Attitudes to Family Planning in Lesotho

The report of a survey conducted by the Lesotho Distance Teaching Centre as part of the project “Education for Family Planning in Lesotho”

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Chapter 1: Background and survey procedure

Background

In October 1975, the Lesotho Family Planning Association (LFPA) and the Lesotho Distance Teaching Centre (LDTC) embarked on a joint project called "Education for Family Planning in Lesotho". The purpose of the project was to produce a range of educational materials connected with family planning and to train the fieldworkers of the LFPA in their use. The LFPA would decide the content of the materials; the LDTC, in the role of a service-agency, would provide expertise in materials design and in fieldwork training.

Phase 1 of the project lasted 18 months. In addition to this survey, it included the standardisation of the talk which the fieldworkers give at village meetings, a flip chart and pamphlets to accompany the talk, two self-instructional lessons for the fieldworkers, a series of radio programmes and radio slots, two training courses for the fieldworkers and a set of leaflets on contraceptive methods. (A separate report has been prepared on Phase 1 of the project.)

The survey was undertaken for two reasons. The first was to provide information to guide the direction and design of educational efforts in family planning, particularly the materials that were to be produced in Phases 1 and 2 of the project. The second was to provide a pre-project baseline against which the effects of the project could later be measured. For this reason, the public did not receive any of the educational materials until the survey fieldwork had been completed.

Survey procedure

A draft questionnaire was prepared in October 1975, in English. It was circulated to about fifty people for comment. It was redrafted and translated into Sesotho in early 1976, and a pilot survey conducted in one village in March 1976. More modifications were made as a result of the pilot.

Four Basotho interviewers – two men and two women – conducted the interviews. The youngest interviewer was aged 24; they were all married. They were carefully trained in the sampling and interviewing and they did several practice interviews before going out on fieldwork. Details of the sampling and interviewing are given in the "Interviewers' notes" (Appendix 1). Two points of importance are that women were interviewed by women, men by men, and that all the interviews were conducted in private.

Earlier surveys had taught us that the length of the fieldwork depended on the number of villages to be visited rather than on the number of people to be interviewed. We therefore decided on a small number of villages, with a large number of people in each village. We took a random sample of seven villages, stratified by size; three were in the highlands, four in the lowlands. The LFPA were particularly interested in urban people, so we also took a sub-sample of people from three towns.

We were particularly concerned to interview an adequate number of men, even though they are in a minority in the de facto population, so we aimed to interview approximately equal numbers of men and women. The sample we ended up with, therefore, contained a higher proportion of men and a higher proportion of urban people than there actually are in the de facto population. Consequently, when we wanted to present results that apply to the whole de facto population, we had to re-weight the results. The procedure for doing this is explained in Appendix 2. Interviews were confined to people aged 20 or over. At the request of the Ministry of Education, school students (of whom there are a few aged 20 or over) were not interviewed.

Before the interviewers arrived in a village, advance letters were sent from the Ministry of Education to the village chief and to the principal chief. Copies were sent to the District Administrator and to the Ministry of the Interior, explaining the purpose of the survey and requesting their cooperation. All chiefs gave their full cooperation.

The main fieldwork was conducted between April and June 1976. Interviews with respondents who had heard of family planning lasted, on average, about 30 minutes; interviews with respondents who had not heard of family planning lasted about 15 minutes. The coding and tabulating were carried out by hand between July and September.

We had learnt from an earlier survey that there can be large discrepancies between the results obtained by different interviewers, despite careful training. We therefore compared the results of different interviewers and found that, although the results obtained by the two men were very similar on nearly all the questions, there were some large differences between the results obtained by the two women (i.e. they had been asking the questions, or writing the answers, differently). It was not possible to find out why these differences had occurred, nor did we have time to interview a further sample of women. On questions where these large differences occurred, we decided simply to accept the results of the more experienced interviewer and to discard the results of the other.

The respondents

The sampling technique required the interviewers to draw whatever sample was necessary in order to obtain 360 interviews. The interviewers in fact drew a sample of 374 people, of whom they managed to interview 372, the difference being two people who refused to be interviewed.

Unfortunately, at the time of writing, the figures for the de facto population from the 1976 census have not yet been released. We therefore have to use the 1966 figures for comparison – Table 1.

Table 1: Respondents compared with 1966 de facto population, by age

	Men		*Women*	
Age	*Sample*	*Population*	*Sample*	*Population*
20-29	11%	22%	32%	28%
30-39	20%	21%	25%	22%
40-49	18%	21%	20%	18%
50-59	23%	17%	13%	13%
60 or over	28%	19%	10%	19%

It appears that our sample was short of young men and old women. The discrepancies are slightly larger than one would expect on the basis of chance. The sampling method ought to have given a good sample, and the interviewers claimed to have followed it carefully. The two men interviewers drew closely similar samples of men, and the two women interviewers drew similar samples of women. They did not report anyone avoiding interview, and they had only two refusals. It is not clear to us why we have these defects in the sample.

It is possible, in fact, that the sample is not defective and that the reason for the discrepancies in the table is that the age structure of the de facto population has changed since 1966. This is certainly possible for the men because of fluctuations in the proportion of young men doing migrant labour. [But see below.]

If the sample is defective, we estimate than the results presented in this report are probably accurate only to within about 10% (e.g. a finding that 30% held such-and-such an opinion means that between 20% and 40% of the population hold that opinion). If the de facto population has actually changed since 1966 (and the sample is not defective), then the results are probably accurate to within about 5%.

In order to present the results clearly, we have not included details of the statistical analysis in the main body of the report. If we draw attention to a difference (e.g. “urban people favour small families more than rural people”), it can be assumed that we have conducted a test of statistical significance (usually a chi-squared test) and that the difference is significant at the 0.05 level.

[The comparison of the sample with the population, given above, is taken direct from the text of the original report. Since it is now 2021, it is possible to make use of the population figures from the 1976 census. Table 1A is a repeat of Table 1, only using population data for 1976 instead of 1966.

Table 1A: Respondents compared with 1976 de facto population, by age

	Men		*Women*	
Age	*Sample*	*Population*	*Sample*	*Population*
20-29	11%	23%	32%	31%
30-39	20%	19%	25%	20%
40-49	18%	20%	20%	17%
50-59	23%	18%	13%	14%
60 or over	28%	20%	10%	18%

This table confirms that the sample did not match the population as well as we would have wished, particularly regarding the proportion of young men.]

Relations between major variables

Many of the tables presented in this report employ the variables of sex, age, education and place of residence (urban or rural). It must be borne in mind that these four variables are related to each other. In particular, sex, age and place of residence are all related to education, as is shown in the following table.

Table 2: Education by sex, age and place of residence (based on survey sample)

	Men	*Women*	*20-39*	*40 or over*	*Urban*	*Rural*
No education	50%	11%	9%	41%	12%	26%
Std 1-4	17%	19%	14%	14%	10%	18%
Std 5 or 6	17%	42%	28%	28%	24%	34%
St 7 or over	16%	28%	49%	17%	54%	22%

Prior to 1968, schooling began with grades A and B and then went from Std 1 to Std 6. In 1969, the classes were renamed Stds 1-8. In 1970, Std 8 was abolished. In tables by education, the old levels have been converted to the new ones, e.g. someone with Std 3 (prior to 1968) is considered as Std 5.

Chapter 2: The people who have heard of family planning

How many people have heard of family planning?

The first question in the questionnaire was, "Had you heard of family planning before this interview?" To people who answered No or Not sure, a second question was put – "When a couple use a method of family planning, it helps them to space their children. Have you heard of these methods of family planning?" To the people who still replied No or Not sure, the interviewer put a third question – "Some couples use pills or other methods to prevent pregnancy. These are methods of family planning. Have you heard of this?"

