents' partners towards contraception					(Pm) Use of contraception by Respondents' partners		
		Positive	Negative	Indifferent	Don't know	No answer	Used	Not used	No answer
Support	7	0	29	0	57	14	14	72	14
Companionship	4	25	50	25	0	0	50	50	0
Both	4	0	50	0	50	0	25	75	0
Neither	31	58	32	0	10	0	39	61	0
No plans for old age	47	47	21	0	32	0	19	81	0
Don't know	7	14	58	0	14	14	29	71	0
Total	100								

Am : $\chi^2 = 57,684$; d.f. = 20; $p < ,001$. Phi Coefficient = 0,38

Pm : $\chi^2 = 18,428$; d.f. = 10; $p < ,05$. Phi Coefficient = 0,30

When children were not seen as financial or emotional supports for old age, as reported by the respondents, it was also found that the men had more positive attitudes towards family planning and tended to use contraception more. These results can be observed in Table III (17).

(d) Other Contributions

With regard to the less tangible, emotional contribution that children offer parents, the respondents were asked how they spent their spare time and what the best or most worthwhile aspect was, of their lives. The answers to these two questions were not found to be significantly related to any of the dependent variables. However, 52% of the sample spent their spare time with their children or in activities related to their homes. 52% of the sample also reported that their family and their home were the most worthwhile aspects of their lives.

LEVEL OF EMANCIPATION

HYPOTHESIS : There will be more knowledge about family planning on the part of the woman, a more favourable attitude towards family planning and more actual use of contraception on the part of both woman and man and a greater desire to plan her family on the part of the woman, among families where the woman has a higher level of emancipation.

An attempt was made to measure the level of emancipation of the woman, on the basis of several factors. These factors were the communication between husband and wife, the participation by the woman in decision making, her independence of behaviour and her commitment to outside affairs as against home affairs and finally the participation by the man in household affairs and baby care.

(a) Communication

TABLE III (18) : PERCENTAGE DISTRIBUTION OF MALE-FEMALE COMMUNICATION OVER THE TIMING OF PREGNANCY, ACCORDING TO THE WOMAN'S USE OF AND DESIRE TO USE CONTRACEPTION

Communi- cation Between Male and Female	Actual No. in Sample	(Pf) Use of contraception by Respondent		(Df) Desire by Respondents to use contraception	
		Used	Not used	Desire	No desire
Did occur	44	73	27	84	16
Did not occur	52	31	69	42	58
Not applicable	4	25	75	25	75
Total	100				

Pf : $x^2 = 17,750$; d.f. = 2; $p < ,001$. Phi Coefficient = 0,42
Df : $x^2 = 21,772$; d.f. = 6; $p < ,01$. Phi Coefficient = 0,33

The communication between the couple about the timing of pregnancy was found to significantly affect the woman's desire to use contraception and her actual use of contraception. A clear trend can be observed from Table III (18), showing a substantial increase in the proportion of women who used a contraceptive or desired to do so, when male - female communication was reported to take place.

TABLE III (19) : PERCENTAGE DISTRIBUTION OF MALE-FEMALE COMMUNICATION OVER THE TIMING OF PREGNANCY, ACCORDING TO THE MAN'S ATTITUDE TOWARDS AND USE OF CONTRACEPTION

Communication Between Male and Female	Actual No. in Sample	(Am) Attitudes of Respondents' partners towards contraception					(Pm) Use of contraception by Respondent's partners		
		Positive	Negative	Indifferent	Don't know	No answer	Used	Not used	No answer
Did occur	44	57	30	2	11	0	37	63	0
Did not occur	52	33	31	0	36	0	21	79	0
Not applicable	4	0	25	0	25	50	0	75	25
Total	100								

Am : $\chi^2 = 60,414$; d.f. = 8; $p < ,001$. Phi Coefficient = 0,55
Pm : $\chi^2 = 27,938$; d.f. = 4; $p < ,001$. Phi Coefficient = 0,37

The communication between the couple about the timing of pregnancy was also found to affect the man's attitude towards and use of contraception. When communication did occur, there were more positive attitudes and more use of contraception by the men, than when communication did not occur.

(b) Decision - making

In the same context as above, the respondents were asked who usually made the decision about the timing of pregnancy, once discussion between woman and man had taken place. Of the forty-four families where communication had taken place, in eleven instances the woman made the decision, in thirteen the man made it and in twenty they both made it.

TABLE III (20) : THE EFFECT OF DECISION MAKING BY THE COUPLE ON THE FEMALE PRACTICE OF CONTRACEPTION AND HER DESIRE TO PRACTICE CONTRACEPTION

Decision on Timing of Pregnancy Made by:	Actual No. in Sample	(Pf) Use of contraception by Respondents		(Df) Desire by Respondents to use contraception	
		Used	Not used	Desire	No desire
Wife	11	91	9	91	9
Husband	13	54	46	77	23
Both	20	75	25	80	20
Don't know	1	0	100	100	0
Not applicable	55	31	69	41	59
Total	100				

Pf : $\chi^2 = 21,427$; d.f. = 4; $p < ,001$. Phi Coefficient = 0,46
Df : $\chi^2 = 25,319$; d.f. = 12; $p < ,05$. Phi Coefficient = 0,29

The proportion of women who wanted to plan their families and who actually did so was 91% in both cases, when they were making the decision, as against 77% and 54% respectively, when the men were making the decision.

When both contributed to the decision making, the proportions adjusted accordingly and fell between the two, i.e. 80% and 75% respectively.

A similar pattern occurred when the women participated in the decision over how much of their partner's pay packets was to come to them each week or month. In this case the decision making was found to be significantly related to the attitude towards and use of contraception by the man. The more decision making the women participated in, the more the men took part in family planning and the more positive were their attitudes towards contraception. The following Table III (21) indicates the effect that decision making in this area, had.

TABLE III (21) : THE EFFECT OF DECISION MAKING BY THE COUPLE ON MALE ATTITUDES TOWARDS CONTRACEPTION AND MALE USE OF CONTRACEPTION

Decision on pay packet made by:	Actual No. in Sample	(Am) Attitudes of Respondents' partners towards contraception					(Pm) Use of contraception by Respondent's partners		
		Positive	Negative	Indifferent	Don't know	No answer	Used	Not used	No answer
Wife	18	61	22	0	17	0	61	39	0
Husband	48	38	33	0	29	0	19	81	0
Both	27	44	33	4	19	0	22	78	0
Court	2	0	50	0	50	0	50	50	0
Not applicable	5	20	0	0	40	40	0	80	20
Total	100								

Am : $\chi^2 = 48,599$; d.f. = 16; p ,001. Phi Coefficient = 0,35
Pm : $\chi^2 = 33,553$; d.f. = 8; p ,001. Phi Coefficient = 0,41

(c) Independence and Commitment to Outside Affairs

The extent of independence in the activities of the woman, was found to have no relationship to any of the family planning variables. Her participation in groups and activities outside of the home however, was inversely related to the attitude of her partner towards family planning. ($\chi^2 = 10,621$; d.f. = 4; $p < ,05$). Her participation in political affairs, i.e. voting in the Coloured Party elections, was also related to the attitude of her partner towards contraception. His attitude was more positive when she did not vote, than when she did vote, but his attitude was also more positive when they both voted than when neither of them voted. ($\chi^2 = 33,959$; d.f. = 12; $p < ,001$). The same trend occurred with regard to her use of contraception. There was more use of contraception by the woman when she did not vote than when she did vote, but there was also more use when they both voted than when neither of them voted. ($\chi^2 = 8,350$; d.f. = 3; $p < ,05$).

(d) Participation by the man

With regard to the participation by the man in household affairs and in the care of babies, certain contradictory results emerged. Both woman and man's attitudes towards contraception are inversely related to the man's participation in household affairs, but the actual use of contraception by the man was positively related to his participation. With regard to the participation and help by the man in caring for the babies, this was also inversely related to his attitude towards contraception. It was found however, to be positively related to his use of contraception and to the woman's own attitude towards family planning.

TABLE III (22) : PERCENTAGE DISTRIBUTION OF THE PARTICIPATION OF THE MEN IN HOUSEHOLD AFFAIRS, ACCORDING TO MALE AND FEMALE ATTITUDES TOWARDS CONTRACEPTION AND MALE USE OF CONTRACEPTION

Participation in household duties	Actual No. in Sample	(Af) Attitudes of Respondents towards contraception			(Am) Attitudes of Respondents' partners towards contraception					(Pm) Use of contraception by Respondents' partners		
		Positive	Negative	Don't know	Positive	Negative	Indifferent	Don't know	No answer	Used	Not used	No answer
Yes	54	67	33	0	43	31	2	24	0	37	63	0
No	30	70	30	0	50	27	0	23	0	17	83	0
Sometimes	12	67	25	8	33	42	0	25	0	17	83	0
N/A	4	50	25	25	0	0	0	50	50	0	75	25
Total	100											

Af : $\chi^2 = 15,171$; d.f. = 6; $p < ,05$. Phi Coefficient = 0,28.

Am : $\chi^2 = 54,155$; d.f. = 12; $p < ,001$. Phi Coefficient = 0,43.

Pm : $\chi^2 = 30,123$; d.f. = 6; $p < ,001$. Phi Coefficient = 0,39.

TABLE III (23) : PERCENTAGE DISTRIBUTION OF THE PARTICIPATION OF THE MEN IN BABY CARE,
ACCORDING TO MALE AND FEMALE ATTITUDES TOWARDS CONTRACEPTION AND
MALE USE OF CONTRACEPTION

Participation in the care of babies	Actual No. in Sample	(Af) Attitudes of Respondents towards contraception			(Am) Attitudes of Respondents' partners towards contraception					(Pm) Use of contraception by Respondents' partners		
		Positive	Negative	Don't know	Positive	Negative	Indifferent	Don't know	No answer	Used	Not used	No answer
Yes	58	74	26	0	45	33	1	21	0	33	67	0
No	25	52	48	0	48	24	0	28	0	24	76	0
Sometimes	10	80	10	10	40	30	0	30	0	20	80	0
N/A	7	43	43	14	0	29	0	43	28	0	86	14
Total	100											

Af : $\chi^2 = 16,849$; d.f. = 6; p ,01. Phi Coefficient = 0,29

Am : $\chi^2 = 32,536$; d.f. =12; p ,01. Phi Coefficient = 0,33

Pm : $\chi^2 = 16,663$; d.f. = 6; p ,05. Phi Coefficient = 0,29

AGE

HYPOTHESES : There will be more knowledge about family planning on the part of the woman, a more favourable attitude towards family planning and more actual use of contraception on the part of both woman and man, and a greater desire to plan her family on the part of the woman, among families (a) where the woman married at a later age and (b) where the woman experienced her first pregnancy at a later age.

The results do not appear to be conclusive either way, in both cases.

(a) Age at Marriage

TABLE III (24) : PERCENTAGE DISTRIBUTION OF THE WOMAN'S AGE AT MARRIAGE, ACCORDING TO THE ATTITUDE OF THE MAN TOWARDS CONTRACEPTION AND HIS USE OF CONTRACEPTION

Age at first marriage	Actual No. in Sample	(Am) Attitudes of Respondents partners towards contraception					(Pm) Use of contraception by Respondents' partners		
		Positive	Negative	Indifferent	Don't know	No answer	Used	Not used	No answer
16 and under	12	50	17	0	33	0	17	83	0
17 - 19	28	50	29	0	21	0	32	68	0
20 - 22	34	41	38	0	21	0	29	71	0
23 - 25	13	38	31	0	31	0	23	77	0
26 - 29	4	75	25	0	0	0	25	75	0
30 and over	3	0	67	0	33	0	33	67	0
Never married	5	0	0	0	60	40	0	80	20
No answer	1	0	0	100	0	0	100	0	0
Total	100								

Am : $\chi^2 = 151,847$; d.f. = 28; $p < ,001$. Phi Coefficient = 0,62

Pm : $\chi^2 = 24,386$; d.f. = 14; $p < ,05$. Phi Coefficient = 0,35

The relationship between the woman's age at marriage (marriage being used in the sense of regular cohabitation, whether a legal union or not) and the man's attitude towards and use of contraception, was found significant. The relationship with the man's attitude was highly significant with a reasonably high degree of association. These relationships however tend to be inverse, if one analyses the distribution in age groups 17 to 25. 75% of the sample married during these years. The proportion of men with positive attitudes towards contraception and who practiced contraception, decreases as the age of the women at marriage increases. The age of the woman at marriage was not found to be related to her attitude towards, knowledge about, use of or desire to use contraception, as might have been expected.

(b) Age at first pregnancy

TABLE III (25) : PERCENTAGE DISTRIBUTION OF THE WOMAN'S AGE AT HER FIRST PREGNANCY, ACCORDING TO THE MAN'S USE OF CONTRACEPTION

Age at first pregnancy	Actual No. in Sample	(Pm) Use of contraception by Respondents' partners		
		Used	Not used	No answer
16 and under	6	17	83	0
17 - 19	44	32	68	0
20 - 22	25	32	68	0
23 - 25	15	13	87	0
26 - 29	5	20	80	0
30 and over	2	50	50	0
Never pregnant	3	0	67	33
No answer	0	0	0	0
Total	100			

$$\chi^2 = 36,401; \text{ d.f. } = 12; p < ,001. \text{ Phi Coefficient } = 0,43.$$

A very similar pattern appears in this table, as in the previous one. Focusing on the age groups 17 to 25 again, an inverse relationship appears between the age of the woman at her first pregnancy and the use of contraception by the man. This was the only significant relationship that was found.

FUTURE ORIENTATION

HYPOTHESIS : There will be more knowledge about family planning on the part of the woman, a more favourable attitude towards family planning and more actual use of contraception on the part of both woman and man and a greater desire to plan her family on the part of the woman, among families where the woman is more future orientated and generally plans ahead in other areas of her life.

Together with emancipation and age, this was another specific index of modernization. The level of general planning and future orientation of the couple, was measured in various ways such as the extent of saving for consumer goods, for old age and saving generally, the extent of budgeting, of ensuring children's education and being paid a monthly wage as against a weekly wage.

(a) Saving

With regard to saving, it is clear that the relationships that were found to exist, follow the direction hypothesised. Table III (26) and Figure III (2) give the actual distribution of women, in those instances where a relationship was found. All three aspects of saving - general saving, saving for specific consumer goods and saving for the more distant future of old age - were related to the use of contraception by the woman. In all cases, the proportion of women who used contraception, was considerably higher in the groups that saved for the future, than in the groups that did not. Similarly

the proportion of women who desired to use contraception was also higher in these groups, as was the proportion of men with a favourable attitude towards contraception. Saving also appeared to have an effect on the knowledge that the woman possessed about contraception. Figure III (2) illustrates that a far higher percentage of women is distributed over knowledge points five, seven and nine, amongst those who are saving for consumer goods. The trend appears to indicate that of women who save, a greater proportion possess more knowledge about contraception.

The same trend can be observed in Table III (27). In households where money is put aside for consumer goods or for old age, the men tend to have more positive attitudes towards family planning, than the men in households where such saving does not occur.

TABLE III (26) : PERCENTAGE DISTRIBUTION OF DIFFERENT TYPES OF SAVING ACCORDING TO THE RESPONDENT'S USE OF AND DESIRE TO USE CONTRACEPTION

Type of Saving	Actual No. in Sample	(Pf) Use of contraception by Respondents		(Df) Desire by Respondents to use contraception	
		Used	Not used	Desire	No desire
(1) General Savings Account					
Yes	39	72	28	79	21
No	60	33	67	47	53
Don't know	1	100	0	100	0
Total	100				
(2) Saving for Consumer Goods					
Yes	30	83	17	87	13
No	70	34	66	48	52
Total	100				
(3) Saving for Old Age					
Yes	27	70	30		
No	66	38	62		
Sometimes	7	71	29		
Total	100				

General - Pf : $x^2 = 15,043$; d.f. = 2; $p < ,001$. Phi Coefficient = 0,39
Df : $x^2 = 13,008$; d.f. = 6; $p < ,05$. Phi Coefficient = 0,26
Consumer - Pf : $x^2 = 20,216$; d.f. = 1; $p < ,001$. Phi Coefficient = 0,45
Df : $x^2 = 16,141$; d.f. = 3; $p < ,01$. Phi Coefficient = 0,40
Old age - Pf : $x^2 = 9,610$; d.f. = 2; $p < ,01$. Phi Coefficient = 0,31

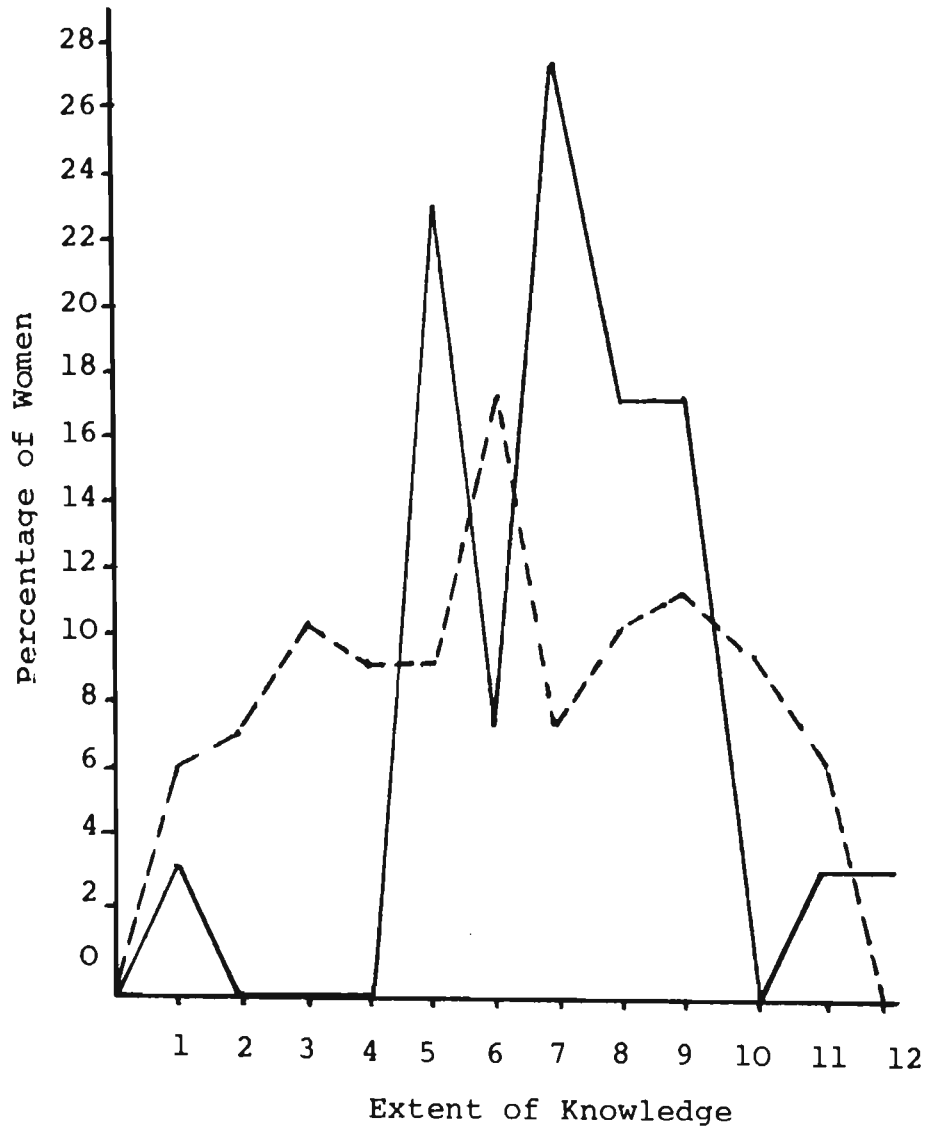
TABLE III (27) : PERCENTAGE DISTRIBUTION OF DIFFERENT
TYPES OF SAVING, ACCORDING TO THE ATTITUDE
OF THE MAN TOWARDS CONTRACEPTION

Type of Savings	Actual No. in Sample	(Am) Attitudes of Respondents' partners towards contraception				
		Positive	Negative	Indifferent	Don't know	No answer
Saving for Consumer Goods						
Yes	30	67	23	0	7	3
No	70	32	33	1	33	1
Total	100					
Saving for old age						
Yes	27	52	30	0	15	3
No	66	35	33	0	30	2
Sometimes	7	71	0	15	14	0
Total	100					

Consumer - Am : $\chi^2 = 13,415$; d.f. = 4; $p < ,01$. Phi Coefficient = 0,37

Old age - Am : $\chi^2 = 21,296$; d.f. = 8; $p < ,01$. Phi Coefficient = 0,33

FIGURE III (2) : GRAPHICAL DISTRIBUTION OF THE EXTENT OF KNOWLEDGE ABOUT CONTRACEPTION OF THE WOMEN, ACCORDING TO WHETHER OR NOT THE FAMILY WAS SAVING FOR CONSUMER GOODS



$\chi^2 = 25,640$; d.f. = 11; p ,01. Phi Coefficient = 0,51.

