African Study Monographs, 18(3, 4): 175-190, December 1997

MALE INVOLVEMENT IN FAMILY PLANNING IN GUSII SOCIETY: AN ANTHROPOLOGICAL OVERVIEW

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ABSTRACT Contraception is largely shouldered by Gusii women in western Kenya, although more Gusii men are taking more serious interest in family planning. The majority of men have started to participate in deciding the contraceptive method to be used by their wives. Condom use is a spreading contraceptive method for men, but two major obstacles hamper more widespread use: the poor quality of commonly available condoms and the lack of encouragement and counseling for condom use to male clients in medical facilities. Most Gusii men show negative and even antagonistic attitudes towards vasectomy, attitudes deeply rooted in cultural values concerning manhood, procreative ability, and the ideal of a large family. Men's sexuality and reproductive power always take precedence over those of women, which is characteristic of most of the patrilineal and patriarchal societies in Africa, including Gusii society. It is doubtfil that vasectomy would produce a measure of effect as a male contraceptive method in Gusii society in spite of the medical specialists' agenda.

Key Words: Kenya; The Gusii; Gender; Family planning; Vasectomy.

INTRODUCTION

I conducted a brief preliminary survey on family planning for one month between 5 November and 9 December 1996 in Kisii and Nyamira Districts of western Kenya. I interviewed the medical staff at Kisii District Hospital, Kisii Static FPAK Clinic, Marie Stopes Kisii Clinic, and CBD (Community Based Distribution) agents. I also conducted a preliminary survey on male involvement in family planning in two Locations in Kisii District.

Through this survey, I gained deeper insights into the delicate decision-making process of family planning both in conjugal homes and client interactions with medical staff and CBD agents. The choice of a particular family planning method is largely influenced by people's traditional cultural values concerning gender relationship, joking and avoidance relationship between generations, mores and norms on sexuality.

As will be discussed below, Gusii men are universally negative or even antagonistic towards vasectomy as a family planning method. This particular attitude apparently derives from Gusii ideas about masculinity, with how they view a castration of bulls and male procreative power, and the cultural ideal of a large polygamist household with as many children as possible. In recent years, the number of polygamist husbands has been remarkably decreased. However, the idea of Gusii manhood is as yet maintained intact among Gusii men, affecting their attitude towards family plan-

ning in general, and vasectomy in particular.

I believe that socio-cultural analysis has academically and practically profound relevance to understanding how and why the Gusii and other peoples respond to family planning each in their own unique way.

In this paper, I focus on the male involvement in family planning in Gusii society, and male attitude towards vasectomy in particular. I also describe briefly the condom use in Gusiiland. However, my data on condom use were larger than that on vasectomy. Hence an analysis regarding condom use would be academically more challenging and the result would have more practical relevance. I shall wait for another opportunity to write more in detail on the condom use.

There are very important publications on Gusii family planning, and I am deeply indebted to these works. I will mention only one among them: Margrethe Silberschmidt (1991), whose survey quetionnaire I modified for my interviews.

GENDER RELATIONSHIP AND FAMILY PLANNING SERVICES

I. Vasectomy at Kisii Hospital

The first vasectomy was performed in 1987 in Kisii Hospital. A Gusii surgeon Dr. Y arrived at his post and surgical facilities were supplied that year to Kisii Hospital by the U.S.A.-based Association of Voluntary Surgical Contraception (AVSC). Mr. K, a Luo male nurse who attended numerous contraceptive operations at the AVSC theatre in the Hospital, for many years since, said that Dr. Y was very enthusiastic about propagating knowledge on contraceptive surgery in Gusiiland. He drove to remote places in the District, showed slides and movies, and explained to people about how simple and easy the contraceptive operations were. Through his incessant efforts, more than 10 vasectomies took place in 1991, whereas it was only one or a few per year before then.

Specialists in contraceptive surgery including Dr. Y performed vasectomy not only in Kisii Hospital but also in other medical institutions. The FPAK (Family Planning Association of Kenya) Kisii Clinic is outstanding in the number of performed vasectomies, far surpassing Kisii Hospital.