The people who answered Yes to any of these three questions were counted as people who had heard of family planning. This does not necessarily imply that they knew very much about family planning, only that they had heard of it. The people who answered No or Not sure to all three questions were counted as people who had not heard of family planning. (Since the third question referred specifically to contraception, it is not just that the phrase "family planning" was unfamiliar; these people were saying they had not heard of contraception either.) Those who had heard of family planning were asked a lot more questions about it; those who had not were asked a few questions on topics related to family planning (such as child spacing and family size) but not specifically about family planning.

The result – perhaps the most important finding of the whole survey – was that only 18% of the people had heard of family planning. (Thirteen percent answered Yes to the first question, 1% to the second and 4% to the third.)

Since this figure is a good deal lower than we were expecting, it is natural to wonder if it is accurate. In particular, it has been suggested that some respondents might have been suspicious about the survey and might have felt that it was safer, in some way, to deny any knowledge of family planning even though they had in fact heard of it.

One must bear in mind that the interviews were conducted in private, that men were interviewed by men and women by women, and that the respondents had ample opportunity to express their fears, to ask questions or even to refuse to be interviewed before the interview began. The interviewers were asked to record if they felt that the respondent was not giving his or her genuine opinions; they did this for only five respondents (less than 2% of the sample). On the other hand, we have the results of another question as a cross-check. This question, which came later in the questionnaire, was, "If a woman who has had a baby wants to wait for a while before she has another, how can she avoid getting pregnant too soon?" Out of those people who said they had not heard of family planning, 8% gave the answer, "She can use a contraceptive method," (i.e. these people had heard of family planning though they said they had not).

These considerations suggest that there were some people who answered No or Not sure to the first three questions, even though they actually had heard of family planning. But they also suggest that there were not many of these people. The true figure for the proportion of the adult population who have heard of family planning might therefore be around 25% rather than 18%, but we think it unlikely to be above 30%.

Who are the people who have heard of family planning?

We compared those who had heard of family planning with those who had not, and we found, not surprisingly, that they differed in several ways. The important variables are age and school education. The people who are more likely to have heard of family planning are the younger and more educated. The effect of these two variables is shown in Table 3.

Table 3: People who had heard of family planning, by age and school education			
	No education or up to Std 4	*Std 5 or 6*	*Std 7 or over*
Age 20-29	31%	23%	52%
30-39	19%	33%	50%
40-49	7%	7%	47%
50-59	0%	6%	20%
60 or over	0%	0%	0%
Each figure shows the percentage, out of the people in the cell, who had heard of family planning. For example, of those people aged 20-29, with education of Std 4 or below, 31% had heard of family planning. The numbers of people in each cell, out of which this percentage was calculated, ranged from 10 to 48.			

There was also a difference between the sexes (28% of women had heard of family planning against 16% of men), and between urban people and rural people (33% of urban people against 17% of rural people). However, these differences only reflect the difference due to education, i.e. women in Lesotho have had more education than men, and urban people more than rural people. To put it another way, a rural man of a certain age with Standard 7 education is just as likely to have heard of family planning as an urban woman of the same age with Standard 7.

We compared highland villages with lowland villages and found no difference. In fact, though the sample villages were in different parts of the country and varied greatly in size and accessibility, the proportion of people in them who had heard of family planning was remarkably constant. We also compared people of different Christian denominations and found no difference between them regarding the proportion who had heard of family planning.

Where do people hear about family planning?

To those people who had heard of family planning, we put some questions to find out where they had heard about it. The answers are presented in Table 4.

A word of explanation is needed about the right-hand column of this table. (A similar column appears in several other tables later in this report.) The questions specifically about family planning were put only to those respondents who said they had heard of family planning. Take, for example, one of the questions in Table 4 – “Have you ever heard a talk given at a pitso by a family planning educator?” [A pitso is a village meeting.] Out of those people who had heard of family planning, 49% said Yes, but this does not mean that 49% of all adults in Lesotho have heard such a talk. About 70% of all adults have never heard of family planning at all (see page 9). Taken as a proportion of all adults, those who had heard such a talk form only about 15%. This is the figure presented in the right-hand column. The purpose of the right-hand column is to remind the reader that, when one is considering only those who have heard of family planning, one is considering a minority of the adult population.

Table 4: Sources of information about family planning			
		Only those who had heard of family planning	*Expressed as a percentage of adult pop.*
Where did you first hear about family planning?	Neighbours, friends Clinic Radio Other (Have not heard of f.p.)	30% 42% 14% 14% -	9% 13% 4% 4% 70%
Did your parents ever talk to you about family planning?	Yes No	7% 93%	2% 98%
Did a minister of religion talk to you about family planning?	Yes No	8% 92%	2% 98%
Have you heard a talk on family planning given by a nurse at a clinic?	Yes No	32% 68%	10% 90%
Have you ever heard a talk given at a pitso by a family planning educator?	Yes No	49% 51%	15% 85%
Have you heard of the Family Planning Association?	Yes No	72% 28%	22% 78%

Of the ten people who had first heard about family planning on the radio, five had heard on Radio Bantu, the rest on Radio Lesotho or Radio Botswana. Of the people who had heard a minister of religion speak about family planning, all but one said the minister had approved of it.

The men were also asked if they had heard about family planning while on contract labour in the Republic of South Africa. About half the men had been on contract labour but only one man said he had heard about family planning there.

The main difference between men and women was that 52% of the women mentioned the clinic as their first source of information, against only 14% of the men. This is not surprising; a large proportion of clinic sessions in Lesotho are for mothers and infants, so women attend clinics much more than men do. (The respondents were not necessarily referring specifically to family planning clinics.) Many clinics give lectures as well as medical treatment, and some of these lectures are on family planning. The men were also less likely to have heard a talk by a family planning educator or have heard of the LFPA.

Chapter 3: Child-spacing, family size, sub-fertility and population

Attitudes to child spacing: (a) The length of time between childbirths

One of the benefits of contraception is that it enables a couple to space their children, i.e. to leave two or three years between one birth and the next, so that each child can receive a lot of attention for the first years of its life and so that the mother is not worn out with continual pregnancies. It is also possible for a couple to space children without using contraception, simply by refraining from intercourse for two years after the birth of each child. It is possible, therefore, for people to have opinions about child-spacing without having heard of family planning or contraception. For this reason, we put this set of questions to all the respondents.

Our first question on this topic was, "After a woman has had a baby, should she have another as soon as she can or should she wait for some time?" Almost all the respondents said that she should wait for some time. Their replies to the question "How long should she wait?" are presented in Table 5.

Table 5: Opinions on the length of time a woman should wait between childbirths

	Men	*Women*	*Urban*	*Rural*	*Adult pop.*
Less than one year	6%	0%	3%	2%	2%
One to two years	16%	16%	18%	16%	16%
Two to three years	54%	63%	58%	60%	60%
Three to four years	19%	17%	15%	17%	17%
More than four years	4%	2%	4%	3%	3%
Don't know	1%	2%	2%	2%	2%

Four fifths of the people think that a woman should wait two years or more. There was remarkably close agreement between different sections of the population – men and women, urban and rural, young and old, more educated and less educated.

The next questions were "Are there any advantages to the child if the mother waits for some time before she has another child?" and "Are there any advantages to the mother if she waits for some time before having another child?" Two thirds of the respondents thought that there were advantages to both. As can be seen from Table 6, there was more appreciation of the advantages to the child, and there was some difference between men and women.

Table 6: Advantages of child spacing

	Men	*Women*	*Adult population*
To the child	75%	92%	86%
To the mother	56%	77%	69%

The figures show the percentages answering Yes to the questions "Are there any advantages .. etc ..?"

Those who thought that there were advantages to the child said that the child receives more love and attention and enjoys better health; a half specifically mentioned that the child can receive a longer period of breastfeeding. Those who thought that there were advantages to the mother said that she has a chance to regain her health and strength.

Attitudes to child spacing: (b) Ways of avoiding pregnancy

The majority of people have not heard of family planning or contraception, yet they approve of child-spacing. How do they think a couple can practise child-spacing? The answer is given in their replies to the question "If a woman who had had a baby wants to wait for a while before she has another, how can she avoid getting pregnant too soon?" The replies are presented in Table 7.