(b) Budgeting

Budgeting was also related to female attitudes, practices and desires to practice contraception. ($\chi^2 = 18,298$; d.f. = 4; $p < ,01$; $\chi^2 = 7,965$; d.f. = 2; $p < ,05$ and $\chi^2 = 13,929$; d.f. = 6; $p < ,05$ respectively). A fairly high percentage of the sample did budget, i.e. 69% and of these, the majority of women had a positive attitude towards family planning - 77%, actually practiced contraception - 58% and had a desire to practice contraception - 67%.

(c) Ensuring Children's Education

Few parents were actually doing anything to ensure that their children would get an education. A significant relationship was found between this factor and the attitudes towards, use of and desire to use contraception of the woman and the use of contraception by the male. Of those families where something was being done to ensure that their children would get an education, 93% of the women had a positive attitude towards family planning, 72% used contraception, 45% of the men used contraception and 79% of the women desired to plan their families. In contrast, in families where nothing was being done, 57% of the women had a positive attitude, 38% used contraception, 18% of the men used a contraceptive and 52% of the women desired to plan their families.

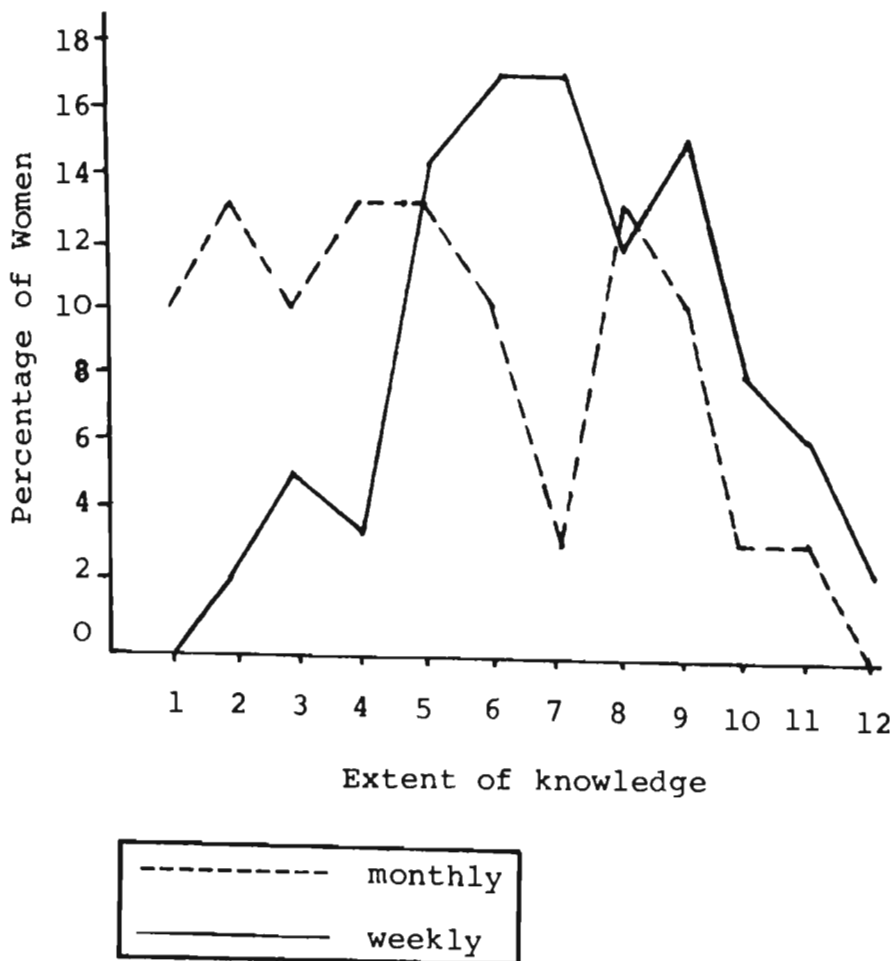
($\chi^2 = 13,889$; d.f. = 6; $p < ,05$, $\chi^2 = -15,255$; d.f. = 3; $p < ,01$, $\chi^2 = 13,602$; d.f. = 6; $p < ,05$ and $\chi^2 = 17,389$; d.f. = 9; $p < ,05$ respectively).

(d) Wage Payment

A significant relationship was also found between the wage payment to the husband and all the

dependent variables. This relationship was however, contrary to the trend hypothesised, i.e. that a monthly wage payment, representing a more long term and future orientated approach, would encourage family planning. Instead, it was found that when the husband was a weekly wage earner, the woman had more knowledge about contraception and more of a desire to practice it, and both men and women practiced contraception and had more positive attitudes towards contraception. One of these relationships is illustrated in Figure III (3).

FIGURE III (3) : GRAPHICAL DISTRIBUTION OF THE EXTENT OF KNOWLEDGE ABOUT CONTRACEPTION OF THE WOMAN, ACCORDING TO THE WAGE EARNING OF THE MEN



URBAN/RURAL BACKGROUND

HYPOTHESIS : There will be more knowledge about family planning on the part of the woman, a more favourable attitude towards family planning and more actual use of contraception on the part of both woman and man and a greater desire to plan her family on the part of the woman, among families who have resided for a longer period in an urban area.

No relationship was found between any of the dependent variables and the rural or urban background.

IV

GROUP PRESSURE

The influences that might affect reproductive behaviour, were investigated on two levels. One set of influences was the attitudes of various people with whom the respondent was involved, namely her immediate family, her peer group, and three professional people. The second set was the religious influences that might bring about or prevent changes in behaviour. Religious influence was measured by church affiliation, participation in church activities and subjective feelings of religiousness.

GENERAL GROUP PRESSURE

HYPOTHESIS : There will be less knowledge about family planning on the part of the woman, a less favourable attitude towards family planning and less actual use of contraception on the part of both woman and man and less of a desire to plan her family on the part of the woman, among families where the woman perceives pressure from her immediate family, from her peer group and from some of the professional people with whom she has contact, which influences her against planning her family.

Whenever the attitudes or feelings of any person are referred to, it should be understood that this means their attitudes and feelings as perceived

by the respondent. By obtaining the respondent's perceptions of people's feelings, the writer anticipated that the actual impact of group pressures which were experienced, would be ascertained.

The respondents were asked to relate the attitudes of members of their immediate family and of others, in two different areas. One area was their attitude towards a prolonged period of time, during which the woman concerned did not fall pregnant. The other area was their attitude towards contraception. Tables IV (1) and IV (2) indicate the distribution of answers in the two areas.

TABLE IV (1) : PERCENTAGE AND ACTUAL DISTRIBUTION OF THE ATTITUDES OF THE RESPONDENT, HER PARTNER, HER MOTHER, HER FRIENDS, HER DOCTOR, PRIEST AND SOCIAL WORKER, TOWARDS CONTRACEPTION

Attitude towards contraception	Respondent's own attitude	Partner's attitude	Mother's attitude	Friends' attitudes	Doctor's attitude	Priest's attitude	Social Worker's attitude
Positive	67	42	22	70	56	26	30
Negative	31	30	18	8	0	28	0
Indifferent	0	1	1	1	0	4	0
Don't know	2	25	42	21	44	41	61
Not applicable	0	2	17	0	0	1	9
Total	100	100	100	100	100	100	100

TABLE IV (2) : PERCENTAGE AND ACTUAL DISTRIBUTION OF THE ATTITUDES OF THE RESPONDENT, HER PARTNER, HER PARENTS AND HER FRIENDS TOWARDS HER NOT FALLING PREGNANT FOR A LONG PERIOD OF TIME

Attitude to non-pregnancy	Respondent's own attitude	Partner's attitude	Mother's attitude	Father's attitude	Friends' attitudes
Positive	36	19	14	13	18
Negative	38	50	23	20	38
Indifferent	23	22	23	21	29
Don't know	2	6	22	29	14
Not applicable	1	3	18	17	1
Total	100	100	100	100	100

With regard to the attitudes towards contraception, very few mothers were reported as approving. Friends were the most approving of all, followed by the respondent herself. Many of the attitudes of other people were unknown to the respondent. This finding in itself, is significant. Nine of the women had not had any contact with a social worker and eighteen of the women had mothers who were deceased. Answers in these instances were 'not applicable'. A large number, i.e. 61% did not know the attitudes of social workers towards contraception.

Very few people regarded a prolonged period of non-pregnancy, as favourable. The percentage of respondents however, who felt positive about not falling pregnant for some time, was double the percentage of partners, parents and friends who were reported as feeling

positive in such a situation. 50% of the men were reported as having a negative attitude towards non-pregnancy, followed by 38% of the friends. Whilst 25% of the women reported not knowing their partner's attitudes to contraception, only 6% reported not knowing their partner's feelings about a prolonged period of non-pregnancy. Presumably feelings about the latter, i.e. not falling pregnant, are stronger. Attitudes towards contraception were generally more positive than those towards non-pregnancy, on the part of the respondents themselves (67% as against 38%), their partners (42% as against 19%), their friends (70% as against 18%) and their mothers (22% as against 14%).

The following section looks at the effects some of these attitudes had, upon the male and female attitudes and practice of contraception, the knowledge of the woman about and her desire to practice contraception.

Immediate Family

Neither the respondent's mother nor father's feelings about non pregnancy over a long period of time, were related significantly to any of the dependent variables. The mother's attitude to contraception however, was found to be related to her daughter's use of contraception and her desire to use contraception. The mother's attitude was also found to be related to the male's attitude towards contraception. Table IV (3) reflects the trends in these relationships.

TABLE IV (3) : PERCENTAGE DISTRIBUTION OF THE ATTITUDES OF THE RESPONDENTS' MOTHERS TOWARDS CONTRACEPTION, ACCORDING TO THE MALE ATTITUDE TO CONTRACEPTION, THE FEMALE'S ACTUAL PLANNING AND HER DESIRE TO PLAN

Attitude of the Respondent's mother towards contraception	Actual No. in Sample	(Am) Attitudes of Respondents' partnerstowards contraception					(Pf) Use of contraception by Respondents		(Df) Desire by Respondents to use contraception	
		Positive	Negative	Indifferent	Don't know	No answer	Used	Not used	Desire	No desire
Positive	22	91	9	0	0	0	95	5	95	5
Negative	18	17	67	5	11	0	39	61	61	39
Indifferent	1	0	0	0	100	0	0	100	0	100
Don't know	42	24	31	0	43	2	31	69	45	55
Not applicable	17	53	18	0	23	6	47	53	53	47
Total	100									

Am : $\chi^2 = 53,142$; d.f. = 16; $p < ,001$. Phi Coefficient = 0,37
Pf : $\chi^2 = 26,195$; d.f. = 4; $p < ,001$. Phi Coefficient = 0,51
Df : $\chi^2 = 21,477$; d.f. = 12; $p < ,05$. Phi Coefficient = 0,27

In almost all the families where the respondent's mother had a positive attitude towards contraception, there was a desire by the woman to plan her family (95%), there was actual use of contraception (95%) by the woman and there was a positive attitude of the man towards contraception (91%). The reverse was the case in families where the woman's mother had a negative attitude towards contraception, although it did not affect her desire to plan very considerably. A moderate association of 0,51 was found between the mother's attitude and use of contraception by her daughter.

The man's attitude to the woman not falling pregnant for a prolonged period of time, was found to affect both their attitudes towards contraception, as well as his own practice of contraception. Table IV (4) illustrates these relationships. The proportion of men whose attitudes are positive, who practice contraception and of women whose attitudes are positive, is higher amongst the group of men who feel positive with regard to non-pregnancy over a prolonged period of time, than in the group of men who feel negative about this.

TABLE IV (4) : PERCENTAGE DISTRIBUTION OF THE ATTITUDES OF THE MEN TOWARDS NON-PREGNANCY OVER A LONG PERIOD OF TIME, ACCORDING TO THE ATTITUDES OF BOTH MEN AND WOMEN TOWARDS CONTRACEPTION AND THE PRACTICE OF CONTRACEPTION BY THE MAN

Attitude of the man to non-pregnancy	Actual No. in Sample	(Am) Attitudes of Respondents' partners towards contraception					(Af) Attitudes of Respondents towards contraception			(Pm) Use of contraception by Respondents' partners		
		Positive	Negative	Indifferent	Don't know	No answer	Positive	Negative	Don't know	Used	Not used	No answer
Positive	19	69	21	5	5	0	84	16	0	37	63	0
Negative	50	32	40	0	28	0	60	40	0	26	74	0
Indifferent	22	46	18	0	36	0	68	32	0	27	73	0
Don't know	6	50	33	0	17	0	67	17	16	17	83	0
Not applicable	3	0	0	0	33	67	67	0	33	0	67	33
Total	100											

Am : $\chi^2 = 83,339$; d.f. = 16; $p < ,001$. Phi Coefficient = 0,46
Af : $\chi^2 = 28,267$; d.f. = 8; $p < ,001$. Phi Coefficient = 0,38
Pm : $\chi^2 = 34,436$; d.f. = 8; $p < ,001$. Phi Coefficient = 0,42

The women were also asked if the feelings of their men towards them changed at all when they were pregnant, thus making pregnancy either a particularly desirable state or a particularly undesirable state to be in. The man's feelings were again found to be related to his attitude and practice of contraception. When the woman was receiving pleasant feedback from her partner, there was a tendency for him to have a less positive attitude towards contraception, i.e. 33% of the men felt positively towards contraception as against 59% of the men who had a negative reaction to the pregnancy ($\chi^2 = 31,610$; d.f. = 20; $p < ,05$. Phi Coefficient = 0,28). The proportion of men who used contraception, i.e. 24%, did not vary from the group where pregnancy was desirable to the group where it was undesirable. The proportion did however increase from 24% to 39% when pregnancy was seen as neither desirable nor undesirable, and to 50% when pregnancy had only been a positive experience the first few times, becoming a negative experience in later pregnancies. ($\chi^2 = 37,140$; d.f. = 10; $p < ,001$. Phi Coefficient = 0,43.)

The woman's own feelings about not falling pregnant for a prolonged period of time, were also related to the attitude and practice of contraception by the man. Women who saw such a period of non-pregnancy in a favourable light, tended to have a larger proportion of partners who used contraception, than those women who were negative about non-pregnancy : 33% as against 21% ($\chi^2 = 102,297$; d.f. = 8; $p < ,001$). There was a high degree of association between the woman's feelings and the use of contraception by the man,

i.e. 0,72. Similarly women who were positive about non-pregnancy, tended to have partners who held positive attitudes towards contraception: 58% as against 32% ($\chi^2 = 60,519$; d.f. = 16; $p < ,001$).

Peer Group

Respondents were asked what the feelings of their friends were with regard to contraception and to non-pregnancy as well. Their friends' feelings about contraception, that were reported by the respondents, were found to be related to all the dependent variables, while their feelings about non-pregnancy were found to be related to the attitude towards and use of contraception of the man and the use of and knowledge about contraception of the woman. The trends in these distributions, illustrated in Tables IV (5) and IV (6), can be seen quite clearly, particularly if the positive and negative attitudes are compared. The proportion of men and women who had a positive attitude to family planning, who practiced contraception and of women who desired to practice or had more knowledge about contraception, is higher - often quite considerably higher - among women whose friends have positive attitudes than among women whose friends have negative attitudes.

TABLE IV (5) : PERCENTAGE DISTRIBUTION OF THE ATTITUDES OF RESPONDENTS' FRIENDS ACCORDING TO THE ATTITUDE TOWARDS CONTRACEPTION OF THE MALE, THE PRACTICE OF CONTRACEPTION BY BOTH MALE AND FEMALE AND THE KNOWLEDGE ABOUT CONTRACEPTION POSSESSED BY THE FEMALE

Attitudes of friends to contraception	Actual No. in Sample	(Am) Attitudes of Respondents' partners towards contraception					(Pm) Use of contraception by Respondents' partners			(Pf) Use of contraception by Respondents		(Kf) Extent of Knowledge of Respondents about contraception						
		Positive	Negative	Indifferent	Don't know	No answer	Used	Not used	No answer	Used	Not used	1/2	3/4	5/6	7/8	9/10	11/12	
Positive	70	53	29	1	14	3	37	61	2	60	40	13	8	30	26	25	8	
Negative	8	0	63	0	37	0	0	100	0	13	87	37	25	13	25	0	0	
Indifferent	1	0	0	0	100	0	0	100	0	0	100	0	0	0	0	100	0	
Don't know	21	24	24	0	52	0	5	95	0	29	71	24	24	24	24	4	0	
Total	100																	
Attitudes of friends to non-pregnancy																		
Positive	18	72	17	5	6	0	33	67	0	72	28	17	0	17	22	22	22	
Negative	38	34	32	0	32	2	26	74	0	42	58	5	13	29	39	11	3	
Indifferent	29	44	28	0	28	0	31	69	0	59	41	7	14	27	18	31	3	
Don't know	14	21	50	0	29	0	14	86	0	21	79	14	29	36	7	14	0	
Not applicable	1	0	0	0	0	100	0	0	100	0	100	100	0	0	0	0	0	
Total	100																	

(Contraception) Am : $\chi^2 = 24,379$; d.f. = 12; $p < ,05$. Phi Coefficient = 0,29
Pm : $\chi^2 = 13,041$; d.f. = 6; $p < ,05$. Phi Coefficient = 0,26
Pf : $\chi^2 = 12,122$; d.f. = 3; $p < ,01$. Phi Coefficient = 0,35
Kf : $\chi^2 = 50,110$; d.f. = 33; $p < ,03$. Phi Coefficient = 0,41

(Non-Pregnancy) Am : $\chi^2 = 67,321$; d.f. = 16; $p < ,001$. Phi Coefficient = 0,41
Pm : $\chi^2 = 101,766$; d.f. = 8; $p < ,001$. Phi Coefficient = 0,71
Pf : $\chi^2 = 10,901$; d.f. = 4; $p < ,05$. Phi Coefficient = 0,33
Kf : $\chi^2 = 67,542$; d.f. = 44; $p < ,01$. Phi Coefficient = 0,41

TABLE IV (6) : PERCENTAGE DISTRIBUTION OF THE ATTITUDES
OF RESPONDENTS' FRIENDS TOWARDS CONTRACEPTION
ACCORDING TO THE ATTITUDE OF THE WOMAN
TOWARDS CONTRACEPTION AND HER DESIRE TO PLAN
HER FAMILY

Attitudes of friends to contracep- tion	Actual No. in Sample	(Af) Attitudes of Respondents towards contraception			(Df) Desire by Respondents to use contraception	
		Positive	Negative	Don't know	Desire	No desire
Positive	70	79	21	0	73	27
Negative	8	12	88	0	12	88
Indifferent	1	0	100	0	0	100
Don't know	21	52	38	10	38	62
Total	100					

Af : $\chi^2 = 25,993$; d.f. = 6; $p < ,001$. Phi Coefficient = 0,36
Df : $\chi^2 = 24,311$; d.f. = 9; $p < ,01$. Phi Coefficient = 0,29

When the attitudes of friends are unknown, there is a tendency for the women to have less knowledge about contraception and less of a desire to practice as well as less actual practice of contraception. A high degree of association exists between the attitudes of friends towards non-pregnancy and the use of contraception by the male, i.e. 0,71.

Social Workers

The attitudes of social workers were found to have no relationship to any of the dependent variables.

Doctors

When women were asked for their doctors feelings about contraception, they either reported that they did not know them, or that their doctors approved of contraception. Doctors' attitudes were related to all the dependent variables.

Of the women who knew that their doctors approved of contraception, the majority (84%) felt positive about it themselves as well, as did their men (61%). In this group, 71% of women used some form of contraception and 82% desired to use contraception, while the majority tended to have more knowledge about contraception. Of the partners of women in this group however, only 38% actually used a contraceptive.