Table 7: Methods of child spacing					
	Men	*Women*	*Urban*	*Rural*	*Adult pop.*
She can use contraception	7%	20%	34%	14%	16%
She can refrain from intercourse	50%	73%	44%	66%	65%
Don't know	43%	7%	22%	20%	19%

As one would expect from the earlier findings about the people who had heard of family planning, those who mentioned contraception tended to be the younger and more educated people, as is shown in Table 8.

Table 8: Mention of contraception, by age and education			
	No education or up to Std 4	*Std 5 or 6*	*Std 7 or over*
Age 20-39	11%	12%	52%
40 or over	0%	3%	22%
The figures show the percentage in each cell who mentioned contraception in answer to the question "If a woman who has had a baby wants to wait for a while before she has another, how can she avoid getting pregnant too soon?"			

The opinion of the majority, then, is that a couple should space their children simply by refraining from intercourse after the birth of each child. This is confirmed by the replies to the question "How long should a woman wait after childbirth before she has sexual intercourse again?" (Table 9)

Table 9: Length of time between childbirth and intercourse			
	Those who mentioned contraception in answer to the previous question	*Everyone else*	*Adult pop.*
Six months or less	41%	11%	17%
More than 6 mths, up to 1½ yrs	0%	21%	16%
More than 1½ yrs, up to 2½ yrs	27%	41%	39%
More than 2½ yrs	3%	12%	10%
Don't know	29%	15%	18%

Attitudes to child spacing: (c) Sexual intercourse and breastfeeding

In the pilot survey, we had the question "Do you think that a woman should have sexual intercourse while she is breastfeeding a child?" The majority said No and gave the reason "Ngoana o na senyeha," (literally, "The child gets spoilt," meaning that it makes the child unhealthy).

To find out more about the beliefs underlying this, we included some more questions in the main survey. These questions were put to all the respondents. The first was "Can a woman get pregnant if she has sexual intercourse while she is breastfeeding a child?" Ninety per cent said she can. The next question was "If a woman has sexual intercourse while she is breastfeeding a child – even if she does not get pregnant – does anything happen to her milk?" Again, the majority (88%) said Yes, and all of these people said that the milk goes bad. Slightly fewer (77%) of the younger and more educated people held this opinion, but otherwise there was general agreement between different sections of the population.

This widely held belief that sexual intercourse makes the milk go bad (whether or not pregnancy follows) explains why people think that intercourse "spoils the child" and consequently why they think that the mother should refrain from intercourse for two years or more after childbirth. This is confirmed by answers to the next question "Do you think that a married woman should have sexual intercourse with her husband while she is breastfeeding a child?" The results are presented in Tables 10 and 11.

Table 10: Should a married woman have intercourse while breastfeeding?						
	Those who mentioned contraception in answer to an earlier question	*Men*	*Women*	*Urban*	*Rural*	*Adult pop.*
Yes	58%	12%	24%	50%	18%	20%
No	42%	85%	73%	50%	79%	77%
D/K	0%	3%	3%	0%	3%	3%

Table 11: Opinions about intercourse and breastfeeding, by age and education			
	No education or up to Std 4	*Std 5 or 6*	*Std 7 or over*
Age 20-39	16%	30%	48%
40 or over	8%	10%	33%
The figures show the percentage in each cell who answered Yes to the question "Do you think that a married woman should have sexual intercourse with her husband while she is breastfeeding a child?"			

There were a number of respondents (about 30 of them altogether) who expressed the view that intercourse makes the milk go bad but who still thought that a woman should have intercourse while breastfeeding. This seems contradictory. It is possible that they meant that the women would bottle feed rather than breastfeed, in which case the bad effect of intercourse on the breast milk would not matter.

Since it is rare in present-day Lesotho for a man to have more than one wife, one wonders if the requirement of sexual abstinence for long periods is seen as a problem. We put this question to those people who said that a woman should not have intercourse while breastfeeding – "Is it difficult for the husband to abstain completely from intercourse while the wife is breastfeeding?" We received markedly different replies from men and women; only 12% of the men said it was difficult, as against 53% of the women.

To those who thought that the husband should not have intercourse with his wife while she was breastfeeding but who also thought that abstinence was a problem for the husband, we put the question "What can be done about the problem?" Half of them said they did not know; a fifth said the husband could use the withdrawal method of contraception (which suggests that it is the sperm which is thought to make the milk go bad rather than the activity of intercourse); others suggested that the husband should go away, or they stated that nothing could be done.

Family size

We began this section of the questionnaire by asking "Are there any reasons why a couple today might want to have more than eight children?" Only 28% said Yes. The reason given by nearly all of these people was that the children will work for their parents. The replies to this question did not vary with age, education, sex or place of residence (urban or rural).

The next question was "Are there any reasons why a couple today might want to have fewer than five children?" Half of the respondents said Yes, almost all giving the reason that fewer children mean fewer expenses. The replies here differed markedly with age and education, as is shown in Table 12.

Table 12: Proportion giving reasons for wanting a smaller family, by age and education			
	No education or up to Std 4	*Std 5 or 6*	*Std 7 or over*
Age 20-39	38%	73%	81%
40 or over	34%	41%	61%
The figures show the percentage in each cell who answered Yes to the question "Are there any reasons why a couple today might want fewer than five children?"			

Having thus asked the respondents to think of the relative advantages of large and small families, we asked "Taking everything into account, what do you think is the ideal number of children for a couple to have today?" The results are given in Tables 13 and 14.

Table 13: Opinions on the ideal family size					
	Men	*Women*	*Urban people*	*Rural people*	*Adult pop.*
One to three children	12%	8%	14%	9%	10%
Four children	14%	30%	40%	23%	24%
Five children	9%	15%	16%	13%	13%
Six children	13%	14%	4%	14%	14%
Seven or eight children	2%	10%	4%	7%	7%
Nine or more children	4%	11%	4%	8%	8%
Don't know, or as many as God wishes	46%	12%	18%	26%	24%
Same table, with some categories combined:					
One to five children	35%	53%	70%	45%	47%
Six or more children	19%	35%	12%	29%	29%
Don't know, or as many as God wishes	46%	12%	18%	26%	24%

Table 14: Opinions on the ideal family size, by age and education				
	Ideal number of children	*No education or up to Std 4*	*Std 5 or 6*	*Std 7 or over*
Age 20-39	1 to 4 children	24%	48%	56%
	5 or 6 children	30%	27%	33%
	7 or more children	8%	6%	0%
	D/K or As God wills	38%	19%	11%
40 or over	1 to 4 children	23%	27%	44%
	5 or 6 children	22%	15%	22%
	7 or more children	10%	17%	12%
	D/K or As God wills	45%	41%	22%
Respondents have been divided up by age and education, and the opinions of each group presented separately. For example, out of the people aged 20-39 with an education of Std 4 or below, 24% thought that the ideal number of children was 1 to 4.				

The interviewers had difficulty distinguishing between replies of "Don't know" and "As many as God wishes". It seems likely that they are really the same response and that these respondents were not really answering the question at all; they were rejecting it. Their attitude, spelt out at length, would probably be like this: "A couple (who do not practise contraception but who do abstain from intercourse for a time after each birth) will end up with a certain number of children by the time the woman reaches her menopause. This number is decided by God, and He knows best. Therefore it makes no sense to ask what, in general, is the ideal number; there is no answer to that question."

All the variables that are included in the tables – age, education, sex and place of residence – seem to have an effect on people's opinions on this matter. Age and education are the most important; younger and more

educated people favour smaller families, while older and less educated people either favour large families or reject the question. The apparent differences between men and women and between urban and rural people are largely, but not entirely, explained by the differences in their education (i.e. a man of a certain age and level of education is almost as likely to favour small families as a woman of the same age and level of education). However, sex and place of residence do make some extra difference. Although all the younger, more educated people tend to favour small families, the women in this group favour small families even more than the men do. In addition, urban people favour small families more than rural people, even allowing for the differences in education.

To what extent do people's actual families correspond to their opinions about ideal family size? We can compare the number of children that people have already had with the number that they consider ideal. We did this for women still in their childbearing years (which we defined as 20 to 44) and found a quarter of them had had a number of children equal to or greater than the number they consider ideal. It is clear that women who have large families do not necessarily do so because they think that large families are ideal. Of the 13 women in the sample who were under 45 and who had had seven or more children, only four gave "Seven or more" or "As many as God wishes" as their ideal family size. Most of them thought that four or five was the ideal number.

Considering men in the same age group, a fifth had already reached or passed their ideal family size.

Subfertility

As well as helping couples to prevent unwanted pregnancies, the LFPA also assists subfertile couples. We included one question about this topic – "If a couple want children but are not having any, where can they get help?" (They could give more than one answer.) This question was put to all the respondents. The results are presented in Table 15.

Table 15: Where can subfertile couples get help?

	Men	*Women*	*Adult population*
Medical doctor	74%	72%	74%
Traditional doctor	33%	10%	18%
Clinic	11%	11%	11%
Prayer	3%	3%	3%
Don't know	12%	13%	13%

Some respondents gave more than one answer.

The small proportion who mentioned the clinic indicates that few people know about this aspect of the LFPA's services.

It was the more educated people who mentioned the clinic. The less educated favoured the traditional doctor or prayer. The traditional doctor was especially popular among the older, less educated men.

Population

Though population control is not part of the policy of the LFPA, the problems associated with population growth are often cited as a reason for promoting contraceptive services. We included a question to find out what opinions people have about the size of the population. The question was "Do you think that, today, there are too many people in Lesotho, too few people or the right number of people?" The replies are given in Table 16.

Table 16: Opinions about the size of the population of Lesotho					
	No educ. or up to Std 6	*Std 7 or over*	*Urban*	*Rural*	*Adult pop.*
Too many	53%	61%	66%	56%	56%
Too few	13%	14%	8%	12%	12%
Right number	15%	20%	18%	14%	15%
Don't know	19%	5%	8%	18%	17%

The most frequent response, given by slightly over half the respondents, was that there are too many people in Lesotho today. In reply to the next question – "Why do you think this?" – most of these respondents said that too many children are being born (a few specified illegitimate children); several also added that there is not enough land.

The pattern of replies was fairly similar for different sections of the sample. The opinion that there are too many people was held more by the more educated and the urban people but the differences were not large.

Chapter 4: Attitudes to contraceptive methods

(a) How well known are contraceptive methods?

Those people who said they had heard of family planning were asked a number of questions about contraceptive methods. The set of questions about each method began with the simple question "Have you heard of the ……. ?" This was sometimes followed by a short description of the method, since the Sesotho words for some of the methods are not well known. The results of these questions are gathered together in Table 17. (For an explanation of the right-hand column, see page 9.)

Table 17: Knowledge of contraceptive methods

	Only those who have heard of family planning			*Expressed as % of adult pop.*
	Men	*Women*	*Both*	
Have you heard of the contraceptive pill (the sort of pill that is swallowed)?	75%	88%	88%	26%
Have you heard of the contraceptive injection?	75%	75%	75%	23%
Have you heard of the IUD (sometimes called the loop or the coil)? This is something which is put into the woman's womb to prevent pregnancy.	16%	50%	44%	13%
Have you heard of the condom? This is a contraceptive used by men, sometimes called a "rubber boot".	37%	33%	34%	10%
Have you heard of foaming tablets placed in the vagina as a method of preventing pregnancy?	18%	17%	17%	5%
Have you heard of medicines to drink as a method of preventing pregnancy?	34%	6%	11%	3%
Have you heard of herbs as a method of preventing pregnancy?	37%	3%	10%	3%

The figures show the percentage who have heard of each method.

Among those who have heard of family planning, the pill and the injection are fairly well known. Presumably this is because these methods have been prescribed most by clinics and doctors in Lesotho. The IUD and condom are not well known. Few people had heard of "folk" methods (medicines and herbs). More women than men had heard of the IUD, but more men than women claimed to have heard of medicines and herbs as contraceptive methods. This last finding connects up with the observation made about their opinions on subfertility (page 15), namely that men seemed to have more faith in traditional doctors than women.

Regarding the pill, injection and IUD, almost all those who had heard of these methods knew that a woman who wants to use one must visit a clinic or see a doctor first. On other details, however, they were more vague. Only half of the people who had heard of the pill knew that the woman has to take it once a day, only a third of those who had heard of the injection knew that the woman should have it about once every three months. Of those who had heard of the IUD, a quarter (all of them women) said they had seen one.

About half of those who had heard of the condom said they had seen one. When asked where one could obtain condoms, only five people (all of them townspeople) said that one could obtain them from a chemist's shop; the majority mentioned only the clinic as a place one could get them.

A further question connected with knowledge of contraception was the following – "Some people think that a woman will not get pregnant if she has sexual intercourse standing up. Do you think this is true?" This question

was put only to those who said they had heard of family planning. A tenth of them answered Yes, three quarters No and the rest were not sure.

(b) What do people think about these methods?

We asked a few questions to find out people's opinions on the reliability and the side-effects of these methods. They were phrased as "knowledge" questions and it might be argued that they were, in a sense, unfair. For example, the question "Does the pill have bad effects on a woman's health?" has no simple Yes/No answer. A correct answer might be that the pill has no bad effects on most women but that some types of the pill can have bad effects on a very few women. However, we were not interested in marking people's answers as Right or Wrong. The reason we asked these questions was to find out what people thought. If, for example, most people thought that the pill caused cancer, they would indicate that in their answers to this question.

(i) Reliability of the methods

The questions on reliability were phrased in the form, "Can a woman get pregnant while she is using ……. ?" The results are presented in Table 18. These results, of course, are confined to those people who had heard of the methods in question.

Table 18: Reliability of contraceptive methods

Can a woman become pregnant while she is taking the pill?	Yes	12%
	No	84%
	Not sure	4%
Can a woman become pregnant if she has recently had the injection?	Yes	1%
	No	83%
	Not sure	16%
Can a woman become pregnant while she is using the IUD?	Yes	13%
	No	79%
	Not sure	8%
Can a woman become pregnant if the man using a condom during intercourse?	Yes	0%
	No	100%
	Not sure	0%

Among those people who have heard of these contraceptive methods, the majority think that they are reliable in preventing pregnancy. The condom is particularly well thought of. Although fewer people had heard of the condom, all of them thought it was a reliable method. Possibly this is because it is easy to visualise how a condom works, whereas it is not obvious how the other methods work.

Very few people had heard of foaming tablets, medicines and herbs as methods of contraception. Half of these people thought that foaming tables were reliable; only about a third thought that medicines and herbs were reliable.

(ii) Dangers to health

The results of these questions are presented in Table 19.

Table 19: Dangers to the woman's health				
		Pill	*Injection*	*IUD*
Does the … have bad effects on the woman's health?	Yes	22%	23%	11%
	No	60%	51%	67%
	Not sure	18%	25%	22%
(If yes) Does it have these effects on all the women who use it, on many of them or on only a few of them?	All	25%	20%	0%
	Many	6%	0%	20%
	Few	31%	60%	80%
	Not sure	38%	20%	0%

Though the majority thought that these contraceptive methods had no bad effects, a large minority thought they did have bad effects on a few women. When asked to describe what the bad effects were, they mentioned the following:

Pill	*Injection*	*IUD*
General poor health (5) Sterilization (2) Heavy menstruation (2) Kills the eggs (2) Damages the womb (1)	Heavy or prolonged menstruation (4) Kills the eggs (2) Sterilization (1) Pains at childbirth (1)	Damages the womb (2) IUD falls out (2)
The numbers in brackets are not percentages; they give the number of people who mentioned each item.		

Regarding the pill and the injection, we asked specifically about the effects on the breast milk if a woman used this method while breastfeeding. Less than a tenth of the respondents thought that the breast milk was spoilt by the contraceptive.