Of the women who reported not knowing how their doctors felt about contraception, only 45% felt positive about it themselves, and 18% of their partners felt positive, 20% of the women and 14% of the men used contraception and 32% of the women expressed a desire to plan. There tended to be less knowledge about contraception on the part of this group as well. The proportions in all cases were considerably lower when the doctors' attitudes were unknown.

The relationships between doctors' attitudes and the six dependent variables were all highly significant, but with only moderate associations as follows:

Af : $x^2 = 17,139$; d.f. = 2; $p < ,001$. Phi Coefficient = 0,41
 Am : $x^2 = 29,642$; d.f. = 4; $p < ,001$. Phi Coefficient = 0,54
 Kf : $x^2 = 24,778$; d.f. = 11; $p < ,01$. Phi Coefficient = 0,50

Pf : $\chi^2 = 25,620$; d.f. = 1; $p < ,001$. Phi Coefficient = 0,51
 Pm : $\chi^2 = 8,234$; d.f. = 2; $p < ,05$. Phi Coefficient = 0,29
 Df : $\chi^2 = 27,328$; d.f. = 3; $p < ,001$. Phi Coefficient = 0,52

Priests

The reported attitudes of the priests towards contraception were found to be significantly related to the desire of the woman to plan her family and to her actual use of contraception. In the latter case, the relationship appears to be an inverse one. In both cases however, the proportion of women who planned or desired to plan does not differ very much in the two groups, namely when the priest approved and when he disapproved. The difference was 7% and 8% respectively. Table IV (7) indicates the distribution.

TABLE IV (7): PERCENTAGE DISTRIBUTION OF PRIESTS' ATTITUDES
ACCORDING TO THE USE OF CONTRACEPTION AND
DESIRE TO USE CONTRACEPTION OF THE WOMEN

Priests' Attitudes	Actual No. in Sample	(Pf) Use of contraception by Respondents		(Df) Desire by Respondents to use contraception	
		Used	Not used	Desire	No desire
Positive	26	54	46	69	31
Negative	28	61	39	61	39
Indifferent	4	100	0	100	0
Don't know	41	32	68	49	51
Not applicable	1	100	0	100	0
Total	100				

Pf : $\chi^2 = 11,892$; d.f. = 4; $p < ,05$. Phi Coefficient = 0,35
 Df : $\chi^2 = 24,645$; d.f. = 12; $p < ,05$. Phi Coefficient = 0,29

RELIGIOUS PRESSURE

HYPOTHESES : There will be less knowledge about family planning on the part of the woman, a less favourable attitude towards family planning and less actual use of contraception on the part of both woman and man, and less of a desire to plan her family on the part of the woman, among families (a) where either man or woman is of the Roman Catholic faith, in particular the woman, (b) where either man or woman is actively religious, in particular the woman and (c) where the woman perceives herself to be religious regardless of actual religious practice.

Religious Affiliation

Religious affiliation was considered on the basis of the following divisions : the Roman Catholic church, three of the larger Protestant churches namely the Anglican, Methodist and Presbyterian church, other Protestant churches which were believed to be popular among the Coloured community, namely the Congregational, Dutch Reformed, Baptist and Seventh Day Adventist Church and finally Muslim affiliation. As well as these, it emerged that 20% of the women and 18% of the men belonged to other smaller Protestant sects. One woman and one man were reported as having no religious affiliation.

The majority of the men and women fell into three groups, the Roman Catholic, Anglican and Other (Protestant sects). In analysing the results, the distribution in these three groups and in the Muslim group, will be focused on. The religious affiliation of the woman was found to be related to her knowledge

of contraception and to the male use of contraception. The religious affiliation of the man was related to knowledge and male use, as well as to the attitudes of both men and women towards contraception. See Table IV (8) and IV (9) for the distribution.

There does not appear to be any significant difference in the effect of Roman Catholic affiliation and the effect of Anglican affiliation, upon the attitudes and practices of family planning, although far fewer males were reported to be against contraception (6%) amongst the Anglican men, than amongst the majority of other affiliations. The proportion of men with positive attitudes and who practice contraception, tends to drop, when the male is a Muslim or belongs to a Protestant sect, as against when he is an Anglican or a Roman Catholic. Results in two of the smaller groups were interesting. There tends to be a correlation between positive attitudes and a practice of family planning and Seventh Day Adventist affiliation by the man. Similarly there tends to be a correlation between negative attitudes and a lack of family planning with no religious affiliation of the male. The proportion of men using contraception was greater among Roman Catholic men and women than among any of the other affiliations.

Regarding the religious affiliation of the woman, the majority of women in all the religions tended to correlate with a lack of planning by the male.

TABLE IV (8) : PERCENTAGE DISTRIBUTION OF MALE AND FEMALE RELIGIOUS AFFILIATION, ACCORDING TO MALE PRACTICE OF CONTRACEPTION AND FEMALE KNOWLEDGE ABOUT CONTRACEPTION

Female Religious Affiliation	Actual No. in sample	(Pm) Use of contraception by Respondents' partners			(Kf) Extent of Knowledge of Respondents about contraception					
		Used	Not used	No answer	1/2	3/4	5/6	7/8	9/10	11/12
Roman Catholic	46	30	70	0	8	11	29	33	17	2
Anglican	17	24	76	0	6	23	18	6	35	12
Other Protestant Sects	20	20	80	0	15	15	35	30	0	5
Muslim	4	25	50	25	50	0	25	0	0	25
No religion	1	100	0	0	0	0	100	0	0	0
Methodist	7	14	86	0	0	14	0	14	58	14
Baptist	1	0	100	0	0	0	100	0	0	0
Seventh Day Adventist	2	50	50	0	0	0	50	0	50	0
Congregational	2	50	50	0	0	0	0	100	0	0
Total	100									
Male Religious Affiliation										
Roman Catholic	43	37	63	0	7	9	27	31	21	5
Anglican	18	33	67	0	6	17	11	27	28	11
Other Protestant Sects	18	11	89	0	16	17	39	28	0	0
Muslim	5	20	80	0	20	20	40	0	0	20
No religion	1	0	100	0	0	0	100	0	0	0
Methodist	7	0	100	0	0	28	0	0	57	15
Baptist	1	0	100	0	0	0	100	0	0	0
Seventh Day Adventist	3	67	33	0	0	0	67	0	33	0
Don't know	2	0	100	0	50	0	0	50	0	0
No answer	2	0	50	50	50	0	0	50	0	0
Total	100									

(Female) Pm : $\chi^2 = 29,905$; d.f. = 16; $p < ,05$. Phi Coefficient = 0,39
 Kf : $\chi^2 = 102,162$; d.f. = 88; $p < ,001$. Phi Coefficient = 0,36
 (Male) Pm : $\chi^2 = 61,250$; d.f. = 18; $p < ,001$. Phi Coefficient = 0,55
 Kf : $\chi^2 = 98,519$; d.f. = 99; $p < ,001$. Phi Coefficient = 0,33

TABLE IV (9) : PERCENTAGE DISTRIBUTION OF MALE'S RELIGIOUS AFFILIATION ACCORDING TO MALE AND FEMALE ATTITUDES TOWARDS CONTRACEPTION

Males Religious Affiliation	Actual No. in Sample	(Af) Attitudes of Respondents towards contraception			(Am) Attitudes of Respondents' partners towards contraception				
		Positive	Negative	Don't know	Positive	Negative	Indifferent	Don't know	No answer
Roman Catholic	43	72	28	0	42	33	2	23	0
Anglican	18	78	22	0	61	6	0	33	0
Other Protestant Sects	18	56	44	0	28	44	0	28	0
Muslim	5	40	40	20	40	20	0	40	0
No religion	1	0	100	0	0	100	0	0	0
Methodist	7	57	43	0	43	43	0	14	0
Baptist	1	0	100	0	0	100	0	0	0
Seventh Day Adventist	3	100	0	0	100	0	0	0	0
Don't know	2	50	0	50	0	50	0	50	0
No answer	2	100	0	0	0	0	0	0	100
Total	100								

Af : $\chi^2 = 44,034$; d.f. = 18; $p < ,001$. Phi Coefficient = 0,47
 Am : $\chi^2 = 120,833$; d.f. = 36; $p < ,001$. Phi Coefficient = 0,55

Religious Activity

Religious activity was measured in two ways. Participation in church activities was one and attendance at church was the other. Both of these were measured as they applied to both men and women. Both were hypothesised as having a negative effect on family planning. Table IV (10) looks at the former.

TABLE IV (10) : PERCENTAGE DISTRIBUTION OF MALE PARTICIPATION IN CHURCH ACTIVITIES ACCORDING TO HIS ATTITUDE TOWARDS AND USE OF CONTRACEPTION AND TO THE WOMAN'S ATTITUDE TOWARDS CONTRACEPTION

Male Participation in Church Activities	Actual No. in Sample	(Am) Attitudes of Respondents' partners towards contraception					(Af) Attitudes of Respondents towards contraception			(Pm) Use of contraception by Respondents' partners		
		Positive	Negative	Indifferent	Don't know	No answer	Positive	Negative	Don't know	Used	Not used	No answer
No participation	74	49	24	1	26	0	73	27	0	32	68	0
Social activities	3	33	33	0	34	0	100	0	0	0	100	0
Religious activities	6	33	50	0	17	0	67	33	0	17	83	0
Both	11	18	73	0	9	0	27	73	0	18	82	0
Not applicable	4	25	0	0	75	0	50	25	25	0	100	0
No answer	2	0	0	0	0	100	100	0	0	0	50	50
Total	100											

Am : $\chi^2 = 117,869$; d.f. = 20; $p < ,001$. Phi Coefficient = 0,54
Af : $\chi^2 = 23,150$; d.f. = 10; $p < ,05$. Phi Coefficient = 0,34
Pm : $\chi^2 = 54,146$; d.f. = 10; $p < ,001$. Phi Coefficient = 0,52

Participation by the male in church activities was found to be significantly related to male and female attitudes towards contraception and to the male practice of family planning. When there was "no participation", there were generally more positive attitudes and more practice of contraception by males, than when there was participation in either social and/or religious activities. Female attitudes towards contraception however, were more positive when the man took part in the social activities of the church. There was little difference in the effect of participation in social as against religious activities.

TABLE IV (11) : PERCENTAGE DISTRIBUTION OF THE RESPONDENT'S PARTICIPATION IN CHURCH ACTIVITIES ACCORDING TO HER USE OF CONTRACEPTION AND TO THE MAN'S ATTITUDE TOWARDS CONTRACEPTION

Female Participation in church activities	Actual No. in Sample	(Am) Attitudes of Respondents' partners towards contraception					(Pf) Use of contraception by Respondents	
		Positive	Negative	Indifferent	Don't know	No answer	Used	Not used
No participation	77	52	24	1	22	1	55	45
Social activities	3	33	0	0	67	0	33	67
Religious activities	9	11	33	0	56	0	56	44
Both	11	0	82	0	9	9	9	91
Total	100							

Am: $\chi^2 = 30,752$; d.f. = 12; $p < ,01$. Phi Coefficient = 0,32
 Pf: $\chi^2 = 8,408$; d.f. = 3; $p < ,05$. Phi Coefficient = 0,29

Female participation in church activities followed the same trend, but was related significantly only to male attitudes and female practice of contraception. Once again where there was "no participation" there was generally a more positive attitude to contraception by the men and more use of contraception by the woman. Participation in religious activities did not seem to affect female use of contraception very much.

The second measure of religious activity was attendance at church. The women were first asked to give their attendance the previous month and then to give their usual attendance. As was expected, more attendance was reported in the second instance, for example 23% reported attending church four times the previous month, while 46% reported a usual attendance of once a week (or in effect, four times a month). 34% reported not attending church at all the previous month, while only 23% reported never attending church at all. Similar but not such large discrepancies were recorded when the women were asked the same two questions about the church attendance of their men.

The woman's attendance the previous month was related to her use of contraception, while her usual attendance was related to her attitude towards contraception.

TABLE IV (12) : PERCENTAGE DISTRIBUTION OF THE WOMAN'S ATTENDANCE AT CHURCH, ACCORDING TO HER ATTITUDE AND PRACTICE OF CONTRACEPTION

Woman's Attendance the previous month	Actual No. in Sample	(Pf) Use of contraception by Respondents		(Af) Attitudes of Respondents towards contraception		
		Used	Not used	Positive	Negative	Don't know
Not at all	34	68	32			
Once	11	45	55			
Twice	14	43	57			
Three times	5	80	20			
Four times	23	26	74			
Over four times	13	38	62			
Total	100					
Woman's usual attendance						
Not at all	23			74	26	0
On religious festivals	6			83	17	0
Once a month	16			75	25	0
Once a week	46			65	33	2
More often	8			37	63	0
Don't know	1			0	0	100
Total	100					

Pf : $x^2 = 12,330$; d.f. = 5; $p < ,05$. Phi Coefficient = 0,35

Af : $x^2 = 55,045$; d.f. = 10; $p < ,001$. Phi Coefficient = 0,53

The man's attendance the previous month at church, was related to male and female attitudes towards contraception, while his reported usual attendance at church was found to be related to both of these as well as to his usage of contraception. The distribution regarding the woman's attendance can be seen on Table IV (11), while the distribution regarding the man's usual attendance can be read off Table IV (12). The man's attendance the previous month is distributed according to male and female attitudes to contraception, in virtually the same proportions as in his usual attendance, and will therefore not be presented. In all cases of church attendance, be it usual attendance or that of the previous month, the proportion of men and women who have positive attitudes towards and who use contraception, tends to drop as church attendance rises. This would appear to indicate the inverse relationship that was hypothesised.

TABLE IV (13) : PERCENTAGE DISTRIBUTION OF THE MAN'S USUAL ATTENDANCE AT CHURCH ACCORDING TO MALE AND FEMALE ATTITUDES TO CONTRACEPTION AND MALE PRACTICE OF CONTRACEPTION

Man's Usual Attendance	Actual No. in Sample	(Af) Attitudes of Respondents towards contraception			(Am) Attitudes of Respondents' partners towards contraception					(Pm) Use of contraception by Respondents' partners		
		Positive	Negative	Don't know	Positive	Negative	Indifferent	Don't know	No answer	Used	Not used	No answer
Not at all	39	69	31	0	44	33	0	23	0	33	67	0
On religious festivals	8	87	13	0	63	12	13	12	0	25	75	0
Once a month	13	69	31	0	31	23	0	46	0	23	77	0
Once a week	26	65	35	0	50	31	0	19	0	19	81	0
More often	6	17	83	0	17	66	0	17	0	50	50	0
N/A	6	67	0	33	33	17	0	50	0	17	83	0
No answer	2	100	0	0	0	0	0	0	100	0	50	50
Total	100											

Af : $\chi^2 = 43,252$; d.f. = 12; $p < ,001$. Phi Coefficient = 0,47

Am : $\chi^2 = 123,190$; d.f. = 24; $p < ,001$. Phi Coefficient = 0,56

Pm : $\chi^2 = 53,330$; d.f. = 12; $p < ,001$. Phi Coefficient = 0,52

Religious Feeling

Although many women might not have attended church regularly, it was felt that their perceptions of themselves as religious or pious women, would affect their attitudes towards contraception and their use thereof. A significant relationship was found between the religious feelings of the woman and her use of contraception. More women who described themselves as "not religious" or only as "quite religious" used contraception than those women who described themselves as "very religious". This finding appears to support the hypothesis. See Table IV (14).

TABLE IV (14) : PERCENTAGE DISTRIBUTION OF THE WOMAN'S RELIGIOUS FEELINGS, ACCORDING TO HER USE OF CONTRACEPTION

Religious Feeling of the Woman	Actual No. in Sample	(Pf) Use of contraception by Respondents	
		Used	Not used
Very religious	49	35	65
Quite religious	43	63	37
Not religious	8	63	37
Total	100		

Pf : $x^2 = 7,869$; d.f. = 2; $p < ,05$. Phi Coefficient = 0,28

VRESOURCES

HYPOTHESES : There will be less knowledge about family planning and less actual use of contraception on the part of the woman, amongst families where the woman perceives difficulty in obtaining contraceptive assistance.

There will be more use of contraception by both man and woman and more of a desire to practice family planning by the woman, among families where the woman has more knowledge about contraception.

Obtaining Contraceptives

The women were asked about the difficulties which confronted them, when obtaining contraceptives. Six areas of potential difficulty were covered. These were (a) Knowing where to obtain the contraceptives in the first place; (b) The distance that they lived from the Family Planning Clinic; (c) The distance that they lived from a regular bus or train service; (d) Other difficulties in getting to a clinic; (e) Experiencing embarrassment once they get to the clinic and (f) Any other general difficulties in obtaining contraceptives, which faced them. All six factors were significantly related to female use of contraception, but only two of the relationships were in the directions hypothesised. A higher proportion of women used contraception in the group that did not live near a transport service, than in the group that did : 66% as against 28%.

More women used contraception in the group that lived furthest from a clinic, than in the groups that lived fairly or very near to a clinic : 69% as against 36% and 63%. Among women who found it most difficult to get to a clinic, more used contraception than among those who found it easier to get to a clinic : 67% as against 62%. All the women who were embarrassed by the Family Planning Clinic used contraception as against only 87% of those who were not embarrassed : 100% as against 87%.

The two factors that were significantly related in the direction hypothesised, were those concerned directly with obtaining contraceptives. More women who knew where to obtain them, actually used contraception, as against those who did not know where to obtain them. Women who had experienced some difficulty in obtaining contraceptives, tended to use contraception more than those women who had experienced either a great deal of difficulty or no difficulty at all. Table V (1) illustrates this distribution. There is a moderate degree of association in both cases. Of the six perceived difficulties, all but one, i.e. distance from a transport service, were found to be significantly related to female knowledge about contraception. Table V (2) illustrates the effect that living a distance from and difficulty in getting to a Family Planning Clinic has, upon the information possessed by the woman about contraception. There is a slight tendency for women who live nearer the clinic or have fewer difficulties in getting there, to have more knowledge about contraception. Women who did not know where the nearest clinic was or how difficult it was to get there, definitely did tend to have less knowledge

about contraception. Similar distributions are indicated on Table V (1), regarding the respondents' perceptions of the difficulty or ease in obtaining contraceptives and their knowledge about contraception.