(iii) Permanent sterility

We discovered in the pilot survey that a number of people feared that contraceptives can cause permanent sterility, so we included a question about this. The results are given in Table 20.

Table 20: Contraceptive methods and sterility				
		Pill	*Injection*	*IUD*
Can a woman become pregnant again if she has been using the ….. for some time and then stops using it?	Yes	82%	79%	89%
	No	11%	11%	5%
	Not sure	7%	10%	6%

It appears that those who think that these methods cause permanent sterility form only a small minority of the people who have heard of these methods.

(iv) Pleasure of intercourse

It has been suggested to us that one reason why people do not favour the condom is that they feel it reduces the pleasure of sexual intercourse. To those respondents who had heard of the condom, we included the question "Do you think that the condom reduces a man's pleasure in sexual intercourse?" Only a quarter thought that it did reduce the pleasure, and only a quarter of these thought that it reduced the pleasure a lot.

(c) Moral and religious attitudes to contraception

(i) Contraceptive services to unmarried people

We asked the question "Can an unmarried person get help with contraception at a family planning clinic?" The question was put only to those who had heard of family planning. A third said Yes, a third said No, and a third said they did not know. (Only two of the people who answered this question were themselves unmarried.)

Those who answered Yes were asked "Do you approve of this?" Those who answered No or Don't know were asked "Do you think that a family planning clinic ought to help unmarried people?" Combining the answers to these two questions together, 40% of these people approve of contraceptive services to unmarried people, while 60% disapprove. The main reason given by those who expressed disapproval was that family planning is only for people with families. Other reasons given were that unmarried people are too young and that contraceptive services to unmarried people will encourage premarital sexual intercourse. It was mainly the younger and more educated who expressed approval of contraceptive services to unmarried people.

(ii) Contraceptives and promiscuity

The fieldworkers of the LFPA had told us that a major obstacle to the acceptance of contraceptives was the belief that contraceptives make people promiscuous. To those respondents who had heard of family planning, we put the question "Does the use of contraceptives encourage promiscuity?" A third said Yes; two thirds said No. There were no great differences between men and women on this question.

Of those who thought that contraceptives did encourage promiscuity, about half thought that this was true of all or many users of contraceptives, while the other half thought it applied to only a few. We also asked "Is it men or women who are more likely to be promiscuous if they use contraceptives, or is it both?" The replies were: "Men are more likely" – 10%; "Women are more likely" – 32%; "Both" – 58%.

(iii) Religion and contraception

Of the 82 respondents who said they had heard of family planning, all but two were Christians. They were divided among the denominations as follows: Catholic 49%, Lesotho Evangelical Church 28%, Anglican 15%, other 8%. Almost all said they attended church, most of them regularly.

When asked whether their minister of religion approved of contraception, 6% said that he did, 16% said he did not, and 78% did not know. Of those few who thought that their minister did not approve, about half said he was against all forms of contraception. When asked whether their church affected their attitude to contraception, 22% said that it did.

A breakdown of the figures suggests that there may be some difference between the denominations. More of the Catholics said that their minister disapproved of contraception, that he disapproved of all forms of contraception, and that this had affected their own attitude to contraception. However, the numbers of respondents are too small for these differences to be statistically significant.

Chapter 5: The use of contraception

(a) Contraceptive users and the methods used

To those people aged 20 to 44 who said they had heard of family planning (almost all of whom were married), we put some questions about their own use of contraceptive methods. In addition to asking about their own use of contraception, we asked husbands about their wives' use of contraception, and we asked wives about their husbands' use of contraception. The results are presented in Table 21.

Table 21: Use of contraception (people aged 20 to 44)

	Men (talking about their own use)	*Women (talking about their own use)*	*Husbands (as reported by their wives)*	*Wives (as reported by their husbands)*	*As % of the adult pop. aged 20 to 44*
Using a method currently	27%	30%	18%	38%	12%
Not using one currently but have used one in the past	22%	17%	27%	1%	7%
Never used a method but have thought of it	2%	30%			
Never used a method and never thought of it	49%	23%			
Never used a method			55%	61%	81%

Those who are using or have used the method of withdrawal are included in this table.

About half of the people aged 20 to 44 who have heard of family planning are using or have used a method of contraception. They make up about one fifth of the adult population aged 20 to 44.

We thought it was possible that, after the earlier questions about the pill, IUD, condom and so on, people might not count withdrawal as a method of contraception. So, if a man said he was not using a method, we asked specifically "Are you using the withdrawal method?" Likewise, if a wife said that her husband was not using a method, we asked "Is he using the withdrawal method?" The answers showed that our suspicions had been correct, i.e. several people answered No (they were not using a method) and then Yes (they were using withdrawal). They are included as contraceptive users in Table 21.

On this point, what the men said about themselves differed greatly from what the wives said about their husbands. Whereas 6% of the men said that they were using or had used the method of withdrawal, 40% of the wives said that their husbands were using or had used withdrawal.

The finding that people did not think of withdrawal as a method of contraception when answering our questions suggests the possibility that some of the people who said they had not heard of family planning or contraception at all (in answer to the very first questions in the questionnaire – see page 8) might also have used the withdrawal method. If this is true, then our results underestimate the proportion of people who are using, or who have used, the withdrawal method.

The methods that people said they were using, or had used, are given in the following lists. The numbers in brackets indicate the number of people who were using or had used them (some people had used more than one):

Men	*Women*
Withdrawal (5) Condom (2) Rhythm method (1) "Clinic" (1) "Injection" (1) Laxative tablets (1)	Pill (20) Injection (4) IUD (4) Foaming tablets (1)
It is not clear what the man meant who just said "Clinic". The man who said "Injection" insisted that it was he, and not his wife, who had had the injection.	

The methods that husbands were using or had used (according to their wives) and the methods that wives were using or had used (according to their husbands) are given in the following lists:

Husbands (according to their wives)	*Wives (according to their husbands)*
Withdrawal (23) Condom (6)	Pills (5) Injection (1) Rhythm (1) "LFPA" (1)

Whether one accepts what the men themselves said or what the wives said about their husbands, withdrawal is clearly the method most commonly used by men. If it is true that there were also some men who said they had not heard of family planning but who had used withdrawal, it is likely that withdrawal is the most commonly used contraceptive method in Lesotho (not counting abstinence). For the women, the pill is easily the most common method used.

The results presented in Chapter 2 showed that people who have heard of family planning differ from the rest of the adult population, chiefly in being younger and more educated. Since, in this survey, contraceptive users form a subgroup of those who have heard of family planning, it follows that they differ from the rest of the adult population in the same way. But we can also ask a further question: out of the married people aged 20 to 44 who have heard of family planning and contraception, how do those who use contraceptives differ from those who do not? They do not differ in age, education or number of children they have had. They do differ in religious denomination and, probably, in their opinions about the ideal family size (though this second difference falls short of statistical significance). These differences are shown in Table 22.

Table 22: Contraceptive users compared with those who have heard of contraception but have not used it

	Religious denomination		*Ideal family size*	
	Catholic	*Other*	*1-4 children*	*5 or more*
Are using or have used contraception	21%	66%	54%	31%
Have heard of contraception but have not used it	79%	34%	46%	69%
Base totals	*(33)*	*(38)*	*(41)*	*(32)*

This table is confined to married people aged 20 to 44 who have heard of contraception.

Confining attention to the rural people, there was also a marked difference between the highlands and lowlands people, though the subgroup of rural people answering these questions was small in number. Out of 11 people in highland villages who were married, aged 20 to 44, and had heard of contraception, only one (9%) had used contraception. Out of the 28 equivalent people in lowland villages, 17 (61%) had used contraception.

If respondents had heard of contraception but had never used it, we asked them why. Their replies are listed in Table 23.

Table 23: Reasons for not having used contraception (people who had heard of contraception but never used it)

Men		*Women*	
Do not like contraception	5	Husband is against contraception	8
Never thought of it	4	Husband is away	5
Do not know enough about it	2	Want more children	5
Want more children	2	Heard of bad side-effects	4
"Contraceptives kill children"	1	Do not know enough about it	3
		Intend to but have not yet begun	1

The figures show actual numbers of respondents, not percentages.

It was shown in Chapter 2 that people who have heard of family planning and contraception tend to be more educated. Since women in Lesotho have generally had more education than men, there must be many couples consisting of a more educated wife and a less educated husband. This probably explains the quite high proportion of women who were interested in contraception but who were prevented from using it by their husbands.

It is interesting to note that, although religious denomination is related to contraceptive use, as was shown above (Table 22), none of the respondents mentioned religious principles as their reason for not using contraception.

(b) Satisfaction with contraceptive methods

We asked those people who were using or had used contraception whether they were satisfied with the method. The results are presented in Table 24.

Table 24: Dissatisfaction with contraceptive methods

	Dissatisfied with their own method	*Dissatisfied with their spouse's method*
Men	3 out of 11 (27%)	1 out of 8 (13%)
Women	4 out of 29 (14%)	13 out of 29 (45%)

Except for the wives' opinions about their husbands' methods, the great majority of contraceptive users are satisfied with the methods they use. The methods about which people expressed dissatisfaction, and the reasons for the dissatisfaction, are presented in Table 25.

Table 25: Reasons for dissatisfaction with contraceptive methods			
	Number using or had used method	*Number dissatisfied*	*Reason(s) for dissatisfaction*
Men talking about their own methods:			
Withdrawal	5	1	Spoils pleasure
Laxative tablets	1	1	Unhealthy
"Man's injection"	1	1	Not reliable
Women talking about their own methods:			
Pill	20	1	Side-effects
Injection	4	1	Side-effects
IUD	4	1	Side-effects
Men talking about wives' methods:			
Pill	5	1	Harmful to wife
Women talking about husbands' methods:			
Condom	6	1	Not reliable
Withdrawal	23	12	Spoils pleasure (8)
			Not reliable (4)

Of the methods currently used in Lesotho, the withdrawal method (probably the most widely used, not counting abstinence) is the least liked, especially by women. It is also worth noting that, out of 20 women who had experience of the pill, only one complained of unpleasant side-effects.

(c) The influence of older people

It had been suggested to us that, especially in the more traditional rural parts of Lesotho, older people exert a strong influence over young married couples. We asked the contraceptive users if the elders of their family knew that they were using or had used contraception. About 30% said that their elders did know.

We also asked the contraceptive users if the elders of their family approved, or would approve if they knew. Of the ten people who said that their elders knew, eight said that they approved. However, of the 25 who said that their elders did not know, only five thought that they would approve if they knew. The reason given for why the elders would disapprove was that the elders wanted many children.

The results given in Chapter 2 showed that older people generally have not heard of family planning or contraception. To this can now be added the opinion of the contraceptive users that most older people, if they did know about contraception, would exert their influence against it.

(d) The use of family planning clinics

We asked both men and women aged 20 to 44 who had heard of family planning "If you wanted advice about family planning, where would you go?" Of the men, 72% said they would go to a family planning clinic, the rest to a medical doctor. Of the women, all but one said they would go to a family planning clinic.

We confined the rest of the questions about family planning clinics to women since we knew that almost all the clients of the LFPA were women. (These questions were put only to those aged 20 to 44 who had heard of family planning.) Half of these women had visited a family planning clinic, mostly clinics in Lesotho, the remainder in Johannesburg or Bloemfontein. All these clinic visitors said it was easy for them to get to a family planning clinic; all said they had received the help they wanted and said they would go to the clinic again.

The accessibility of the clinic is obviously a major factor. The towns and the lowland villages are better served than the highlands, and this is reflected in clinic attendance, as is shown in Table 26.

Table 26: Clinic attendance by highland and lowland women			
	Highland villages	*Lowland villages*	*Towns*
Have visited a family planning clinic	0	15	15
Have not visited a family planning clinic but know where there is one	2	8	6
Do not know where there is one	7	0	0
The figures show the actual numbers of women, not percentages. They are all women aged 20 to 44 who have heard of family planning.			

It seems likely that it is the lack of clinic services in the highlands that explains why a smaller proportion of the women there have used contraception (page 22).

The majority (87%) of the women who had heard of family planning were not aware that there was a charge for a consultation at a family planning clinic. However, when they were told that there is a charge and that the charge is 40 cents, almost all (95%) thought that this was a reasonable charge.

Almost all of them said that, if they visited a family planning clinic, they would expect to be examined by a doctor. About half said they would prefer a doctor who was a woman, while the remainder said it did not matter. Rather more of the village women than of the town women preferred a woman doctor.

Chapter 6: Implications for family planning education

Before drawing out the implications for education in family planning, it might be useful to summarise some of the main findings:

Only about a quarter of the adult population have heard of family planning or contraception.

Those who have heard of family planning tend to be younger and more educated. Hence, urban people are more informed than rural people, and women more than men.

Clinics are a major source of information for women; friends and neighbours are more important for men.

Most people approve of child spacing.

Most people think that, if a woman has sexual intercourse while she is breastfeeding, her milk will go bad.

Most people think that a couple should refrain from intercourse for two years or more after childbirth.

About half the population think that smaller families are best.

Many couples in their later childbearing years have had more children than they consider ideal.

Withdrawal, the pill and the injection are the best known contraceptive methods.

About a fifth of those aged 20 to 44 are using or have used a contraceptive method.

Withdrawal is probably the most widely used method, not counting abstinence.

Catholics are less likely to have used a contraceptive method.

Women in the highlands are less likely to have visited a clinic and less likely to have used a contraceptive method.

(a) Basic information

The proportion of people who have heard of family planning or contraception is low. When it comes to particular methods of contraception, the proportion is lower, and, when it comes to accurate knowledge about methods of contraception, the proportion is very low indeed.

This implies that the main educational effort should continue to be the provision of basic information on family planning and contraception.

The results indicate the importance of informal sources of information – friends and neighbours, especially for men. Formal approaches, such as public lectures, clearly have some impact, but ways should be explored to make use of informal means of communication. Perhaps this is where the LFPA can make good use of the volunteers.

The less educated tend to be less informed about family planning. Since men in Lesotho have received less education than women, it follows that the men are especially poorly informed. At the same time, the LFPA's educational efforts (talks at village pitsos, talks at clinics) seem mostly to have reached women. Almost all of the LFPA's fieldworkers are women and almost all of the LFPA's clients are women. This suggests that the LFPA should explore new ways to reach men. One way would be to recruit more male fieldworkers; another would

be to seek out audiences of men (for example, at mine labour recruitment centres); another would be to devise educational materials directed specifically at men; another would be to promote contraceptive methods used by men, particularly the condom.

The least informed members of the population are older people. Though beyond the age when they themselves can take advantage of family planning services, it is possible that they exert some influence on the decisions of younger people. It might be worthwhile producing materials directed at older people showing how family planning can benefit their children (and grandchildren).

(b) Contraception and breastfeeding

There is no need to convince people of the importance of child spacing; they already believe in it. What the LFPA is offering is a particular method of child spacing (i.e. contraception) and it is here that the problems arise. There is a widespread belief that sexual intercourse (more precisely, perhaps, the man's sperm entering the woman's body) causes the breast milk to go bad. Since most methods of contraception involve the release of the man's sperm inside the woman, a couple who hold this belief about breast milk will either reject these methods or bottle feed their child.

This has two implications. One is that the LFPA might promote the condom more, since it is obvious with this method that the sperm never really enters the woman's body and therefore people would probably not think that the breast milk was spoilt. The other is the LFPA must emphasize to women who use the pill, injection or other methods that the milk is not spoilt by intercourse and that they can continue to breastfeed. It would be a most unfortunate consequence if people who adopted contraception for child spacing also rejected breastfeeding.