TABLE V (1) : PERCENTAGE DISTRIBUTION OF RESPONDENT'S PERCEPTIONS ABOUT OBTAINING CONTRACEPTIVES, ACCORDING TO THEIR USE OF AND KNOWLEDGE ABOUT CONTRACEPTION

(1) Places known where contraceptives can be obtained	Actual No. in Sample	(Pf) Use of contraception by Respondents		(Kf) Extent of knowledge of Respondents about contraception					
		Used	Not used	1/2	3/4	5/6	7/8	9/10	11/12
Hospital	3	33	67	0	0	33	34	33	0
Clinic	65	66	34	2	11	26	33	21	7
Chemist	3	33	67	33	0	0	0	34	33
Private Doctor	12	33	67	0	8	50	8	26	8
Don't know	17	0	100	47	29	18	6	0	0
Total	100								
(2) Difficulty in obtaining contraceptives									
Very difficult	7	57	43	0	0	28	58	0	14
Quite difficult	11	73	27	0	27	9	37	18	9
Not difficult	61	61	39	0	9	34	26	24	7
Don't know	21	0	100	48	24	14	5	9	0
Total	100								

- (1) Pf : $\chi^2 = 25,755$; d.f. = 4; $p < ,001$. Phi Coefficient = 0,51
 Kf : $\chi^2 = 84,542$; d.f. = 44; $p < ,0002$. Phi Coefficient = 0,46
- (2) Pf : $\chi^2 = 26,157$; d.f. = 3; $p < ,001$. Phi Coefficient = 0,51
 Kf : $\chi^2 = 77,049$; d.f. = 33; $p < ,00003$. Phi Coefficient = 0,51

TABLE V (2) : PERCENTAGE DISTRIBUTION OF THE DISTANCE FROM AND THE DIFFICULTY IN GETTING TO A FAMILY PLANNING CLINIC ACCORDING TO THE KNOWLEDGE OF CONTRACEPTION POSSESSED BY THE RESPONDENT

Distance from a Family Planning Clinic	Actual No. in Sample	(Kf) Extent of knowledge of Respondents about contraception					
		1/2	3/4	5/6	7/8	9/10	11/12
Far	29	7	13	13	35	21	11
Medium	11	0	9	18	27	37	9
Near	40	0	6	42	27	20	5
Don't know	20	40	30	20	5	5	0
Total	100						
Difficulty in getting to a Family Planning Clinic							
Very difficult	6	17	0	17	49	0	17
Quite difficult	8	0	50	0	38	12	0
Not difficult	65	0	5	34	27	26	8
Don't know	21	43	28	19	5	5	0
Total	100						

(Distance) Kf : $\chi^2 = 72,443$; d.f. = 33; $p < ,0001$. Phi Coefficient = 0,49
 (Difficulty) Kf : $\chi^2 = 83,926$; d.f. = 33; $p < ,001$. Phi Coefficient = 0,53

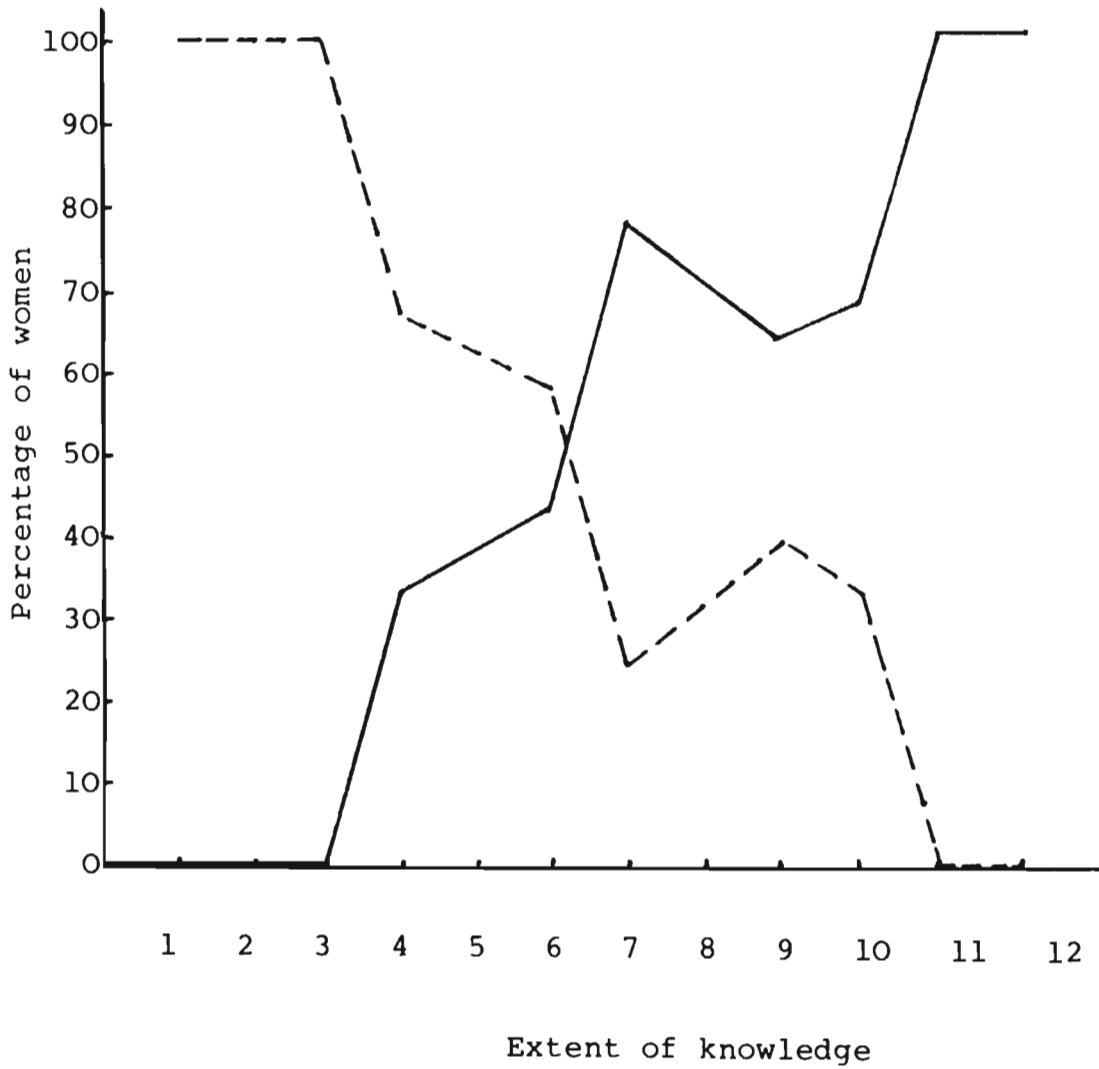
Many women also expressed the desire for a domiciliary service. 78% of the sample said that they would like to have a nurse or social worker come to their houses to discuss and inform them about contraception. 50% wanted the domiciliary service to extend as far as supplying and delivering contraceptives to their homes, while 11% were undecided about extending it. Only 20% of the respondents foresaw a negative response to such a service by their neighbours. The large majority felt that their neighbours would be indifferent, neither approving nor disapproving of them, if they made use of such a service.

The women were also asked with whom they would feel most at ease in talking to about contraception. 48% felt that they would prefer a doctor, mostly because of his/her medical knowledge. Other answers included partners : 8%, friends : 3%, social workers : 7% and priests : 1%. Only 14% of the whole sample said that if they wanted to get some information about family planning, they would go to the welfare for this. 67% preferred talking to a woman, 4% preferred a man and 21% did not mind who they spoke to about contraception.

Knowledge of Contraception

With regard to the knowledge possessed by the woman about contraception, this was found to be significantly related to her desire to plan and her actual use of contraception. Figure V (1) and Figure V (2) represent the distributions graphically, where it is clear, that women who use contraception or desire to plan their families, tend to have more knowledge about contraception as hypothesised.

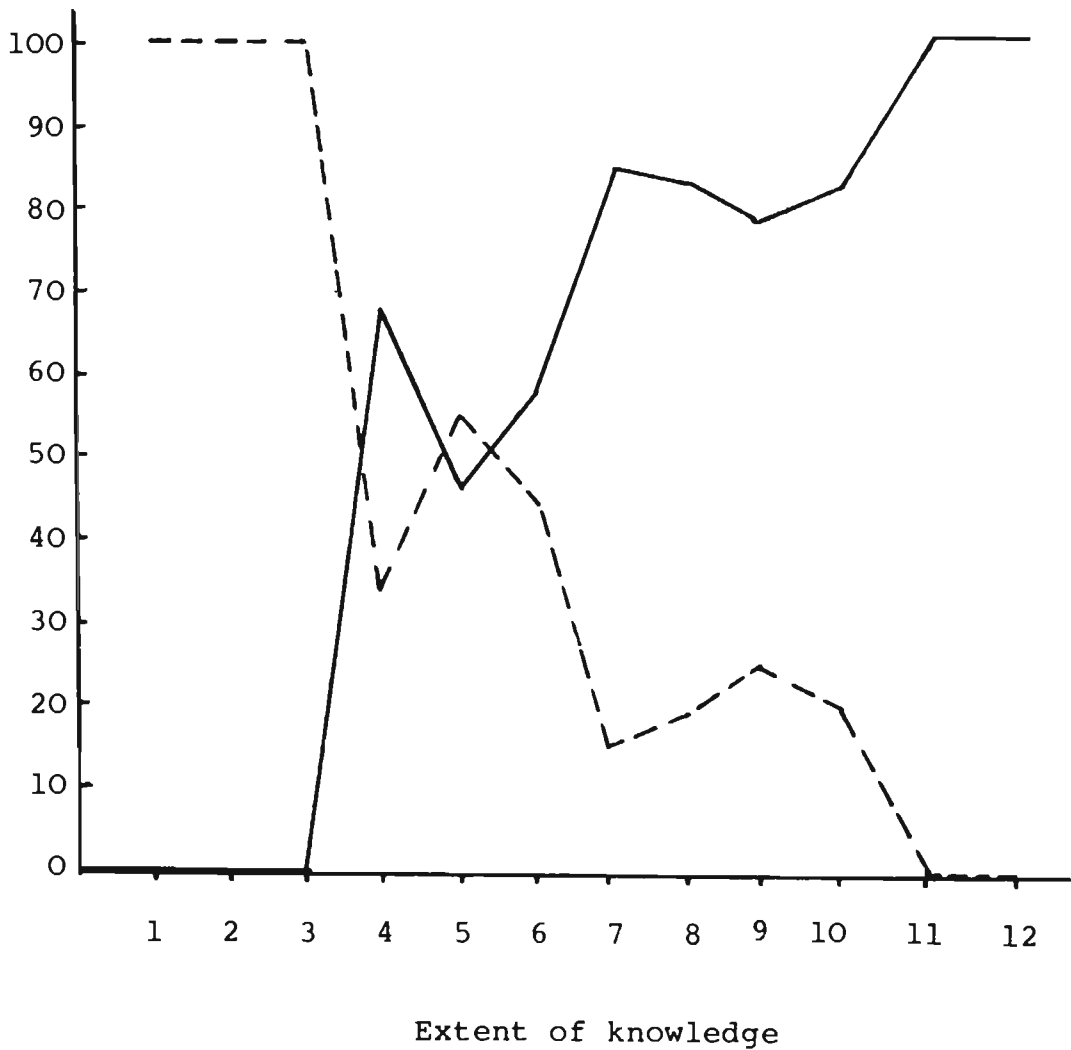
FIGURE V (1) : PERCENTAGE DISTRIBUTION OF WOMEN WHO USE AND DO NOT USE CONTRACEPTION, ACCORDING TO THE KNOWLEDGE THEY POSSESS ABOUT CONTRACEPTION



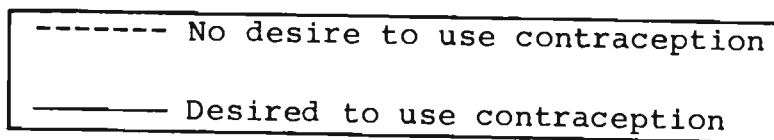
$\chi^2 = 31,079$; d.f. = 11; $p < .01$. Phi Coefficient = 0,56

-----	Did not use contraception
—————	Used contraception

FIGURE V (2) : PERCENTAGE DISTRIBUTION OF WOMEN WHO DESIRE AND DO NOT DESIRE TO PLAN THEIR FAMILIES, ACCORDING TO THEIR KNOWLEDGE ABOUT CONTRACEPTION



$\chi^2 = 60,352$; d.f. = 33; $p < ,002$. Phi Coefficient = 0,45



SELECTED CASE STUDIES

At this point, all of the structured data that was collected, has been presented. After each interview schedule had been completed however, a ten minute discussion was held with each respondent. No attempt was made to measure or structure either this information or the other general observations made during the interview. In order to present this information, the writer has selected fourteen case studies for discussion. Of these fourteen, four had never used any form of contraception at all, three were committed users and the remaining seven were women who had all used contraception, but had used it erratically, for a variety of reasons. Although these are fourteen individual cases, the writer feels that they reflect problems that were prevalent in the sample as a whole.

a). Women Committed to Family Planning

Case 36:

'A' was a woman of thirty-four who had five children and wanted no more. She had very many outside interests, one of which was the local Housewives' League. She was interested in forming other womens' groups in the area. She read a great deal, had been a singer before she was married and was interested in encouraging "the arts" among the Coloured community. 'A' comes from a relatively affluent family who keep an African servant. She is very concerned about the area of Austerville and with the gangs of thugs, who roam about. Her daughter has been molested and her husband threatened with assault, on two different occasions. As a result the 'A's' are very

seriously planning on buying a property and building their own home elsewhere. If this proves impossible because of the Group Areas Act, they are considering emigrating from South Africa. This will be an extended family venture, i.e. some relatives and both sets of grandparents will go with them.

She and her immediate family have a very good relationship with the other people living in their block of flats. According to her, they help care for each others children and visit each other regularly. Her own mother and father live in one of these flats. There appeared to be few signs of the social breakdown that was so often encountered otherwise. On the contrary, there were indications of strong family and community cohesiveness.

Although she did not want to have any more children, she reported preferring larger families because they are "happier" and safer, in case some of the children should die. She did not conceive of children as a source of income, and saved, budgeted and put money aside for their old age. After her fifth child, she had gone on the contraceptive pill for three months. When her husband discovered this he threw the pills away. She then planned to undergo a tubal ligation and was actually admitted to Addington Hospital for this. However, her in-laws intervened and after speaking to her husband, they all arrived at the hospital. Much to her chagrin, he withdrew his consent and they took her home, tubes intact. She now has a regular injection of Depo Provera without her husband's knowledge. She has no qualms about doing this and feels that everyone is kept happy this way.

She is completely committed to having no more children.

Case 60:

'B' was a young girl of twenty-five who has had five children, three of whom are still alive. Her brother, her sister and her sister's four children live with her and her husband because of the shortage of accommodation. They are relatively well off, with an income of R258 a month. She and her husband have many high aspirations for the future and for their children's education. They are struggling at present however, because they are supporting her brother and sister and because she has tuberculosis and is sickly.

From the time they were first married, the 'B's' have used the withdrawal method regularly. After her fourth child, however, she went onto the pill as she definitely wanted no more children. When she went to the clinic to collect her supply one month, it was closed and she had to go for a week without contraception until it opened again. Consequently she fell pregnant and blamed the clinic for this. However her youngest child then died and she "realised" that God had meant her to have another baby and had sent this pregnancy. Because she has tuberculosis, the hospital had wanted to abort the pregnancy. Her priest refused permission and said that this had to be left in God's hands. She had the baby without complications, thus renewing and strengthening her faith in God. She is now still committed to having no more children and is soon to be sterilised, despite the above experience.

Case 71:

'C' was a young girl of twenty-two who has two children. She does not intend having anymore children because both she and her husband want their children to go to University. They could not afford this for more than two. Their income is R300 a month. Education plays a very important part in their lives, although neither of them has gone further than Standard 6. 'C' said though, that her schooldays were the most worthwhile part of her life. She was an independent person who participated in outside affairs and in decision making with her husband. They saved a good deal and had taken out insurance policies for their old age.

'C' has been on the pill regularly since the birth of her first child. Her second child was an accident despite this, as she had been unable to collect her pills one month. She had been working at the time and mentioned, as did the previous woman, how inconvenient it was that the clinic is only open on a Friday. She is highly motivated to plan and is encouraged to do so by her family. The means to do so, however are inadequate.

b). Women who Use Contraception ErraticallyCase 52:

'D' is an Indian woman of twenty-three who married a Coloured man and was ostracised from her family as a result. Their total monthly income is about R20 and their staple diet is mealie meal. She appeared thin and malnourished. Her husband is

an unskilled worker and does odd jobs when he can get them. They have three young children. Money was the first consideration in her life and entered the interview at many points, e.g. she did not want contraceptives delivered to her house because this would require ready cash for payment. She preferred to be able to go to the clinic whenever money was available.

'D' has tried two different brands of the pill, both of which gave her headaches and she is now not using any contraceptive. She is vaguely interested in the injection. Her attitude towards family planning and her reason for trying contraception was expressed as: "What's the use of breeding children you can't look after?". Despite this, she was generally apathetic about a consistent preventive regime - possibly due to the overwhelming poverty. She felt it was not right to have only one child in case something "happens to it". Her children were reported to be the happiest part of her life.

Case 74:

'E' was a woman of thirty-seven who had twelve children, four of whom died. The 'E's' are a very religious Lutheran couple, who attend church regularly and take part in many church activities. Both believe that God has exhorted people to have many children and to multiply. They believe that God has created marriage for having children and that He is happy with people who have large families. They do not plan ahead in any sphere, the reason being that there is no point in planning for the Coloured people, when they are "always being moved around". Consequently they just take what comes.

Regardless of this fatalism on two different levels, she made a distinction between spacing and preventing pregnancies, the former being acceptable and she, using the pill herself for this purpose. Her use of it was irregular and soon ceased due to her husband's disapproval. After her last pregnancy, she was advised to have a hysterectomy on medical grounds. She had refused the operation many times before, but on this occasion, took the matter to her priest who gave his consent.

Case 95:

'F' was an extremely colourful woman of thirty-five who had two children. She claimed to be the daughter of an African man and an American Negress. She was very African in appearance and voice and had lived most of her life in Sophiatown, an African township in Johannesburg. 'F' was an ex-actress and claimed to have been in the original cast of a famous African musical which originated in Sophiatown about twelve years ago. Her husband was far more white in appearance than she was, although her reference group appeared to be African and she spoke highly of various Black leaders. She showed a great deal of political awareness, including anger against the Whites in South Africa, particularly the English speaking Whites. She was also very aware of the social breakdown and lack of community spirit in Austerville, at the same time showing sympathy and scorn for the Coloured people.

With regard to contraception, this woman had used the injection twice without her husband's knowledge. Other than this, they had used either a pessary or a condom irregularly throughout their

marriage. She has only had two children, having many problems with blocked tubes. She knew a great deal about abortion and told the interviewer in great detail how to perform an abortion. She denied however, that her own one miscarriage had been due to an abortion. She said she had witnessed many abortions in show business because pregnancies were so unwelcome to an actress. Her easy and fear-free acquaintance with abortion contrasted with her worry and fear of taking the pill or using the loop.

Case 40:

One of the most striking features of this interview, was this woman's independence and characteristic traits of emancipation. 'G' was a young woman of twenty-six who had four children. Her husband's income was just under R400 a month and she herself worked part-time selling cosmetics. She said that she did this, because of the independence that having her own money brought her. It meant that she was able to "lend money, buy things and go places", without having to first ask her husband. She felt very strongly that a woman should not be dependent on anyone and was teaching her daughters this. She wants her one daughter to become a doctor. Despite these ideas, she still felt it was important for a man to achieve more than a woman and to be the family support. There was much ambiguity in this area, as she also said that she looked upon her job as a career, as training to become a beautician, not simply selling cosmetics.

She and her husband use the withdrawal method regularly. She has tried the injection but it caused excessive bleeding and she will not use the

pill because she "will forget to take it". Consequently she has resorted to what she terms "dosing". This involves taking Apiol and Steel tablets every month when she is due to menstruate, which she claims brings on her period. She did not volunteer anymore information and was a little suspicious when the interviewer began to probe. She did not explain her own miscarriage. She did however feel that abortion should be legalised and that it was a good thing. She also believed in a thorough sex education and in freedom in the home regarding nakedness, bathing and so on.

Case 51:

'H' was a woman of forty-eight who has had three miscarriages, one child that died from an abortion and six live children. She is not very happy living in Austerville. 'H' is a person who loved working, but has to now look after her grandchildren. She was very interested in starting her own dressmaking business but has no capital to begin with.

Her one daughter died at the age of twenty of an illegal abortion. This was followed by a full investigation by the C.I.D. but no-one would give evidence and the abortionist could not be found. She seemed to indicate that all knew who had done it, but were not willing to give the police this information.

She had an interesting attitude towards the birth process, seeing it as a cleansing process. She stated as a fact that "of course, giving birth cleans all the filth and dirty things out of your body". This may have been a reference to the sexual act itself, birth being a justification for sex,

because she also said that people who did not want children only married "out of lust". This attitude would presumably affect her use of contraception. They did however, use the pessary, the withdrawal and rhythm methods irregularly and infrequently.

Case 63:

'I' is soon to turn fifty and her youngest child is two years old. She only had a primary school education, in contrast to her husband who has matriculated. She very much wanted to have fewer children but never got down to any real planning, partly because she was afraid to use contraceptives. As a result she has had twelve pregnancies, nine still alive. Her husband used a condom, but did not like this and was irregular in using it. She left all the planning up to him and could not remember when he had first started using the condom. She was ambivalent about how she would have felt if she hadn't fallen pregnant. On the one hand she would have been pleased with the break, but at the same time she would have "felt something was wrong".

Case 68:

'J' was a woman of forty who had nine children. Her husband is an alcoholic who has spent time in a work colony and has been treated by a psychiatrist. She felt that having so many children had aggravated her husband's condition. They had wanted to stop after four children and had used a variety of methods including the rhythm, creams, diaphragm and condom. She had fallen pregnant on each of these however. Despite her contact with doctors, nurses and social workers, she claims that no-one ever suggested a tubal ligation to her. She

had had contact with many professional people because of her husband's problems and because she has a history of blood clotting herself - which incidentally, precluded the possibility of her using the pill or having the injection. She also expressed a very negative attitude towards sex and this extended to contraception, both of which she described as "repulsive".

c). Women Who Have Never Used Contraception

Case 3:

'K' was forty-nine years old and had had seven pregnancies, only three of which were full term. She was vague about abortion, but said that her own miscarriages were natural ones. There have been three men in this woman's life, all of which were unstable unions characterised by excessive drinking and unemployment. The first man was married with numerous other girlfriends. Her present income is very low. She stated that they live a "hand to mouth" existence, with very many financial problems.

She was very vague about contraception and had never used any form of contraception whatsoever. She felt that only "bad girls" used such methods as the condom and was in any event afraid of the sheath getting lost inside her body. Characteristic of 'K', was an apathetic attitude, bordering on a total fatalism about her life. She did not save at all, did not budget and did not consider putting money aside for her old age. A combination of fatalism brought on by poverty, and ignorance about contraception, appears to have influenced 'K' against planning her family.

Case 27:

'L', an elderly woman of sixty-seven who has had fifteen pregnancies and looked extremely fit and well physically. She receives no support from her children and does not expect any. She had absolutely no knowledge about contraception or about family planning clinics. There was very little general planning in her life. She and her husband live on their old age pensions together with some assistance from the Roman Catholic Church. Both had very little education - only a few years at primary school.

She was very fatalistic about her life and continually said in reply to the questions that she "left everything up to Jesus". An ideal family size for her, for example, was "what Jesus sends". Only when pressed did she say that she would like her daughters to have only three children. She reported never even considering not falling pregnant and had all her babies one after the other easily and at home.

Case 50:

'M' was a middle aged woman who had never married and had never had any children of her own. She has cared for her dead sister's children and brought them up as if her own. These children - now adults - are her only source of income and give her money or food every month. She is expecting to live with them when she gets very old. She was very ignorant about contraception and very moralistic about sexual matters.

Case 73:

'N' was a young newly married girl of twenty who has no children yet. She has never worked and left school only shortly before her marriage. She appeared to have given no consideration as to what size family she wanted. She had been sleeping when the interviewer arrived at about mid-day and said she was bored with nothing to do at home all day. The impression gained was that she was waiting to fall pregnant as a baby would probably relieve this boredom and give her something to do. When asked if she would ever use a contraceptive, she had an interesting reaction. She did not seem to disapprove nor was she afraid of the idea, but it simply seemed inconceivable and foreign to her. The thought did not appear to have entered her head as she had not yet had a baby. Out of the entire sample of one hundred women, only six had used a contraceptive before the birth of their first baby. In the case of 'N' too, it seemed necessary to have a child first, before thinking of prevention.

These fourteen thumb-nail-sketches indicate many different reasons why certain women were influenced either against family planning altogether or reasons which may have caused an ambivalent attitude towards contraception, resulting in erratic or careless planning. It is hoped that they will give a more complete, rounded and perhaps more human a picture of individual women and the circumstances in which they find themselves with regard to family planning.

PART IV

CONCLUSIONS

Summary of the Main Findings

Discussion of Findings

Recommendations

PART IVCONCLUSIONS

In this chapter, the major findings of the study will be summarised and discussed, in the light of the different hypotheses that were originally proposed. Out of this discussion, certain recommendations will be made with regard to social policy and planning in the field of planned parenthood.

ISUMMARY OF THE MAIN FINDINGS

1. Household income was clearly related positively, to the attitudes of both man and woman towards contraception, and to the knowledge about, use of, and desire to use contraception on the part of the woman.
2. The occupation of the woman and her use of contraception were positively related.
3. The occupation of the man was very significantly and positively related to both their attitudes towards contraception, as well as to his use of and the woman's knowledge about contraception.
4. The level of education that was reached by both man and woman, seemed to affect significantly their use of contraception, and the woman's knowledge about and desire to use contraception. In addition, the educational level reached by the man was positively related to his attitude towards contraception, and that reached by the woman was positively related to her attitude.

5. Planning ahead, in the form of saving and budgeting, was positively related to the use of contraception by the woman in all cases. Each type of saving, as well as budgeting, was also related to at least one and often to two or three of the other dependent variables.
6. The ability to find solutions to financial problems was found to be positively related to the man's attitude towards contraception, and to the woman's attitude towards and use of contraception.
7. Feelings about contraception and about long periods of non-pregnancy on the part of the woman's immediate family, her peer group, her general practitioner and her priest, were positively related to many of the dependent variables, in particular the man's attitude towards contraception and the use of contraception by both man and woman.
8. The woman's knowledge about contraception was positively related to her use of and her desire to use contraception.
9. Being a weekly wage earner on the part of the man, seemed to encourage family planning and to lead to more positive attitudes towards and more knowledge about contraception, than being a monthly wage earner.
10. The length of time that a man had been in employment was inversely related to both the man and the woman's attitude towards contraception, but was positively related to his use of contraception.

11. The length of time that a woman had been in employment was inversely related to the man's attitude towards and to her own use of contraception.
12. Families who perceived that financial and other benefits would accrue to them through their children tended to plan their families less, to have more negative attitudes towards contraception, and on the part of the woman, to have less knowledge about and less of a desire to use contraception.
13. The man's reaction to the woman during pregnancy was inversely related to his attitude towards and his use of contraception.
14. Religious affiliation, religious activities and religious feelings were all related to one or more of the dependent variables.
15. The woman's perception of the difficulties involved in obtaining contraception was in most cases inversely related to her knowledge about and use of contraception.
16. The extent to which the woman was emancipated had a contradictory relationship, mainly to the attitudes towards contraception and use of contraception, by both man and woman.
17. The age of a woman at marriage and at her first pregnancy were both related to the use of contraception by the man, and in the case of the former, to his attitude towards contraception. The direction of the relationships however, was not clear.

18. The attitudes of social workers towards contraception were not found to be related to any of the dependent variables.
19. The urban or rural background of the woman was not found to have any relationship to any of the family planning variables.
20. The length of time that a family had lived in Austerville was not related to any of the family planning variables.

II

DISCUSSION OF FINDINGS

The present study set out to consider the relationship between certain indices of family planning on the one hand, and certain indices of socio-economic-status, modernization, group pressure and availability of resources on the other hand. This was done in an attempt to ascertain a suitable starting point that could be recommended for encouraging planned parenthood within the particular community under investigation. The findings from the sample are to be tentatively generalised to the population from which the sample was drawn, and to other deprived communities.

The traditional starting point of the family planning programme has been the use of various media - and always searching for more successful ones - in order to exhort people to plan their families, with the promise of economic prosperity and a happier family life as the consequence. The success of such a programme has recently been challenged on three levels, each of which have been investigated in this study.

One challenge is the suggestion that the use of contraception follows rather than precedes the process of modernization and rising socio-economic standards. The relative importance of family planning programmes and socio-economic development has been questioned. The question asked is whether family planning programmes can effect a change in fertility, without a corresponding change in social and economic institutions. In the light of this

controversy, the relation of both socio-economic-status and development to family planning has been examined. The present study has attempted to indicate initially, whether such a relationship does exist or not, followed by a discussion of the possible implications of such a relationship. The fact that a positive relationship has been indicated by the study in most of the areas hypothesised, illustrates the need to consider more seriously the role played by socio-economic-status and modernization in the field of family planning. The second challenge is the suggestion that the norms or ideals for family size have a greater influence on the use of contraception than the family planning programme takes into account, or can do anything about changing. Finally, the validity of a family planning programme has also been questioned on the basis that it serves no function without resources which enable easy access to the contraceptives being promoted by the programme. Without these, a preventive regime of any sort would be too difficult to maintain.

SOCIO-ECONOMIC-STATUS AND MODERNIZATION

1. Socio-economic-status

Socio-economic-status was specifically measured in terms of household income and occupation. The writer realised however, that factors such as education, the perception of children as a source of income and the whole area of modernization, are also related to socio-economic-status. In the specific areas of income and occupation there tended to be a positive correlation between knowledge about, attitudes towards and practices of family planning and socio-economic-status.

Household income was clearly and significantly related to all the dependent variables except for the use of contraception by the male. In particular there was far more use of contraception by women in the higher income groups than by women in the lower income groups. With regard to the men, the relationship of occupation to family planning was analysed predominantly from the three blue-collar occupations. The more skilled workers tended to have a more positive attitude towards and to use contraception more, than the less skilled workers. This relationship was particularly significant. The occupation of the male also tended to influence the attitude of the woman and the extent of her knowledge about contraception in the same way: the more skilled the occupation, the more positive the attitude and the more knowledge about family planning was possessed. With regard to the occupations of working women, a similar pattern emerged to that of the men. There was considerably more use of contraception by the more skilled workers.

One explanation for the correlation with income may simply be that people who are wealthier have more access to information about contraception through education, and to resources enabling them to obtain contraception more easily, e.g. having a domestic employee to babysit while they go to the clinic, or having ready money for bus fare. Another explanation may be that as peoples' incomes rise, so do their life expectations and their aspirations. The rising income may of course, be part of a whole process of modernization through which the family is passing. In either case however, achievements and aspirations can now be

channelled into material goods, as soon as they can be afforded. Quality of life comes to be seen in terms of consumer goods rather than in terms of children. To a certain extent, money also allows for more upward social mobility, and generates middle class values, e.g. that of small families may in time replace the old lower class values. A rise in income can set in motion a chain of events which may ultimately but indirectly lead to an increase in family planning practices. Some of the consequences of an increased income are a sense of personal effectiveness, the possibility of saving and thus planning ahead, the possibility of education and the possibility of buying consumer goods. Above all there is the possible change from being an object responding to the changes around one, to becoming someone who is taking decisions and directing the course of one's life oneself.

There also appeared to be more communication between men and women about contraception, in the higher income groups. Many more women reported not knowing their partner's attitudes towards contraception in the lower income groups than in the higher income groups. Male-female communication about how many children they would have, was very significantly and positively related to the desire by the woman to use contraception, the attitude of the man towards it and the use of contraception by both. Their communication about contraception therefore, possibly also has a positive effect on family planning.

Reasons for these findings seem to lie not in the fact of low or high income, or of a specific

occupational category, but rather in what a combination of the two denotes, i.e. being a member of a particular class. It is necessary to look perhaps at the whole character of the lower and middle classes and the nature of the milieu in which they live. This was begun earlier in reviewing the literature on deprivation and can now be related to the present findings.

According to Valentine, the life of the poor is without any pattern or organization. This assertion is borne out in relation to occupation. The life of an unskilled worker is often without much organization or relies on planning from above from a superior administrator, e.g. a factory worker and to a certain extent, the domestic worker. The professional person in contrast, and to a lesser extent the clerical worker, make their own decisions, plan and direct their own working lives. These patterns of planning and control in the occupational sphere may be carried over to the personal sphere of planning one's family. Continuing with this theme of organization, poverty has also been seen as having a rationale of its own. This means that the responses to poverty of not planning and operating according to short term goals, are rational responses in circumstances of socio-economic deprivation⁽¹⁾. A lack of income and perpetually living from hand to mouth, become predominant issues and an enduring crisis ensues, which is not conducive to planning. Neither is the apathy, tiredness and lack of ambition, which are often the consequences of malnutrition and a poor environment.

1. See page 45.

Rainwater writes of the effect that constant experiences of failure have upon people who subsequently attain a low esteem of themselves, and suggests that this is a characteristic of the lower classes. This has been expressed as follows:

"Wishfulness becomes a substitute for action by people who lack confidence in themselves and their ability to influence circumstances, and they are reduced to inefficiency by it. The mood induced is fatalistic."⁽²⁾.

The findings in this area in the present study have been largely supported in the literature. People who accept a family planning service have very often been found to be people who were in a higher income group to start with or who had experienced some degree of social development. (Takeshita 1966; Mueller 1972; Mayone Stycos 1973; Sui Ying Wat and Hodge 1972; Higgins 1968). Some studies however, while acknowledging the role of socio-economic development, have found that other factors play an equally, if not more important role in the acceptance of contraception. (Celade and CFSC 1972; Berelson 1966 - referring to Takeshita 1966; Bernhardt 1972).

2. Working Women

The use of contraception was greater among working women than among women who were no longer working or who had never been employed at all. The

2. DRAPER, Elizabeth. "Birth Control in the Modern World", (Penguin, London, 1965), page 121.

use of contraception was least among the latter. The literature generally tends to support this finding with reference to research that has taken place in the industrialised setting, but not always to that which has taken place in the rural setting. (Weller 1971).

There are a number of reasons why fertility control and employment have always been associated. Some of these are as follows: Children, particularly young infants, require care and attention, which a working woman may well not be able to give. If economic pressures are forcing the woman to work in the first place, they may also force her to limit her fertility as children represent another expense to be met. Both employment and a lower fertility may be a means whereby the family can achieve upward social mobility. Employment of women and control of fertility are both characteristics of modernization.

An explanation of the present finding, i.e. the positive association between use of contraception and employment of women, may be the economic pressures upon the family, since they are from a deprived area. The woman may be required to work and therefore to have fewer children. The job on the other hand, may be a source of personal satisfaction and therefore an alternative to childbearing. The woman may however, simply be inclined to work and to control her fertility as a means to independence both financial and personal.

3. Education.

The level of education reached by both men and women tended to affect their respective attitudes

towards contraception. This positive correlation is possibly due to an increased understanding of, and a decrease in superstition about the processes of conception and contraception, as the level of education rises. The level of education of both men and women was also positively related to their use of contraception and to the woman's desire to plan her family. As education increases, it is assumed that people are more exposed to literature and to new ideas, in particular those suggesting new life styles. A higher education possibly increases people's aspirations and potential upward mobility, with the concomitant values that accompany this. The effect of education upon family planning will probably be similar to the effect of an increased income and a higher socio-economic-status.

The education of women is important in that it increases the possibility of her obtaining more interesting employment and therefore increases the incentive to work. Consequently marriage and childbearing may be delayed.

Both male and female education was positively correlated with the knowledge about contraception possessed by the woman. This, once again, is probably due to increased literacy and therefore a possible exposure to literature and information about contraception.

In general however, there was a low level of educational achievement throughout the sample. The women had considerably less education than the men. Despite this, 49% of the women and 27% of the men had practiced contraception at some stage.

It would appear then that contraception is still viewed as a function of the female and not the male. This theme will be continued under emancipation.

In the literature, education is considered to be important for effective family planning. (Goldstein 1972; Speare et al. 1973). The major reason for its importance may lie in the fact that it offers people the opportunity to learn to assimilate new ideas, and to evaluate new goals. Education encourages reasoning about and questioning accepted facts. It thus opens up the possibility of modifying behaviour and setting up new goals.

Literacy itself possibly increases the ability to communicate. Communication with a partner or with a general practitioner for example, may be facilitated by an increase in education.

Very high aspirations were held by respondents for their children's education. Despite this, very few were planning and saving to ensure that they could give their children such an education. The reason for this situation appeared, in most cases, to be that of financial disability - only 9% of the sample with children of schoolgoing age, did not find the costs of their education difficult to meet. If education encourages family planning as it appears to, then certain things will be necessary. Not only must provision for education be made, but socio-economic levels must be raised so that parents can afford to use the educational facilities provided.

4. Stability

Many contradictory results emerged with regard to the relationship between the stability of the family and family planning. A possible explanation for these contradictions may be in the different responses that instability provokes. People may deal with instability by regarding it as a crisis situation, thus abandoning all future orientated plans to deal with the immediate problem. This reaction might result in a negative approach to family planning and little use of contraception. On the other hand however, instability may be dealt with by an increase in planning and organisation in an attempt to offset the crisis situation. The couple may consciously postpone having any further children until their life style stabilises. These two contradictory reactions to instability seem to have affected the measurement of the relationship between instability and family planning. It may also explain why weekly wage earners were found to plan more than monthly wage earners. This was contrary to the original hypothesis.

Financial problems and the solutions to them were also used as indicators of instability. Women who said that their family experienced no financial problems tended on the whole, to plan their families far more than those who stated that they had problems. An interesting pattern emerged however, with regard to the solutions families found for their problems. Women who gave the financial contribution of their working children as solutions tended to feel positive about contraception, but did not actually go ahead and use a contraceptive: 67% of this group viewed

contraception favourably but only 17% practiced family planning. This behaviour would appear to indicate an ambivalence regarding the number of children that it is desirable to have. On the one hand the women feel positive about the idea of family planning because fewer children they are told, will alleviate their financial problems. On the other hand, they do not actually bother to prevent conception because of their experience that children do bring in money and are a source of financial assistance in times of hardship and instability.

5. Benefits Derived from Children

While some women may desire to plan their families, they appear not to do so because of the financial support they expect from their children. This has already been illustrated with regard to working children. Similarly 34% of the women who expected their children to support them, desired to plan their families, whereas only 18% practiced some form of contraception. This measurement does not take into account irregular or inefficient use of contraception. Irregular use, although often due to a lack of understanding of the contraceptive, may also be another indicator of ambivalence on the part of the woman, due to the benefits she expects from having children. This was not used as an indicator in the present study however.

Women who saw their children in terms of financial support or companionship for old age tended not to practice contraception, although they often felt favourably towards family planning. Most women who did not see their children in these terms

used some form of contraception. In the group of women who regarded their children as a potential source of companionship in old age, more used contraception than in the group of women who saw their children as a source of financial support in old age. This behaviour may be due to the fact that parents who see their children in the light of companionship, see them in qualitative rather than material terms. They would therefore be more concerned with the quality of life in the first place. It may of course simply be related to income. People with a higher income do not need their children for financial support and can afford to see them in terms of companionship. The fact that they have a higher income may be the reason why they plan more.

In certain families children had made a contribution to the household income, either from their wages or indirectly through being recipients of a state grant, e.g. maintenance grant, single-care grant. In these families there tended to be less use of contraception by the mother, as well as less of a desire to practice contraception by her. These parents tended to be less favourably disposed towards family planning than parents who had not had children contributing to the family income.

A predominant norm among the families interviewed, appears to be that employed children should contribute to the household income. 94% of the sample felt that working children had an obligation to contribute some of their earnings to the household. 47% of this group practiced contraception in contrast to the remaining 6% who did not feel that children had an obligation to contribute and who all practiced contraception.

This is an interesting result, but not much can be inferred from it due to the small size of the group who did not subscribe to this norm.

From most of the above results however, it is inferred that children very often, are seen as a source of income, based on the real experience of their contribution to the family income. This fact appears to discourage people from planning their families.

6. Emancipation

Male-female communication was positively related to family planning. This finding supported Rainwater's study, which found that the lack of communication and lack of sexual gratification for the woman among lower class couples, led to less effective contraceptive practice. The effect this had on the male's attitude towards and use of contraception may be due to his increased participation in the whole process of childbearing. Such communication also opens possibilities for the man to co-operate and participate in contraception. Once he is involved, more methods, namely the male methods of contraception, become available.

When the woman participated in the decision making process in the household, she practiced contraception more, as did her partner, and both had more positive attitudes towards contraception. Shared decision making seems therefore, to encourage family planning which is another form of decision making in the area of childbearing.

Participation by the woman in group activities outside of the home, was inversely related to the man's attitude towards contraception. The woman's participation in political affairs was also inversely related to the man's attitude, but also to her own practice of contraception. These inverse correlations may be explained as being reactions by the man to the woman's commitments outside of the home, and her concession to him, i.e. not practicing family planning, in order to maintain them. Many women may not take any contraceptive measures themselves, despite accepting any methods used by their menfolk, as part of their acknowledgement of his dominance in this particular area of their lives. Draper refers to this as generosity and tolerance on the part of the woman,⁽³⁾ but it may simply be a concession of rights in one area, i.e. the sexual area, rather than in another, i.e. the political.

On the other hand, it has been suggested that the housewife's conflict over whether and how to be active in the outside world is resolved for her by having a large family⁽⁴⁾. This solution is not open to men. It may however be one that is opted for by many women who are facing new dilemmas in the current resurgence of the desire for emancipation among women. This may explain the apparently contradictory behaviour of women who participate in outside affairs and yet do not control their own lives with regard to childbearing.