There are some indications that many people would be happy to find a solution to the problem of avoiding intercourse because of the breast milk. For a couple who have recently had a child and who hold this belief, the alternatives are not attractive: either they can both abstain completely from intercourse for a long time, or they can use withdrawal, or the man can have intercourse with another woman, or they can have intercourse and immediately stop breastfeeding (with bad consequences for the child's health). Quite a lot of the women in the survey thought that it was difficult for a man to abstain from intercourse while his wife was breastfeeding (i.e. for two years or more). We did not ask why they thought this, but it is possible that some were speaking from their own experience – if, for example, their husbands had insisted on having intercourse, or if they had had to refuse, or if they knew that their husbands had sought intercourse with other women. If it is the case that this belief does cause unhappiness to many married couples, the LFPA would do them a great service either by showing them a way round it (the condom) or by convincing them that breastfeeding is compatible with intercourse provided that they use effective contraception.

(c) Family size

As with child spacing, it seems unnecessary to preach the virtues of small families. There are relatively few people, especially among those of childbearing age, who definitely believe that large families are best. The problem is to show people that they can choose their family size, if they want to. This means explaining what methods of contraception are available, and how a couple can make use of them.

It looks as though couples at the upper end of childbearing age - say aged 35 to 45 - are likely to be an eager audience for information about contraception. The results suggest that many of the couples who continue having children beyond their sixth child do so not because they particularly want to go on having children but because they do not know how to stop.

(d) Subfertility

It is not well known that the LFPA offers services to subfertile couples. It would be worthwhile to publicise this aspect of the services more, mainly to help subfertile couples, but also to offset the impression, which might be caused by exclusive emphasis on contraception, that the LFPA is "against children".

(e) Population

The results suggest that, if the authorities wanted to seriously consider a population policy, they need not be unduly nervous about adverse public reaction since over half the people consider that there is a population problem in Lesotho.

(f) Religion and morality

Religion cannot be considered as a major obstacle to the acceptance of contraception in Lesotho since, even out of those who had heard of contraception, the great majority did not know what attitude their church had towards contraception. However, it does seem to have some effect. Although Catholics were just as likely to have heard of contraception, they were more likely to think that their church was against it and they were less likely to have used it. It might be worthwhile to publicise the fact that the Catholic church does not officially disapprove of all forms of contraception but only of certain methods.

The fear that contraception will make people promiscuous does not seem to be a very great problem. However, it is a concern of some people. There was some indication in the results that it is women who are thought to be made promiscuous slightly more than men. Perhaps this is partly why some husbands oppose their wives' use of contraception. (It must be remembered that many young husbands are absent from home for long periods, on contract labour in South Africa.) If the main problem is that men are anxious about their wives' using the pill, injection or IUD, a solution to their anxieties might be to suggest that they use a condom.

(g) Contraception: availability, reliability, acceptability

The availability of contraceptive services is clearly important. Out of those women who had heard of contraception, a much smaller proportion of the highlands women had used it, and this is very likely due to the sparseness of clinic services in the highlands. Perhaps other methods of making contraceptives available could be explored in the highlands.

One of the potential advantages of the condom is its easy availability, but very few people seem to know that it is available outside clinics. Perhaps it would be worthwhile to increase its availability, for example by persuading more shops to sell it or by running a non-profit mail-order service.

People who have heard of particular contraceptive methods generally think they are reliable (especially the condom); the exception is withdrawal. It is possible that many of the people now using withdrawal would be interested in a more reliable method, if it was compatible with their concerns about breast milk and about promiscuity.

Though the great majority of contraceptive users were satisfied with their method, there was some concern about dangers to health and possible sterility, chiefly among those who had not used the methods. This does not seem to be a major obstacle to the acceptance of contraception, but information about contraception should contain a balanced assessment of the possible side-effects.

The condom has been mentioned at various places; it might be useful to gather together the factors that suggest that it should be promoted more:

Those who have heard of it think it is very reliable.

No-one suggested that it damages health or causes sterility (though we did not specifically ask about this).

It can be made easily available.

Men who are nervous of allowing their wives to use contraceptives might find it acceptable.

It prevents sperm from entering the woman and therefore might be compatible with the common belief about intercourse and breastfeeding.

Very few thought that it seriously reduced the pleasure of intercourse.

Appendix 1: Survey of attitudes to family planning - Interviewer's notes

26 February 1976

Introduction

Family planning is a delicate subject. Some people are opposed to it; others are uncertain about it; many are embarrassed by it. It is essential, therefore, that, in the way you approach people, in the way you interview them, and in the way you conduct yourselves in the villages, you act in a responsible and reassuring way.

If asked about the survey, emphasize that participation is entirely voluntary. We have the support of the Ministry of Education; within each village, we will proceed only with the consent of the chief; within each household, we will proceed only with the consent of a senior member. We are not trying to persuade anyone to use family planning; we are only finding out what people think about family planning. People will be interviewed in private in order that they may speak frankly and without embarrassment. Their replies will not be passed on to other people.

(1) Visiting the chief

If possible, visit the principal chief before you go to the village, to explain about the survey.

When you arrive in the village, visit the village chief first. He should have received a letter from us in advance. If he hasn't, show him the copies. Point out, if necessary, that they are signed by the Permanent Secretary (Education). Sign your name on an LDTC card and give it to him. Explain that LDTC is an organisation that produces educational leaflets, booklets and radio programmes. Show him some examples of our publications. If he asks about our connection with Government, explain that we are not a branch of Government but we are working with the Government's knowledge and approval, as is made clear by the advance letters.

We have been asked by the Lesotho Family Planning Association to produce some leaflets, booklets and radio programmes to tell people about family planning. Before we can begin to tell people about family planning, we need to know what people already know and think about family planning. So we are conducting a survey. The results of the survey will help us to design better booklets, leaflets and programmes about family planning.

We are carrying out this survey in several villages in different parts of Lesotho. The villages have been selected so as to give us examples of all different types of village in Lesotho – some large, some small; some in the lowlands, some in the mountains. You will want to interview a number of people in his village. We are interviewing only people aged 20 or over. (You will actually interview between 20 and 60 people, depending on the size of the village.)

Because family planning is a personal matter, you will interview each person in private. This is to help them to speak freely and fully, without embarrassment or fear of gossip. When you have interviewed a person, you will keep the information to yourself; you will not go round telling other people what that person has told you. The person's name is not written on the questionnaire. In fact, there is no need to you to know a person's name at all. Make it clear that, although LDTC is attached to Government, participation in the survey is not compulsory, though, of course, we hope that people will cooperate.

The women interviewers will interview women; the men will interview men. Show the chief a copy of the questionnaire if he wants to see one. Ask the chief if he has any questions he wants to ask you. Finally, ask him if he agrees to your carrying out the survey in his village. Do not proceed with the survey without his consent. If you are asked to address a meeting, explain all these points at the meeting.

(2) Selecting the households

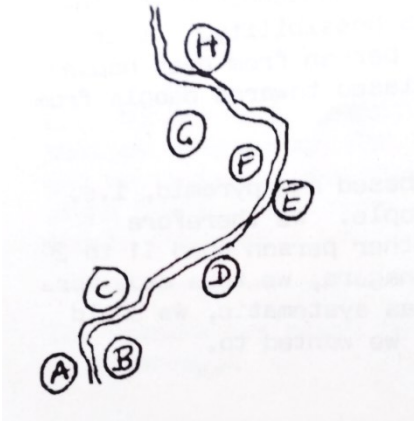
(a) Small villages

Visit every household in the village.

(b) Large villages

Take the first house that you come to as you approach the village. When you have visited your first house (see section 3 of these instructions), decide which two houses are nearest to that house. Choose the further of the two. When you have visited that house, decide which two houses are nearest to it, not counting any of the houses you considered already. Choose the further of the two. Carry on like this.

Example: (1) Visit household (A). (2) When you have finished with household A, you decide that B and C are the next two. So you take C. (3) After C, D and E are the nearest two not counting A or B. So you take E next.



If you cannot decide which of two houses is the further away, toss a coin to choose between them. If you end up at the edge of the village again with no new houses nearby, take a different approach to the village and start again. If the village is in separate parts (it might be divided by a donga, for example), take a sample of houses from each part. Do not count deserted houses.