3. DRAPER, Elizabeth. Op.cit, page 123.

4. See page 92, lines 16 - 18.

Participation by the man in household duties was inversely related to male and female attitudes towards contraception, but was positively related to the man's use of contraception. His participation in the care of babies was also inversely related to his attitude towards contraception, but was positively related to the woman's attitude towards family planning and to his own use of contraception. A pattern seems to emerge from these contradictions. In both cases of participation by the man, his attitude towards contraception is negative and yet he practices it. This may simply be a reflection of a transition in values regarding the roles of men and women. It may however, indicate that the man is reacting negatively to his participation in what has traditionally been "women's work". He therefore feels negative about contraception which will offer the woman even further independence. Simultaneously, a realisation of the burdens involved in a large family in terms of housekeeping and baby care may make the man aware of the need either to plan for fewer children or to space children. The attitudes of the men were those perceived by the women however, and may reflect her own ambivalence in this area.

Certain factors must be taken into account as regards the accuracy of the measurement of emancipation. Women might have belonged to more outside groups and participated in more outside activities, were more of these activities available. Secondly, women might not go out much because of the violence that appears to be prevalent in the area, not because they are less 'emancipated' than others.

7. Age

The woman's age at marriage/regular cohabitation was significantly related to the attitude towards and practice of contraception of the man. Her age at first pregnancy was also found to be related to the use of contraception by the man. The relationships tended to be inverse. The older a woman had been when she married or began cohabiting or when she first fell pregnant, the less use there was of contraception on the part of the man, and the less positive he felt about family planning. This did not apply to the very young age group, i.e. under seventeen, nor to the older groups, i.e. over twenty-five years of age. In these instances there was less and more use of contraception by the man respectively. The bulk of the sample however, had been married or began cohabiting between the ages of seventeen and twenty-five - 75%, and had experienced their first pregnancy between the ages of seventeen and twenty-five - 84%.

Neither the age of the woman at marriage/regular cohabitation, nor at her first pregnancy, affected her own use of contraception, as had been expected. This was hypothesised on the basis that a greater investment would have been made in aspects of life without marriage and children, on the part of the woman who married or had children later in life. She would have had time to discover interests other than those of the home. Apart from this, the younger bride would have had more years at risk than the older bride with regard to pregnancy.

The inverse relationship may be due to the lack of interesting alternatives to marriage and children that are available to young Coloured women living in Austerville. This is reflected also in the number of women who marry or begin cohabiting early : 40% before the age of twenty and 74% before the age of twenty-three; and who fall pregnant for the first time at an early age : 50% before the age of twenty and 75% before the age of twenty three

8. Future Orientation

The extent to which people were orientated towards the future was hypothesised as being positively related to family planning. This association was assumed because both variables represent forms of planning for long term goals rather than short term goals. Both also represent a certain life style that accompanies modernization.

In the present study, a number of indicators of future orientation were found to be positively related to many of the family planning variables, in particular to the use of contraception by the woman. These indicators were saving, budgeting, preparing for old age and retirement and ensuring an education for their children. The only indicator that was inversely related to family planning was that of the monthly wage earner. 65% of the men were paid weekly while 31% were paid monthly. It was assumed that being paid monthly would encourage a more future orientated

life than being paid weekly. A possible explanation for the inverse relationship that did emerge, has already been offered. Other than this however, it would appear that to encourage saving, budgeting and preparing for the future eventualities such as old age, would also be to encourage family planning.

9. Urban/Rural Background

This was not found to be related to any of the dependent variables. Only 15% of the sample reported having a rural background. It is possible that these families may have already been influenced by the urban environment in which they are currently residing, therefore resulting in the lack of expected association between these variables. Due to the smallness of the rural group however, the result is not necessarily reliable.

GROUP PRESSURE

1. Religious Pressure

Religious influence was hypothesised as being inversely related to contraceptive use and attitudes for a variety of reasons. Two of the major tenets of Christian belief are as follows. All of life is pre-ordained and contraception as a manifestation of free will, is therefore going against God's will. The universe is guided by Natural Law, any artificial interference in which is wrong.

A general characteristic of the Christian faith is its concern with the spiritual well-being of people, with a relative lack of concern with their physical well-being. In some instances this lack of concern extends to a denial of the physical body, with associated feelings of guilt and impurity regarding sexual life. Marriage is seen predominantly as a spiritual union, hence the possible marriage of men and women with the church itself. In ordinary marriage, childbirth is often seen as redeeming the sexual aspect of the union. Life in this world is seen as a preparation for the after-life and thus requires self-discipline and the denial of appetites of the flesh. The interference of the physical appetites in this preparation is reflected in the celibacy requirement for the Roman Catholic priesthood. Although the above features are more prominent in the Roman Catholic faith with its outright condemnation of mechanical and chemical contraception, the self-discipline and the ascetic aspect extends into the Protestant ethic as well.

While it is recognised that all religions are changing constantly, and possibly have less influence over people at present than in the past, there is often a time lag before changes are accepted and before the influence of religion, built into the culture over many centuries, can be set aside. Strong pressures may still prevail upon individuals to conform to standards which have already been set aside by the religious hierarchy.

In the present study, Roman Catholic affiliation did not differ very considerably from other religious affiliations, with regard to family planning. Roman Catholic men and women, in fact tended to use contraceptives more than people affiliated to many other religions. Participation in church activities was inversely related to the attitudes of both men and women towards contraception and to their use of contraception. Very few respondents or their partners did in fact, participate in any activities however. The categories for participation were very small as a result. Attendance at church also tended to be inversely related to the attitudes of men and women towards and use of contraception. The woman's feelings of religiousness tended to affect inversely the extent to which she practiced contraception.

Religion did therefore appear to play an important part in discouraging family planning on various levels. The Roman Catholic faith did not emerge as doing so any more than any of the other faiths.

2. General Pressure

(a) Peer Group

Friends played an important part in influencing women with regard to family planning. Amongst women whose friends approved of contraception there was considerably more use of contraception, more knowledge about and many more positive attitudes towards family planning. This also applied to women whose friends did not disapprove of their not falling pregnant for long periods of time. These results tended to support previous findings indicated in the literature. (Takeshita 1966; Freedman 1966).

b. Immediate Family

With regard to the man's behaviour towards the woman during pregnancy, it was assumed that the more positive this was, the less contraception would be practiced, because pregnancy would be seen to be a desirable condition. An inverse relationship was found, which supported this. The more positive was the man's behaviour at this time, the less positive was his attitude towards family planning and the less he practiced contraception. This finding may be due to feelings of virility and pride, that impregnating a woman brings about for many men. Men whose behaviour did not vary in times of pregnancy tended to practice contraception more than men whose behaviour did vary. This is possibly due to their having a more realistic view of pregnancy.

Feelings about long periods of time during which the woman does not fall pregnant, seem to be stronger than feelings about contraception, on the part of the man. This may also have been related to the question of virility, with pregnancy being seen as an outward proof of virility, visible to all, as are children. This explanation would appear to be reinforced by another finding : The relationship between friends' feelings about non-pregnancy and the man's attitude towards contraception was considerably more significant and positive than the relationship between friends' feelings about contraception and the man's attitude towards contraception. The former appears to affect the man more. Pregnancy is also an outward manifestation that the relationship is 'normal'. It may be seen as a means of preventing the woman from becoming interested in other men.

c. General Practitioner

The attitude of the woman's general practitioner towards contraception was very significantly related to all the dependent variables. This is interesting to consider in relation to some of the literature that has been reviewed. Women have been found to express the desire for their doctors to introduce the subject of contraception with them. In contrast to this, is the belief by many general practitioners that it is up to the woman to ask for advice, and not their business to offer unsolicited advice in this area. (Cartwright 1970; Werley 1973). It can be inferred that since 44% of the women in the sample did not know what their doctors' felt about contraception, this is, in fact, what is taking place.

d. Social Worker

The attitudes of social workers towards contraception were also largely unknown, i.e. in 61% of the sample. When the attitudes were known however, they were generally positive. This was not found to be related to any of the family planning variables. The extent to which social workers' attitudes are unknown tends to suggest that they are not discussing the subject of contraception or family planning, with their clients. This finding too, confirms many of those in the literature regarding the lack of participation by social workers in this field. The reasons for this may be ignorance on the part of the social worker, negative agency policy regarding family planning or simply that social workers do not see this form of counselling as part of their professional role. (Castor and Hudson 1971; Werley 1973).

3. Ideal and Actual Size Family

The women in the sample tended to have many more children than their expressed ideals. On the whole, the size family that they held ideal for their daughters tended to be less than that which they held ideal for themselves. One of the reasons for the discrepancy between their own actual and ideal size families may be found in the high foetal and child mortality rate. It has already been mentioned that the Coloured population as a whole, has a high infant mortality rate⁽⁵⁾. In the sample population, 26% of the women had lost at least one

5. See page 23, lines 25 - 29.

child. As well as this, 34% had experienced at least one miscarriage and 12%, at least one stillbirth. If there is such a high infant and foetal mortality rate, then it becomes necessary for families to overestimate when it comes to planning the size of their family. In this way, they will be more likely to end up with the desired or ideal size family. The effect of these high mortality rates may also explain the apparent contradiction in answers given to the questions of how many more children were desired and of when they had wanted to stop falling pregnant. 70% said that they did not want any more children, but 56% said they they never wanted to stop falling pregnant.

There was a tendency for women in the sample to have fewer children than their mothers and mothers-in-law. This, combined with a smaller ideal size family desired for their daughters, may reflect a decreasing mortality rate or an increasing awareness of contraception. It does however indicate the change that has occurred and is occurring over three generations in this area.

The women in the sample tended to be disapproving of couples who voluntarily choose to have no children or to have only one child. There was less but still a fair amount of disapproval of couples who voluntarily decide to have large families. This finding appears to reflect a general group pressure in the society under investigation, which would discourage the use of contraception until at least two children have been born.

RESOURCES

There was a certain amount of contradictory evidence regarding the relationship between the availability of resources enabling an easy access to contraception, and family planning. Generally the relationship was an inverse one, contrary to that which was hypothesised.

Availability of resources was only related positively in two instances, to two of the dependent variables, i.e. knowledge about and use of contraception by the woman. This is unusual and seems to indicate that factors other than availability of resources and difficulties in obtaining contraception, are preventing women from planning their families. The inverse relationship appeared with such regularity that it is felt to be very important, e.g. women living far from a bus stop or far from the clinic, or who were embarrassed by having to go to a clinic, were better planners and knew more about contraception than those who lived near a bus stop, near a clinic or who were not embarrassed at having to go to a clinic.

The family planning clinic that is far from Austerville in the town of Durban, generally tends to be a more attractive and brighter clinic than the one in Austerville itself. It is also situated near to the market and near to the inexpensive shopping area of Durban. In contrast, the Austerville clinic is situated in the residential area. Women visiting this clinic may be observed by neighbours and friends. These factors may account for the fact that women who had to travel further to get to a clinic, tended to use contraception more than those who did not. It is suggested that factors such as the quality of

resources, e.g. what the clinic's appearance and geographical situation is, may be more important than the mere availability of resources, in encouraging people to plan their families.

III

RECOMMENDATIONS

This study set out primarily to investigate the influence that deprivation has upon family planning. The major thesis of the study was that people's knowledge about, attitudes towards, practice of and desire to practice contraception, would be relative to the extent of their deprivation and poverty. The thesis was largely upheld by the results of the investigation. Lack of planning appears to be both a characteristic of poverty as well as a necessary response to it. Many group pressures were found which reinforced this characteristic.

Social planning with which social work is concerned, involves two basic decisions : (a) what goals are being aimed for and (b) what methods will allow these goals to most effectively be achieved? With regard to the former, the answer may often lie in what Titmuss has called "an integral part of the functions of social work", and that is "to enable clients better to exercise choice"⁽⁶⁾. This is particularly relevant to the present study, where the exercising of a free choice regarding family size was examined. The following question now remains to be answered : Deriving from the results of the study, what services guided by what sort of policy, are needed and must be planned for, in order to create a situation and provide a framework of values in which a deprived group of people such as those under investigation, will find it feasible to plan their families?

6. TITMUSS, R.M. "Commitment to Welfare", (George Allen & Unwin Limited, London, 1968), page 45.

The fundamental concern of social policy in the field of family planning in a deprived community, should be the improvement of socio-economic standards in that community. Efforts to do this would include the provision of better housing, community facilities, better employment opportunities and increased wages. An improvement in social and economic conditions should result in more formal education, improved health conditions, urban responses, opportunities for social mobility and employment opportunities for women. All of these in turn, could lead to a lowering of fertility and an increase in the use of contraception. Ideally, a redistribution of wealth with accompanying economic and political changes should help overcome the traditional response to poverty, which appears to be an absence of planning ahead.

Taking into account this fundamental principle, the following recommendations are made:-

1. Childbearing appears to be related to specific benefits that accrue to parents of large families. Children are a source of care and financial support for parents in their old age. They are a source of added income when they reach a working age and can contribute to the household income. This would appear to indicate that, in the South African context, a favourable incentive to plan their families amongst deprived people, in this instance amongst the Coloured people, would be to increase certain Social Security benefits, e.g. pensions, so that parents will be economically self reliant in their old age. A further incentive would be an increase in wages and in socio-economic-status in general, so that people do not have to rely on their children for financial support.

2. Improved health services, in particular antenatal and baby care services should help to lower the foetal and child mortality rate. Consequently it will no longer be necessary for women to have more children than they ideally wish for and the actual size of families will be more likely to correspond to the desired size.
3. Apart from being a consequence of improved socio-economic-status, educational levels can be raised in many ways. One may be an ongoing educational campaign within the community, ranging from morning classes for housewives to evening classes for working women and men, and ranging from literacy courses to extra lessons for scholars or students. The nature of such a campaign may be seen to be a function of Community Organization within the area.
4. Pregnancy was very often found to be a factor causing women to give up work. At the same time there was a correlation between working women and the use of contraception, which would appear to indicate that the employment of women is a factor influencing the practice of family planning. It is therefore recommended that the institution of child care facilities in the area be implemented. This would enable women to retain their employment if they so desired and hence, in all likelihood, to maintain a lower fertility. Women should also be encouraged right from their schooldays, to plan for a career or a working life, if family planning is to be promoted.

5. The women interviewed often had certain images of small and large families, e.g. life in a large family is happier and more fulfilling. Often children appear to be seen as compensating for a life that otherwise lacks stimulation, in a poor and deprived environment. An improvement in the community generally and in community and recreational resources for adults, would allow people to look in directions other than their children and families for satisfaction and fulfillment. Alternative interests and goals from which to choose would become available. This may also result in a decrease in the ideals that deprived people have, of what constitutes the best size family.
6. In the discussion of findings, it was suggested that the unskilled worker in contrast to the professional person, does not plan or direct his/her own occupational life and that this lack of planning and organizing is extended into the personal sphere, a part of which is contraceptive use. In order to overcome this, it is recommended that some arrangements be made whereby the unskilled worker be given opportunities to participate in planning and organizing their working lives. Outside of the occupational sphere, incentives should be created which encourage families to budget and save - for old age, for their children's education, for consumer goods or for unexpected needs. The most powerful incentive however, would probably be a higher socio-economic status. Another incentive to encourage people to manage and direct their

lives would be to offer them effective political power. In the case of the Coloureds who have no political power, this factor would be particularly important.

7. The attitudes of many people towards contraception and long periods of time during which the woman did not fall pregnant, influenced the extent of family planning which took place. Friends were found to exert a considerable influence upon respondents in this respect. It is therefore important to consider whether the people used to promote family planning should not be people indigenous to the community, rather than outsiders, regardless of the expertise of the latter. The training and use of indigenous workers, possibly contemporaries of the people they hope to influence, should be investigated further.
8. Doctors also appear to be an important influence on women with regard to family planning. Despite this, almost one half of the sample did not know what their doctors' attitudes were towards contraception. It appears to be common for neither doctor nor patient to initiate a discussion on contraception, since both see this as more appropriate to the role of the other. Because of the increased likelihood of the patient being embarrassed and ignorant, it is recommended that the medical profession, in particular the general practitioner, be encouraged to take more than just a routine

interest in family planning. It is also recommended that they be encouraged to take the initiative in broaching the subject with their patients.

9. The attitudes of social workers were found to be unrelated to family planning. Again, in over one half of the sample, the attitudes of social workers were unknown. It would appear that the caseworkers with whom these women have contact, do not discuss family planning with them at all. Since many of the women were in need of some assistance in this area, it is recommended that the social work profession too, be encouraged to become more actively involved in the field of family planning. This appears to be an area which is neglected in casework counselling. There seems to be a need for some clarification of the roles of the different professionals in the field of family planning.
10. Discussion between couples seems to encourage more family planning, as does shared decision-making between men and women. This finding will perhaps be of use to the family planning counsellor or caseworker, who may encounter difficulties between couples with regard to family planning. It is recommended that such communication and shared decision making be encouraged. Men should be encouraged to play a greater role in contraceptive practice in particular. Men and women could be reached through their place of employment, e.g. promoting and teaching

about family planning at the factory.
The work environment may be more conducive to this for men, than the home environment.

11. The effect of the influence of religion upon people's use of family planning should be observed. In particular, the fact that Roman Catholic affiliation did not discourage family planning anymore than other religious affiliations, should be noted.
12. The inverse relationship between the availability of resources and family planning is an unusual finding. This appears to be an area which requires further investigation. It is recommended that attention be paid to the quality of resources, as well as to their availability, e.g. the situation and appearance of the family planning clinic and the attitudes of clinic staff.
13. It is recommended that a domiciliary service for family planning should be created in Austerville. There was a need and a desire for such a service among the women interviewed.

APPENDIX A

The Interview Schedule

APPENDIX B

Bibliography

APPENDIX C

Map of the Area

APPENDIX A : THE INTERVIEW SCHEDULESECTION I : GENERAL DATA

1. What is your present marital status?
 1. Single
 2. Cohabiting
 3. Married
 4. Separated
 5. Divorced
 6. Widowed

2. What is your home language?
 1. English
 2. Afrikaans
 3. Other. Specify

3. How long have you lived in Austerville?
 1. Less than a year
 2. One to two years
 3. Over two years

4. Where did you come from? Have you mainly lived in the city or the country?
 1. Rural
 2. Urban

5. What work does your husband do or what was his last job?
 1. Unskilled
 2. Semi skilled
 3. Skilled
 4. Clerical
 5. Professional
 6. Other. Specify
 7. D/K.
 8. N/A.

6. How long has he been in/was he in this job?
 1. Less than a year
 2. One to three years
 3. Over three years
 4. D/K.
 5. N/A.

7. If he is not working, why is this?

1. N/A.
2. D/K.
3. Illness
4. Unemployment
5. Paid off - Redundancy
6. Wanted to
7. Alcohol or Dagga
8. To Care for Children
9. Other. Specify

Working Women

8. What work do you do at present?

1. Unskilled
2. Semi skilled
3. Skilled
4. Clerical
5. Professional
6. Other. Specify
7. Not working at present

9. How long have you been in your present job?

1. Less than a year
2. One to three years
3. Longer
4. C/R
5. N/A

Housewives

10. If you did work, what sort of work did you do last?

1. Unskilled
2. Semi skilled
3. Skilled
4. Clerical
5. Professional
6. Other. Specify
7. Did not work
8. N/A.
9. C/R

11. How long were you in your last job?

1. Less than a year
2. One to three years
3. Longer
4. C/R
5. N/A

12. Why are you no longer working?

1. Illness
2. Unemployment
3. Paid off - Redundancy
4. Wanted to
5. Alcohol or Dagga
6. To care for the children
7. Pregnancy
8. Other. Specify
9. D/K.
10. N/A.

13. What is the total income of your household every month?

Husband's wages	-	R
Wife's wages	-	R
Board (children)	-	R
Board (others)	-	R
Other	-	R
Total:	-	R

(If weekly, multiply by 4.3)

14. What is your rent per month?

1. Under R5
2. R 5,10 - R10,00
3. R10,10 - R15,00
4. R15,10 - R20,00
5. R20,10 - R25,00
6. R25,10 - R30,00
7. R30,10 - R35,00
8. Over R35,00
9. D/K.
10. N/A.

15. Do you or your husband belong to a medical aid scheme?

1. Yes - Name of Medical Aid:
2. No.
3. D/K.

16. How do you find the costs of your children's education? (Fees, Books, Uniforms, Transport, Meals, etc.)

1. Very expensive
2. Quite expensive
3. Not expensive
4. D/K.
5. N/A.

17. How do you manage financially? Do you have any financial problems?

1. Many difficulties
2. Some difficulties
3. No difficulties
4. D/K.

18. If you are experiencing problems, do you think that you could give me the reasons.

1. No problems
2. Unemployment
3. Inadequate wage
4. Illness
5. Alcoholism or Dagga
6. Debts
7. Too many children
8. Increase in C.O.L.
9. Other. Specify
10. No reasons
11. D/K.

19. How do you solve your financial problems?

1. No problems
2. Family sources
3. Sources outside family
4. Working children
5. By having less children
6. Unsolved
7. Other. Specify
8. D/K.

20. How far did you go in your education?

1. No schooling
2. Primary school
3. Std. 6 or 7
4. Std. 8 or 9
5. Matriculation
6. University
7. Other post matric. Specify
8. Any other training. Specify
9. D/K.

21. How far did your husband go in his education?

1. No schooling
2. Primary school
3. Std. 6 or 7
4. Std. 8 or 9
5. Matriculation
6. University
7. Other post matric. Specify
8. Any other training. Specify
9. D/K.

22. What is your religion?

1. Roman Catholic
2. Anglican
3. Methodist
4. Presbyterian
5. Congregational
6. D.R.C.
7. Baptist
8. 7th Day Adventist
9. Muslim
10. Other. Specify
11. No religion
12. D/K.

23. What is your husband's religion?

1. Roman Catholic
2. Anglican
3. Methodist
4. Presbyterian
5. Congregational
6. D.R.C.
7. Baptist
8. 7th Day Adventist
9. Muslim
10. Other. Specify
11. No religion
12. D/K.

24. How often did you go to church this last month?

1. Once
2. Twice
3. Three times
4. Four times
5. More than four times
6. Not at all
7. D/K.

25. How often do you usually attend services?

1. On religious festivals
2. Once a month
3. Once a week
4. More regularly
5. Never
6. D/K.

26. How often did your husband go to church this last month?

1. Once
2. Twice
3. Three times
4. Four times
5. More than four times
6. Not at all
7. D/K.

27. How often does your husband usually attend services?
1. On religious festivals
 2. Once a month
 3. Once a week
 4. More regularly
 5. Never
 6. D/K
28. Do you take part in any church activities?
1. None
 2. Activities of a social nature
 3. Activities of a specifically religious nature
 4. Both social and religious activities
 5. D/K.
29. Does your husband take part in any church activities?
1. None
 2. Activities of a social nature
 3. Activities of a specifically religious nature
 4. Both social and religious activities
 5. D/K
30. How do you see yourself with regard to religion, apart from whether you attend church regularly or not?
1. A religious person
 2. Fairly religious
 3. Not religious
 4. D/K.

SECTION II : REPRODUCTIVE AND CONTRACEPTIVE HISTORY

31. Can you give me your date of birth please?

.....

1. 15 - 19 years
2. 20 - 24 years
3. 25 - 29 years
4. 30 - 34 years
5. 35 - 39 years
6. 40 - 44 years
7. 45 - 49 years
8. 50 - 54 years
9. 55 - 59 years
10. 60 + years

32. How many times have you fallen pregnant throughout your life?

1. None
2. C/R
3. One
4. Two

33. Would you tell me briefly about each pregnancy?

- A. Live births
- B. Still births
- C. Miscarriages
- D. Deaths

NAME	TYPE	CHILD'S AGE	MOTHER'S AGE
.....			
.....			
.....			

34. How many more children would you like to have?

1. N/A.
2. D/K.
3. None
4. One
5. Two

35. How many of the children are still alive?

1. None
2. One
3. Two

36. How many died after birth?

1. None
2. One
3. Two

37. How many were stillborn?

1. None
2. One
3. Two

38. How many times did you miscarry?

1. None
2. One
3. Two

39. Did you try to bring these/this miscarriage on or did a friend try to help you bring them on?

1. Yes
2. No
3. Vague
4. N/A.

40. Have any of your friends ever had an abortion?

1. Yes
2. No
3. Vague
4. D/K.

41. Are abortions quite frequent here in Austerville?

1. Yes
2. No
3. Vague
4. D/K.

42. Was there any time when you wished you could stop falling pregnant? If yes, after how many children did you wish this?

1. D/K.
2. N/A.
3. Never
4. One
5. Two

43. When you were about 15 years old, did you know how a woman got pregnant?

1. Yes
2. No
3. C/R
4. N/A

44. How old were you when you first got married or began living with a man?

1. years
2. C/R

45. How old were you when you first fell pregnant?

1. years
2. C/R

46. Did you deliberately try to fall pregnant?

1. Yes
2. No.
3. C/R

47. How did you feel about your first pregnancy?

1. Positive
2. Negative
3. Indifferent
4. D/K.

48. How did you feel about your last pregnancy?

1. Positive
2. Negative
3. Indifferent
4. D/K.

49. How many times have you been married or lived regularly with one man?

1. Once
2. Twice
3. Three times
4. Four times
5. More - specify
6. Never

50. How many children did you have in each marriage/cohabitation?

1.
2.
3.
4.
5.

51. How many children did your mother have when she was your present age?

1. D/K.
2. None
3. One
4. Two

52. How many children did your husband's mother have when she was your present age?

1. D/K.
2. None
3. One
4. Two

53. How many children are you caring for on a permanent or semi-permanent basis, that are not your own, and why?

1. None
2. One
3. Two
4. Three
5. Four

54. Often husbands and wives use something or do something so that they can prevent the wife from falling pregnant until they are ready to have another baby. How do you feel about this?

1. Positive
2. Negative
3. Indifferent
4. D/K.

55. How does your husband feel about this?

1. Positive
2. Negative
3. Indifferent
4. D/K.

56. I would be interested to find out what methods you know about, of preventing pregnancy in a woman. I shall tell you about each method and would you please tell me which ones you have heard about. I don't want you to tell me just yet if you have used any - just tell me which ones you know about?

57. How did you find out about each one?

	<u>Knowledge of (56) Source (57)</u>
1. The Injection
2. The 'Pill'
3. The Loop
4. The Diaphragm
5. Foam
6. Pessary
7. Condom
8. Withdrawal
9. Rhythm
10. Abstinence
11. Douche
12. Other

58. Did you ever use any of these methods, to prevent falling pregnant?

1. Yes
2. No
3. D/K

59. Did your husband ever use any of these methods, to prevent you from falling pregnant?

1. Yes
2. No
3. D/K

60. When did you first use a preventative?

1. Before marriage/regular cohabitation
2. At the time of marriage/regular cohabitation
3. After the first child
4. After the second child
5. After the third child
6. After the fourth child
7. After another child. Specify
8. Never

61. Why did you begin then?

.....

62. Would you tell me which methods you used and when you used each one. Would you also tell me your reasons for using it, stopping using it or using it irregularly?

METHOD	TIME	REASON
.....		
.....		

63. Did you ever want to use one of these methods we spoke about, but not do so?

1. Yes
2. No
3. Unsure

64. Which ones were these?

65. Why did you not use them when you wanted to?

METHOD (64) REASON FOR NOT USING IT (65)

.....

66. (For those answering 'No' to Q.63)

Could you tell me your reasons for not wanting
 to use any of these methods?

.....

67. Does your medical aid pay for these preventatives
 or not?

1. Yes
2. No
3. D/K.
4. N/A.

SECTION III : RESOURCES

68. Do you live near a bus stop, or railway station,
 where there is easy and regular service?

1. Yes
2. No
3. D/K.

69. Do you know where people can get the sorts of
 preventatives we were talking about?

1. Hospital
2. Clinic
3. Chemist
4. Private Doctor
5. Friends
6. Other. Specify
7. D/K.

70. Do you live far from or near to a Family Planning
 Clinic?

1. Far
2. Medium distance
3. Near
4. D/K.

71. How difficult would it be to get there?

1. Difficult
2. Fairly difficult
3. Not difficult
4. D/K.

72. Have you been to a Family Planning Clinic?

1. Yes
2. No
3. C/R

73. Were you at all embarrassed at going to a Family Planning Clinic?

1. Yes
2. No
3. Quite
4. C/R.
5. N/A.

74. Why do you think you were embarrassed?

.....

75. How difficult would it be for you, to get these preventatives if you wanted them?

1. Not difficult
2. Fairly difficult
3. Very difficult
4. D/K.
5. N/A.

76. What is the reason for this?

.....

77. Which one of the following people would you like to discuss Family Planning with and the use of the above preventative methods that we have spoken about?

1. Husband
2. Family other than husband
3. Friends
4. Doctor
5. Nurse
6. Midwife
7. Social or welfare worker
8. Priest
9. Other. Specify
10. No one
11. Anyone
12. D/K

78. Why would you prefer to talk to this person in particular?

.....

79. Would you prefer to talk to a man or a woman about this?

1. Man
2. Woman
3. Either
4. Neither
5. N/A.
6. D/K.

80. Would you like someone to come to your house, in order to discuss these matters with you, for example a nurse or a social worker?

1. Yes
2. No
3. Unsure
4. D/K.
5. N/A.

81. Would you like to be able to get a supply of contraceptives sent or brought to your home?

1. Yes
2. No
3. Unsure
4. D/K.
5. N/A.

82. If someone did come to your house for this, what would the neighbours say, do you think?

1. Positive
2. Negative
3. Indifferent
4. D/K.

83. Would you ever go to the welfare for this information?

1. Yes
2. No
3. Unsure
4. D/K.
5. N/A.

SECTION IV : LEVEL OF GENERAL PLANNING

84. Are you putting money away for any furniture or a car?
1. Yes
 2. No
 3. D/K.
85. Are you paying off instalments on any furniture or a car?
1. Yes
 2. No
 3. D/K.
86. Do you have a savings account at a bank, building society or the G.P.O.?
1. Yes
 2. No
 3. D/K.
87. Do you get paid weekly or monthly?
1. Weekly
 2. Monthly
 3. N/A.
 4. D/K.
88. Does your husband get paid weekly or monthly?
1. Weekly
 2. Monthly
 3. D/K.
 4. N/A.
89. Do you and/or your husband budget, i.e. plan how you will spend or save your income?
1. Yes
 2. No
 3. Sometimes
 4. D/K.
 5. N/A.
90. Do you set aside money for your old age?
1. Yes
 2. No
 3. Sometimes
 4. D/K.
 5. N/A.

91. Why do you do this/not do this?

92. Do you think it would be a good idea to put aside money for your old age?
1. Yes
 2. No
 3. Indefinite
 4. D/K.
 5. N/A.
93. Why do you feel this way?

94. How far would you like your sons to go in their education?
1. No schooling
 2. Primary school
 3. Std. 6 or 7
 4. Std. 8 or 9
 5. Matriculation
 6. University
 7. Post school qualification
 8. Other. Specify
 9. D/K.
 10. No sons
 11. N/A.
95. What kind of work would you like your sons to do?
1. Unskilled
 2. Semi skilled
 3. Skilled
 4. Clerical
 5. Professional
 6. Other. Specify
 7. D/K.
 8. No sons
 9. No work
 10. N/A.
96. How far would you like your daughters to go in their education?
1. No schooling
 2. Primary school
 3. Std. 6 or 7
 4. Std. 8 or 9
 5. Matriculation
 6. University
 7. Post school qualification
 8. Other. Specify
 9. D/K.
 10. No daughters
 11. N/A.

97. What kind of work would you like your daughters to do?

1. Unskilled
2. Semi skilled
3. Skilled
4. Clerical
5. Professional
6. Other. Specify
7. D/K.
8. No daughters
9. No work
10. N/A.

98. If there is a difference in the education you desire for your sons and your daughters, why is this?

.....

99. If there is a difference in the work you desire for your sons and your daughters, why is this?

.....

100. Are you and your husband doing anything to ensure that they will get this education?

1. Yes
2. No
3. Sometimes
4. D/K.
5. N/A.

101. If yes, would you tell me what it is?

.....

SECTION V : BENEFITS DERIVED FROM CHILDREN

102. What are you and your husband going to do when you retire?

.....

103. What income will you have, when you and your husband are too old to work?

.....

104. Do you expect your children to support you, when you are too old to work?

1. Yes
2. No
3. Sometimes
4. D/K.
5. N/A.

105. Do your children or did they at any stage contribute to the family income?

1. Yes
2. No
3. Sometimes
4. D/K.
5. N/A.

106. Do you think children ought to contribute to the family income, when they start working?

1. Yes
2. No
3. Indefinite
4. D/K.
5. N/A.

107. Do you receive any grants for your children?

1. Yes, Specify
2. No.
3. D/K.
4. N/A.

108. Does your husband give you his whole pay packet every month or some of it?

1. None
2. Part
3. Whole
4. Sometimes part
5. Sometimes whole
6. N/A.
7. D/K.

109. Who decides how much of it he should give you?

1. Wife
2. Husband
3. Both
4. Court
5. Family
6. Other. Specify
7. N/A.

110. Is this allowance increased every time a new baby is born?

1. Yes
2. No
3. Sometimes
4. N/A.
5. D/K.

111. At what other times is this allowance increased?

.....

SECTION VI : LEVEL OF EMANCIPATION

112. Do you belong to any groups or take part in any activities outside of the home, and if so, what ones are they?

1. Yes
2. No.

113. Do you go out much at night by yourself or with friends, or do you always go with your husband?

1. Self
2. With husband only
3. Both
4. Do not go out at all
5. N/A.

114. Do you yourself vote in the Coloured Party elections, or does only your husband vote?

1. Wife
2. Husband
3. Both
4. Neither
5. D/K

115. Does your husband help you to look after the babies?

1. Yes
2. No
3. Sometimes
4. N/A.

116. Does your husband help you with your housekeeping?

1. Yes
2. No
3. Sometimes
4. N/A.

117. Did you and your husband ever discuss when and when not to have children?

1. Yes
2. No
3. D/K.
4. N/A.

118. Who usually made the decisions about this?

1. Wife
2. Husband
3. Both
4. D/K.
5. N/A.

119. What do you do in your spare time?

.....

120. What do you think the best thing is that you have ever done in your life and why?

.....

SECTION VII : FAMILY SIZE

121. As you know, people have many different ideas about children and families; as things are nowadays, what do you think the ideal number of children is, for a couple to have?

1. D/K.
2. None
3. One
4. Two

122. If you had a daughter and she was to get married, how many children would you like her to have?

1. D/K.
2. None
3. One
4. Two

123. How many children would you say makes up a large family?

1. D/K.
2. None
3. One
4. Two

124. How many children would you say makes a small family?

1. D/K.
2. None
3. One
4. Two

125. Which do you think is better, a large or small family?

1. Large
2. Small
3. No preference
4. D/K.

126. Why do you prefer this?

.....

127. How do you feel about a couple who can have children, but decide never to have any?

1. Positive
2. Negative
3. Indifferent
4. D/K.

128. How do you feel about a person who would only want one child?

1. Positive
2. Negative
3. Indifferent
4. D/K.

129. How do you feel about a person who would want a large family?

1. Positive
2. Negative
3. Indifferent
4. D/K.

SECTION VIII : GROUP PRESSURES

130. Would you please tell me what you think the following people feel about the methods we spoke about, of preventing pregnancy?

Your Mother:

1. Positive
2. Negative
3. Indifferent
4. D/K.
5. N/A.

131. Most of your Friends:

1. Positive
2. Negative
3. Indifferent
4. D/K.
5. N/A.

132. Your Doctor:

1. Positive
2. Negative
3. Indifferent
4. D/K.
5. N/A.

133. Your Priest:

1. Positive
2. Negative
3. Indifferent
4. D/K.
5. N/A.

134. Your Social Worker:

1. Positive
2. Negative
3. Indifferent
4. D/K.
5. N/A.

135. Other : Specify:

1. Positive
2. Negative
3. Indifferent
4. D/K.
5. N/A.

136. How would you feel if you did not fall pregnant for a few years?

1. Pleased
2. Not pleased
3. Indifferent
4. D/K.

137. If you don't fall pregnant for a few years, what do the following people feel about it?

Your Husband:

1. Positive
2. Negative
3. Indifferent
4. D/K.
5. N/A.

138. Your Mother:

1. Positive
2. Negative
3. Indifferent
4. D/K.
5. N/A.

139. Your Father:

1. Positive
2. Negative
3. Indifferent
4. D/K.
5. N/A.

140. Your Friends:

1. Positive
2. Negative
3. Indifferent
4. D/K.
5. N/A.

141. Others : Specify:

1. Positive
2. Negative
3. Indifferent
4. D/K.
5. N/A.

142. Do you think your husband's feelings towards you change in any way when you are pregnant, and if they do, in what way?

1. Positive
2. Negative
3. No change
4. Positive with first few only
5. Negative with first few only
6. D/K.
7. N/A.

BIBLIOGRAPHY

- ABEL-SMITH, Brian "The General Rapporteur's Report", (report presented at the International Conference of the International Planned Parenthood Federation, Brighton, England, October 1973).
- AHMED, W. "Social and Economic Change and Planned Parenthood : Economic and Social Factors". Paper presented at the International Conference of the International Planned Parenthood Federation, Brighton, England, October 1973.)
- ALINSKY, Saul. "Reveille for Radicals", (Random House Incorporated. Vintage Books, New York 1969.
- ANNUAL REPORT City Medical Officer of Health, year ended 31.12.1971. Durban.
- ARKIN, Herbert and
COTTON, Raymond R. "Statistical Methods", (Barnes and Noble Incorporated, 5th Edition. New York 1970).
- ARMORE, Sidney J. "Introduction to Statistical Analysis and Inference for Psychology and Education", (John Wiley and Sons, 1966).
- BARRATT, J. and
LOUW M. (Ed.) "International Aspects of Overpopulation", Proceedings of a Conference held by the South African Institute of International Affairs at Johannesburg. (McMillan Press Ltd., London 1972).

- BERELSON, B. (Ed.) "Family Planning and Population Programmes", (University of Chicago Press 1966).
- BERELSON, B. "Planned Parenthood Reconsidered: Contribution of Family Planning to Demographic, Economic and Social Goals", (Paper delivered at the International Conference of the International Planned Parenthood Federation, Brighton, England, October 1973).
- BERELSON, B. (Ed.) "Population", (Voice of America Forum Lectures, New York, 1969).
- BERNHARDT, Eva M. "Fertility and Economic Status - Some Recent Findings on Differentials in Sweden", (Population Studies (26) 2; July 1972).
- BLALOCK, H.M. "Social Statistics", (McGraw Hill, second edition, 1972).
- BOGUE, Donald J. "A Model Interview for Fertility Research and Family Planning Evaluation", (Community and Family Study Centre, Chicago, 1970).
- BO MO CHUNG. "Social and Economic Change and Planned Parenthood : Factors Affecting Family Size", (Paper delivered at the International Conference of the International Planned Parenthood Federation, Brighton, England, October, 1973).

- BUCKHOUT, Robert. "Toward a Two Child Norm. Changing Family Planning Attitudes". (American Psychologist, 16.1.1972).
- CAIN, G.C. "The Effect of Income Maintenance Laws on Fertility : Preliminary Results of the New Jersey - Pennsylvania Experiment", (Family Planning Digest, (2) 6; November, 1973).
- CAREW, R.M. "Austerville", (unpublished dissertation for Social Work Honours degree, University of Natal, 1971).
- CARTWRIGHT, Ann. "Parents and Family Planning Services", (Routledge and Kegan Paul, London, 1970).
- CASTOR, Jane and HUDSON, Pamela Sue. "Social Work Attitudes Toward Referral to Planned Parenthood", (Social Service Review (45) 3; September, 1971).
- CELADE AND CFSC. "Fertility and Family Planning in Metropolitan Latin America", (Community and Family Study Centre, University of Chicago, 1972).
- CILLIERS, S.P. "Coloured People : Education and Status", (South African Institute of Race Relations, Publication 1971).

- CILLIERS, S.P. "The Coloured People of South Africa", (Banier Publications, Cape Town, 1963.)
- CILLIERS, S.P. "The Need for Population Control in South Africa", (Social Work/Maatskaplike Werk, 7 (1); March 1971).
- COMMISSION ON POPULATION GROWTH AND THE AMERICAN FUTURE. "Population and the American Future", (Report by Family Planning Digest, (3) 1; January, 1974).
- CORBETT McDONALD, J. "Unmet Needs in Family Planning", (paper presented at the International Conference of the International Planned Parenthood Federation, Brighton, England, October, 1973).
- DEUTSCHER, Irwin and THOMPSON, Elizabeth J. "Among the People : Encounters with the Poor", (Basic Books Incorporated, New York, 1968).
- DE WET, Blanche. "Gesinsbeplanning by die Kleurling", (Social Work/Maatskaplike werk, (5) 4; October, 1969).
- DE WET, Blanche. "Gesinsbeplanning by die Kleurling", (A Studie van Honderd Kleurling-gesinne in Biskop Lavidorp, Kaapstad. Unpublished Master of Social Science thesis, University of Stellenbosch, 1968).