(c) Failure form (household)

If there is no one at home when you visit, even though the house is being lived in, or if there is no senior member to talk to, make a note of the house to remind yourself to call back. Call back at least two more times before you give up. If there is still no one to talk to, fill in a FAILURE FORM (HOUSEHOLD). (This is one side of the pink form.)

It may happen that you cannot enter a household – because of a recent birth, for example – or that the head of the household is never at home when you call, or that he/she keeps asking you to come another time or that he/she refuses to cooperate. In other words, you may be unable to interview anyone in the household. If that happens, fill in a FAILURE FORM (HOUSEHOLD).

(3) Selecting the respondents

When you begin in a village, you will go in pairs – a man-interviewer and a woman-interviewer together.

When you visit a household, ask to see the person who is acting as head of the household at present. If that is not possible, talk to some other senior member of the household; if no one suitable is present, arrange a time to come back later. When you meet a senior member of the household, explain what LDTC is and what the survey is about, as you did with the chief. Give him/her an LDTC card with your name on it.

Family planning is a personal matter about which many people do not like to speak openly in front of other people. Therefore, in order that people feel free to speak frankly and without embarrassment, the interviews will be private. Men will interview men and women will interview women. The replies that people give will not be passed on to others. Names are not written on the questionnaires.

If the person agrees to cooperate, ask him (or her) to list, in any order, all the members of the household living there at present aged 20 or over, i.e. all people aged 20 or over who slept there the previous night, excluding temporary visitors. The man-interviewer will write down the men on his listing form, and the woman will write the women on hers. (Some households may not contain any men at all.) It is not necessary to have their names. They can be identified as “Head”, “Grandmother”, “Eldest son”, “Second daughter” and so on. When you have the lists, read them out to make sure that you have every member of the household aged 20 or over. You will want to interview every person on your lists. Mark on the list where one household ends and the next begins. If the acting household head refuses to give you a list, fill in a FAILURE FORM (HOUSEHOLD).

Because there are more women than men in Lesotho, the woman-interviewer will reach the number of people that she wants to interview in that village before the man does. The man-interviewer will then have to go on to more households, taking only those in which there is a man, until he reaches the required number of men. The purpose of this procedure is to ensure that, in any household where you interview a woman, you also interview the men (if there are any); there will probably be some households where you interview the men but not the women but that is unavoidable.

(4) Conducting the interviews

If the people you want to interview are there when you have finished the listing, ask if you can interview them immediately. If they are not there, arrange a time when you can return to interview them. If they are not there at the agreed time, arrange another time. *Do not* interview someone else instead. You must interview only those people who have been written on the list. Call back at least three times before you give up.

If the person is never there when you call, or if he/she keeps asking you to come back another time, or if the household head refuses to let you interview the person, or if the person refuses to be interviewed, fill in a FAILURE FORM (PERSON) – the other side of the pink form.

You must interview the respondent privately, i.e. somewhere where other people cannot hear his/her answers. If someone else comes within earshot while you are interviewing, stop the interview until that person has gone away.

At the beginning of an interview, explain briefly the purpose of the survey, as indicated on the questionnaire itself. If the person seems unwilling to take part, explain in more detail what we are doing and ask the person if he wants to ask you any questions first. Proceed with the interview only when you think the respondent is quite willing to be interviewed.

Throughout the interview, you must not influence the respondent’s answers in any way. Just ask the questions and write down the answers.

Detailed instructions on the interview are printed on the questionnaire itself. Try to write the answers quickly but clearly. If you do not have enough space to write down an answer, or if you think you should make extra notes, write on the back of the previous page.

When you have completed the interview, thank the respondent and ask him/her whether there is anything he/she wants to ask you. If the respondent seems worried about the survey, try to find out what is worrying him and put his/her mind at rest before you leave. Fill in additional details on the questionnaire (length of interview etc.) after you have left; it is rude to keep the respondent waiting while you do this.

(5) Checking progress

For every household that you have visited, you should have either a list of household members aged 20 or over on your listing form, or a failure form (household). Check that you do.

For every person on your listing form, you should have (when you leave the village) either a completed questionnaire or a failure form (person). Check that you do.

It is important that all the interviewers conduct interviews in the same way. If you find you have to modify questions slightly, or add explanations of certain parts, of if you are unclear exactly what to do in certain cases, discuss it with the other interviewers. In the early stages, go through a few of the others' completed questionnaires to check that are all doing it in the same way.

(6) Leaving the village

Before you leave the village, visit the chief again and thank him for his cooperation.

Appendix 2: Weighting the results

(a) De facto adult population

We made sure, in the sampling, that we interviewed approximately equal numbers of men and women. We also took a special sample of urban people. This was because we were particularly interested in the attitudes of men and of urban people. Our sample, therefore, was divided up as follows:

Table A1: Survey sample by sex and urban/rural		
	Numbers	*As percentages*
Rural men	119	32%
Rural women	132	36%
Urban men	61	16%
Urban women	60	16%
(Base totals)	*372*	*100%*

The de facto adult population of Lesotho, however, is not made up like this. Because many men work in the Republic of South Africa, women outnumber men in Lesotho. Also, urban people in Lesotho make up only about 5% of the population. The de facto adult population is divided up more like this:

Table A2: De facto adult population by sex and urban/rural	
Rural men	35%
Rural women	60%
Urban men	2%
Urban women	3%
	100%

If we want a figure for the de facto adult population, therefore, we have to weight our results. For example, our results regarding how many people had heard of family planning were as follows:

Table A3: Proportion who had heard of family planning – survey results			
	Those who had heard of family planning (numbers)	*out of*	*making*
Rural men	9	119	8%
Rural women	31	132	23%
Urban men	19	61	31%
Urban women	23	60	38%
Totals	*82*	*372*	***22%***

It would be wrong to report than 22% of the adult population had heard of family planning, since our sample does not match the adult population. We have to reason as follows:

Rural men form	35%	of the pop.	8%	of them have heard of f. p.	8%	of	35%	=	2.8
Rural women form	60%	of the pop.	23%	of them have heard of f. p.	23%	of	60%	=	13.8
Urban men form	2%	of the pop.	31%	of them have heard of f. p.	31%	of	2%	=	0.6
Urban women form	3%	of the pop.	38%	of them have heard of f. p.	38%	of	3%	=	1.1
Total									**18.3**

We conclude that about 18% of the de facto adult population have heard of family planning.

In this case, the weighting does not make a big difference, but sometimes it does.

(b) Only those who have heard of family planning

When we are presenting the results obtained only from those who have heard of family planning, we have to do a similar weighting. For example, our results regarding how many of these people had heard of the condom were as follows:

Table A4: Had heard of family planning and had also heard of the condom (survey results)			
	Had heard of the condom	*out of those who had heard of f.p.*	*making*
Rural men	3	9	33%
Rural women	11	31	35%
Urban men	10	19	53%
Urban women	13	23	57%
(All respondents)	*37*	*82*	***45%***

Again, it would be wrong to report that 45%, out of all those in Lesotho who have heard of family planning, have also heard of the condom, because our sample of people-who-have-heard-of-family-planning does not accurately represent all those adults in Lesotho who have heard of family planning. From our results, we can estimate that, out of 100 adults in Lesotho who have heard of family planning, 15 are rural men, 75 rural women, 4 urban men and 6 urban women. Therefore we can reason as follows:

Rural men form	15%	of these*	33%	of them heard of condom.	33%	of	15%	=	5.0
Rural women form	75%	of these*	35%	of them heard of condom.	35%	of	75%	=	26.3
Urban men form	4%	of these*	53%	of them heard of condom.	53%	of	4%	=	2.1
Urban women form	6%	of these*	57%	of them heard of condom.	57%	of	6%	=	3.4
Total									**36.8**
*i.e. of the people who had heard of family planning									

We conclude that about 37% of those people in Lesotho who have heard of family planning have also heard of the condom.