- DICKIE-CLARK, H.F. "The Marginal Situation -A Sociological Study of a Coloured Group", (Routledge and Kegan Paul Limited, London, 1966).
- DOWNIE, N.M. and
HEATH, R.W. "Basic Statistical Methods", (Harper and Row, 1965).
- DRAPER, E. "Birth Control in the Modern World", (George Allen and Unwin, 1965, Penguin, 1965).
- EDWARDS, Allen L. "Experimental Design in Psychological Research", (Holt, Rinehart and Winston Incorporated, Third edition, 1968).
- ESPENSHADE, T.J. "The Price of Children and Socio-Economic Theories of Fertility - A Survey of Alternative Methods of Estimating", (Population Studies (26) 2; July, 1972).
- FERRIS, Paul. "The Nameless", (Hutchinson, London, 1966, Pelican 1967).
- FRANKLIN FRAZIER, E. "The Negro Family in the United States", (revised and abridged edition, University of Chicago Press, Chicago, 1968).
- FREEDMAN, R. and
COOMBS, L. "Economic Considerations in Family Growth Decisions", (Population Studies, (20) 2; November, 1966).

- FREEDMAN, R. et al. "Hong Kong's Fertility Decline, 1961 - 1968", (Population Index, 36; 1970).
- FREEDMAN, R. "Comment on 'Social and Economic Factors in Hong Kong's Fertility Decline by Sui-Ying Wat and Hodge, R.W.", (Population Studies, (27) 3; November, 1973).
- GEISMAR, L. and LA SORTE, Michael A. "Understanding the Multi-Problem Family : A Conceptual Analysis and Exploration in Early Identification", (New York Association Press, 1964).
- GEISMAR, L. and KRISBERG, J. "Family Life Improvement Project Experiment in Preventative Intervention", Part I and II, (Social Casework, November, 1966 and December 1966).
- GEISMAR, L. and KRISBERG, J. "The Forgotten Neighbourhood", (Scarecrow Press, 1967).
- GEISMAR, L. "Family and Community Functioning", (Scarecrow Press, 1971).
- GOCHROS, Harvey L. and SCHULTZ, Le Roy G. (Ed). "Human Sexuality and Social Work", (Association Press, New York, 1972).

- GOLDSTEIN, Sidney. "The Influence of Labour Force Participation and Education on Fertility in Thailand", (Population Studies, (26) 3; November, 1972).
- GOODE, William J. and HATT, Paul K. "Methods in Social Research", (McGraw Hill Book Company, 1952).
- GOULD, Tony and KENYON, Joe. "Stories from the Dole Queue", (Temple Smith Limited, London, 1972).
- GRIFFITHS, Janet. "Social Pressure on Family Size Intentions", (Family Planning Perspectives, (5) 4; Fall, 1973).
- HASELKORN, Florence (Ed.) "Family Planning. The Role of Social Work", (Adelphi University School of Social Work, 1968).
- HAWTHORNE, Geoffrey. "The Sociology of Fertility", (Collier McMillan Limited, London, 1970).
- HEALEY, Edna. "Family Planning in China", (Family Planning, London; January, 1973).
- HIGGINS, E. "Family Planning in the White Population of Port Elizabeth", (Unpublished Doctor of Philosophy thesis Rhodes University, Grahamstown, 1968).

- HORRELL, M. et al. "A Survey of Race Relations in South Africa 1972"; (South African Institute of Race Relations, Johannesburg, 1973).
- HORRELL, M. and HORNER, D. "A Survey of Race Relations in South Africa 1973", (South African Institute of Race Relations, Johannesburg, 1974).
- HORRELL, M. "South Africa : Basic Facts and Figures", (South African Institute of Race Relations, Johannesburg, 1973).
- JAFFE, Frederick S. "Public Policy on Fertility Control", (Scientific American, (229) 1; July 1973).
- JAHODA, Marie, et al. "Research Methods in Social Relations", Part I and Part II, (The Dryden Press, New York, 1952).
- KAHN, Alfred J. "Theory and Practice of Social Planning", (Russell Sage Foundation, New York, 1969).
- KHALIFA, A.M. "A Proposed Explanation of the Fertility Gap Differentials by Socio-economic-status and Modernity : The Case of Egypt", (Population Studies (27) 3; November, 1973).
- KITZINGER, Sheila. "Body Fantasies", (New Society, 6.7.1972).

- KLOOSTERMAN, Dr. A.M.J. "Family Planning and Christian Marriage", (Fontana London, 1970).
- LEACH, Gerald. "The Biocrats", (Jonathan Cape, 1970, Pelican, 1972).
- LEHMANN, G. "Design of a General Questionnaire for Demographic Research in Africa", (Journal of Behavioural Science, (1) 4; . 1972).
- LLEWELLYN-JONES, Derek. "Everywoman", (Faber, 1971).
- LONSDALE, S. "Family Planning. An Exploratory Study", (Unpublished dissertation for Bachelor of Social Science (Honours) degree, University of Natal, 1972).
- MAAS, Henry S. (Ed.) "Five Fields of Social Service : Reviewsof Research", (National Association of Social Workers, 1966).
- MAAS, Henry S. (Ed.) "Research in the Social Services : A Five Year Review", (National Association of Social Workers, 1971).
- MARAIS, J.S. "The Cape Coloured People 1652 - 1937", (Witwatersrand University Press, Johannesburg, 1962. First published Longman's Green & Co. Ltd. London, 1939).
- MARQUARD, L. "The Peoples and Policies of South Africa", (Oxford University Press, 1952).

- MARX, Jean L. "Birth Control : Current Technology, Future Prospects", (Science, (179) 4079; 23rd March, 1973).
- MASON, K.O. and BUMPASS, L.L. "Women's Sex Role Attitudes in the United States, 1970", (Family Planning Digest, (3) 1; January, 1974).
- MAYONE-STYCOS, J. "Clinics, Contraception and Communication", (Appleton-Century-Crofts Meredith Corporation, New York, 1973).
- McMILLEN, Wayne. "Statistical Methods for Social Workers", (University of Chicago Press, 1952, Second Impression, 1963).
- MEDAWAR, J. and PYKE, D. (Ed.) "Family Planning", (Penguin, 1971).
- MEIER, Gitta. "Research and Action Programs in Human Fertility Control - A Review of the Literature", (Social Work, (2) 3; July, 1966).
- MEISSNER, Hanna H. (Ed.) "Poverty in the Affluent Society", (Harper and Row, New York, 1966).
- MICHEL, Andrée (Ed.) "Family Issues of Employed Women in Europe and America", (International Studies in Sociology and Social Anthropology, edited by Ishwaran, K., Volume XI, E.J. Brill., Leiden, 1971).

- MIDDLETON, Norman. "The Coloured Person's Representative Council", (Reality, January, 1972).
- MITCHELL, R.E. "Changes in Fertility Rates and Family Size, in Response to Changes in Age at Marriage, the Trend Away From Arranged Marriages and Increasing Urbanisation", (Population Studies (25) 3; November, 1971).
- MOORE, Maurice J. "Death of a Dogma", (Community and Family Study Centre, University of Chicago, 1973).
- MOYNIHAN, D.P. "The Negro Family : The Case for National Action" (Department of Labour, Washington, 1965).
- MOYNIHAN, D.P. "Maximum Feasible Misunderstanding", (Collier, McMillan. The Free Press, New York, 1969).
- MUELLER, Eva. "Economic Motives for Family Limitation. A Study in Taiwan" (Population Studies (26) 3; November, 1972).
- OETTINGER, Katherine Brownell and STANSBURY, Jeffrey D. "Population and Family Planning: Analytical Abstracts for Social Work Educators and Related Disciplines", (International Association of Schools of Social Work Incorporated, New York 1972).

- OFFENBACHER, D.I. and
POSTER, Constance H. "Social Problems and Social Policy", (Meredith Corporation, New York, 1970).
- OKEDIJI, Francis Olu. "Social and Cultural Factors Affecting Fertility and Adoption of Family Planning in Africa", (Paper delivered at the International Conference of the International Planned Parenthood Federation, Brighton, October, 1973).
- ORGANISATION FOR
ECONOMIC CO-OPERATION
AND DEVELOPMENT (OECD). "International Assistance for Population Programmes", Development Centre of the OECD. OECD Publications, Paris, 1970).
- OVERTON, A. and
TINKER, K. "The Casework Notebook", (Greater St. Paul Community Chest and Councils Family Centred Project, 1957).
- PANDEY, Rama S. "Follow-up Report of the Hawaii Conference on Social Work Education, Population and Family Planning", (International Association of Schools of Social Work, 15.12.1971).
- PARTEN, Mildred. "Surveys, Polls and Samples : Practical Procedures", (Harper and Brothers, New York, 1950).
- PINKER, Robert. "Social Theory and Social Policy", (Heinemann Educational Books, London, 1971).

- POPULATION CENSUS Reports, Numbers 02-05-01
and Number 02-01-03 (Department
of Statistics, Pretoria,
Republic of South Africa,
6.5.1970),
- POPULATION COUNCIL OF
NEW YORK. "Selected Questionnaires
on Knowledge, Attitudes and
Practices of Family Planning",
(New York, 1967).
- PRESSAT, Roland. "Population", (Pelican Books,
London, 1973).
- PRESSER, Harriet B. "Later Marriage, Fewer
Babies, Less Illegitimacy",
(Family Planning Digest,
(2) 6; November, 1973).
- RAINWATER, Lee. "And the Poor Get Children",
(Quadrangle Books, Chicago,
1960).
- RAINWATER, Lee. "Family Design : Marital
Sexuality, Family Size and
Contraception", (Aldine
Publishing Company,
Chicago, 1965).
- ROACH, Jack L. and
ROACH, Janet K. "Poverty", (Penguin Books,
1972).
- ROBERTS, R.W. and
NEE, R. "Theories of Social Casework",
(University of Chicago Press,
1970).
- SADIE, J.L. "Projections of the South
African Population 1970 -
2020", (Published by the
Industrial Development
Corporation of South Africa,
Johannesburg, 1973).

- SALAAF, Janet W. "Institutionalised Motivation for Fertility Limitation in China", (Population Studies (26) 2; July, 1972).
- SAMPSON, M.M. "The Value of Meaningful Welfare Planning", (Paper delivered at the Coloured Welfare Symposium, Bechet College, Durban, 15.9.1973).
- SARVIS, Betty and RODMAN, Hyman. "The Abortion Controversy", (Columbia University Press, 1973).
- SAUVY, A. "Fertility and Survival", (Chatto and Windus, 1961).
- SCHORR, Alvin L. "Explorations in Social Policy", (Basic Books Incorporated, New York, 1968).
- SEABROOK, Jeremy. "The Unprivileged", (Longmans Green, 1967, Penguin Books, 1973).
- SEABROOK, Jeremy. "City Close-up", (Allen Lane, The Penguin Press, 1971).
- SELLTIZ, Claire et al. "Research Methods in Social Relations", (Methuen & Company Limited, 1965).
- SHANNON-STOKES, C. "Family Structure and Socio-economic Differentials in Fertility", (Population Studies (27) 2; July, 1973).
- SHAPIRO, Pauline and BATE, Jill. "Taking Family Planning into the Home", (New Society, 3.2.1972).

- SIEGEL, Sidney. "Nonparametric Statistics for the Behavioural Scientists", (McGraw-Hill, 1956).
- SIMON, J.L. and
SIMON, R.J. "The Effect of Money Incentives on Family Size : A Hypothetical Question Study", (Family Planning Digest, (2) 6; November, 1973).
- SJOVALL, Thorsten. "Planned Parenthood Reconsidered : Human Rights and Welfare Aspects", (Paper delivered at the International Conference of the International Planned Parenthood Federation, Brighton, England, October, 1973).
- SMITH, T.E. (Ed.) "The Politics of Family Planning in the Third World", (George Allen and Unwin Limited, London, 1973).
- SPEARE, A. et al. "Urbanisation, Non-Familial Work, Education and Fertility in Taiwan", (Population Studies, (27) 2; July, 1973).
- SUI-YING WAT and
HODGE, R.W. "Social and Economic Factors in Hong Kong's Fertility Decline", (Population Studies, (26) 3; November, 1972).
- SWEET, James A. "Women in the Labour Force", (Studies in Population, Seminar Press, New York 1973).

- TITMUSS, Richard M. "Commitment to Welfare",
(George Allen and Unwin
Limited, London, 1968).
- TOMSIC, Vida. "Panel Contributions at the
International Conference
of the International Planned
Parenthood Federation,
(Brighton, England, October,
1973).
- TRIPODI, Tony et al. "The Assessment of Social
Research", Guidelines
for Use of Research in
Social Work and Social
Science, (Peacock
Publishers Incorporated,
Illinois, 1969).
- TURNER, F.J. "Differential Diagnosis and
Treatment in Social Work",
(Collier-McMillan Limited,
London, 1963).
- UNESCO PUBLICATION. "Main Trends of Research in
the Social and Human Sciences",
(Unesco, Paris, 1970).
- UNIVERSITY OF NATAL. "A Study of the Living
Conditions of the Coloured
People of Austerville/
Merebank/Wentworth",
(Unpublished study,
Department of Social Work,
1972).
- VALENTINE, Charles A. "Culture and Poverty",
(University of Chicago Press,
Chicago, 1968).

- VAN RENSBURG, Nic J. "Population Explosion in Southern Africa", (Aurora Printers, Pretoria, 1972).
- VAUGHAN, Paul. "The Pill on Trial", (Penguin Books, London 1970).
- WALLJEE, M. "Housing and Recreation Facilities", (Paper delivered at the Coloured Welfare Symposium, Bechet College, Durban, 15.9.1973.)
- WATTS, H.L. "Population Control", (Paper delivered at the Winter School on Environmental Responsibility, University of Natal, Durban, July, 1973).
- WERLEY, Harriet H. et al. . "Professionals and Birth Control : Student and Faculty Attitudes", (Family Planning Perspectives (5) 1; Winter, 1973).
- WEST, Martin E. "Divided Community - A Study of Social Groups and Racial Attitudes in a South African Town", (A.A. Balkema,, Cape Town, 1971).
- WHISSON, M.G. "The Coloured People", in 'South Africa's Minorities', edited Peter Randall (Sprocas : Occasional Publication, Number 2, Johannesburg, 1971).

- WHISSON, M.G. "The Legitimacy of Treating Coloured People in South Africa, as a Minority Group", (ASSA Sociology Southern Africa, 1973, Papers from the first congress of the Association for Sociologists in Southern Africa, University of Natal, Durban, 1973).
- WORLD HEALTH ORGANISATION. "Family Planning in the Education of Nurses and Midwives", edited by Turnbull, Lily M. and Pizurka, Helena. (Public Health Papers, Number 53, World Health Organisation, Geneva, 1973).
- YOUNG, M. and WILLMOTT, P. "Family and Kinship in East London", (Routledge and Kegan Paul, 1957, Pelican, 1972).
- YOUNG, Alma T. et al. "Women who Seek Abortions - A Study", (Social Work, May, 1973).

CORPORATION AREA

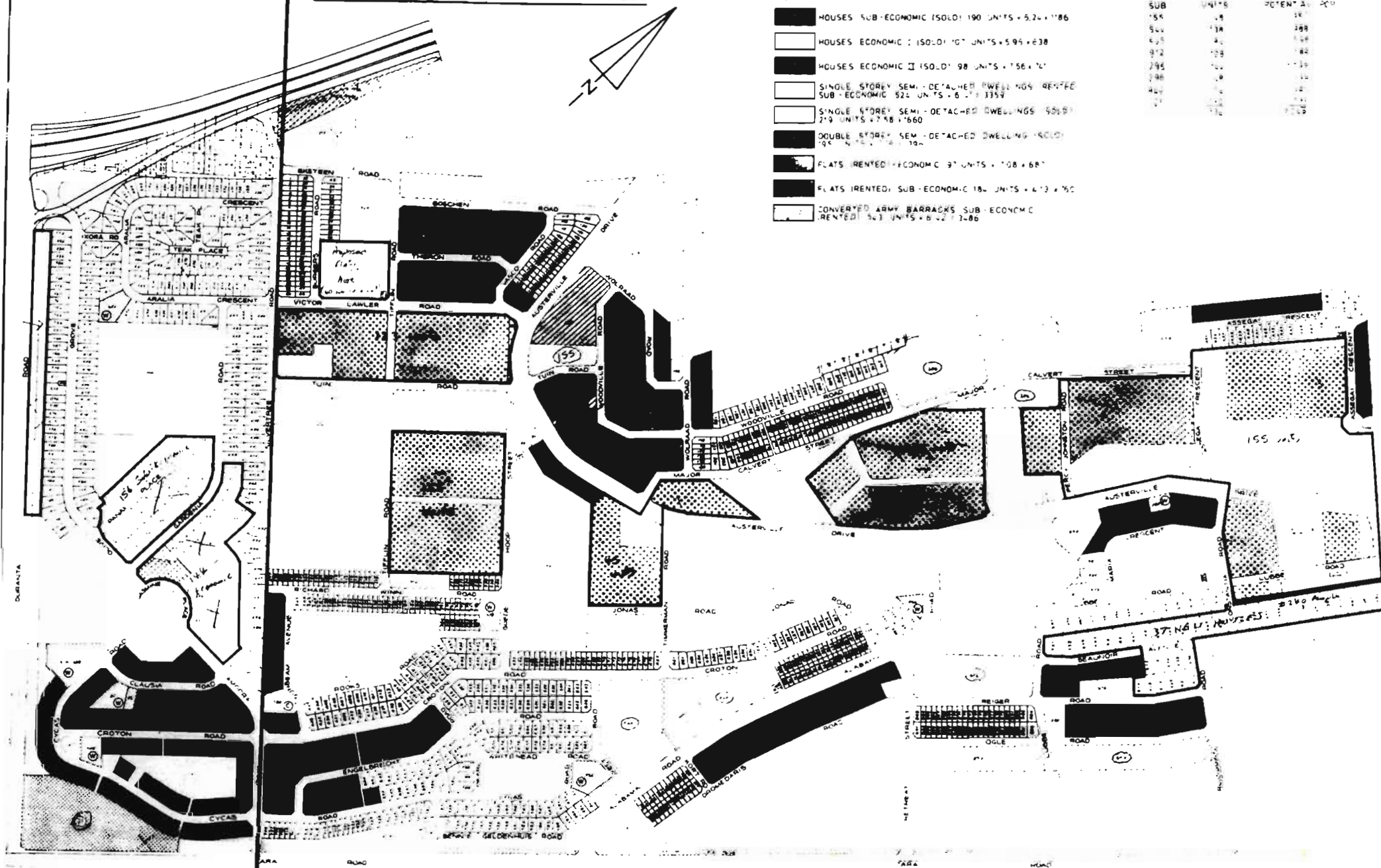
COMMUNITY DEVELOPMENT AREA

NOTATION

PROPOSED FLAT DEVELOPMENT

- HOUSES SUB-ECONOMIC ISOLD: 190 UNITS x 5.2 x 1186
- HOUSES ECONOMIC : ISOLD: 107 UNITS x 5.9 x 838
- HOUSES ECONOMIC II ISOLD: 98 UNITS x 1.56 x 101
- SINGLE STOREY SEMI-DETACHED DWELLINGS RENTED SUB-ECONOMIC 524 UNITS x 6.2 x 3359
- SINGLE STOREY SEMI-DETACHED DWELLINGS ISOLD: 219 UNITS x 7.98 x 1660
- DOUBLE STOREY SEMI-DETACHED DWELLINGS ISOLD: 94 UNITS x 1.2 x 104
- FLATS RENTED: ECONOMIC 97 UNITS x 1.08 x 687
- FLATS RENTED: SUB-ECONOMIC 184 UNITS x 4.13 x 760
- CONVERTED ARMY BARRACKS SUB-ECONOMIC RENTED: 543 UNITS x 6.42 x 3480

SUB	UNITS	POTENTIAL
155	18	18
500	18	188
400	40	108
912	108	188
295	100	110
298	10	10
400	10	10
101	10	10
101	10	10



HOUSING TYPES — AUSTERVILLE SOUTH