The client record book of contraceptive operations kept in Kisii Hospital is chronological for both vasectomy and tubal ligation. Clients for vasectomy in six years of 1987-92 were only seven. Their ages were, 26, 29, 31, 35, 41 (two males), and 42. The number of children of each client was 3 to 7, the average being 5.1. Client occupations were primary school teachers (2), secondary school teacher (1), and a businessman (1). The clients also farmed at home. The rest were farmers.

The last vasectomy was performed in 1992 in Kisii Hospital. Dr. Y left the Hospital and went to Nairobi about that time, and vasectomy has never been given since. Another reason why Kisii Hospital ceased to perform vasectomy was, Mr. K said, the Hospital did not have CBD agents, and all male clients for vasectomy were taken to the FPAK Kisii Clinic or Marie Stopes Kisii Clinic with their own CBD agents who could counsel clients and refer them to the clinics.

II. Vasectomy in the FPAK Kisii Clinic:1988－November 1996

The toal number of clients was 37: 1 in 1988, 1 in 1989, 3 in 1990, 11 in 1991, 6 in 1992, 4 in 1993, 4 in 1994, 4 in 1995, and 3 in 1996. I was allowed access to 35 client records, the other two records being lost.

Included among those 35 clients were six non-Gusii from Bungoma, Kakamega, and Luoland in western Kenya. Five among those six non-Gusii had 'pastor' in the column for occupation, and they were given vasectomy operation within several days of each other. I suspect that they most probably belonged to a particular Protestant denomination and prearranged to visit the Clinic together. The remaining 29 Gusii males constituted the subjects of my analysis. The client record has a column for age of all the clients' wives. All the 29 men gave the age of one wife only. I am not sure if they all were really monogamists.

1 Age of clients

The oldest was 47 years old with two sons and seven daughters, engaged in farming and 'business' (a 'businessman,' in Gusiiland, usually is some kind of a vendor). The youngest was 25 years old with two sons and one daughter, working as a security guard. The average age of the clients was 35.6 and 29.9 for the wives. Table 1 shows the number of clients for each five-year age group. Clients in their 30's were a majority, or 80%.

Table 1. Age structure of the vasectomized Gusii male clients at the FPAK Kisii Clinic, 1988-1996.

age group (yrs.)	number of clients
25-29	1
30-34	12
35-39	11
40-44	2
45-49	3
total	29

2 The number of children of the clients

The 45 year-old man had most children, three sons and seven daughters. A 35 year-old man had the least, one son. The average number of children was 5.1. Men in their 30's with five children turned to vasectomy in far larger numbers than males of any other age groups. Among the 29 clients, there was one without any daughter, whereas none without any son.

3 Formal schooling of the clients

The record column for formal schooling had three choices of no schooling, primary, and secondary or higher, to be marked. All the 29 clients had some schooling: 12 with primary schooling, and the rest, almost 60%, with secondary or higher schooling.

According to the analysis of Kenya population census in 1989, the GER (gross enrollment ratio) in overall Kenya was 106% for primary schooling and 26% for secondary schooling (Republic of Kenya, 1996). The GER shows total enrollment regardless of age, i.e., 6-13 years officially corresponding to the Standard 1 to 8 at

the primary level, and 14-19 years at the secondary level, respectively.

Comparing the two kinds of statistical data above, the higher formal education, the more likely men turned to vasectomy.

4 Occupations of the clients

The most numerous occupation was farmers (12), followed by pastors (5), teachers (4), businessmen (4), and electrician, security guard, carpenter, and shoemaker (one each).

The large numbers for pastors and teachers are intriguing. It is impressive to find five Gusii pastors here, since five among the six non-Gusii were also pastors. Seventh Day Adventists (SDA) are the most numerous and influential among Gusii Protestants, and all or some of those five pastors may have been SDA pastors.

In recent years, Protestant churches (SDA and Lutheran) occasionally have held special sessions during church service to enlighten their members about family planning. They have mission health centers offering family planning as well as delivery stations where condoms and pills are distributed free or at minimum price. These positive attitudes by Protestant churches towards family planning are apparently related to the large number of pastors among the vasectomy clients.

5 Prior contraceptive methods used by the clients

Among the 29 clients, 12 men or their wives had used modern contraceptive methods. Five clients used condoms, five clients' wives used hormonal injections, one client and his wife used condoms and hormonal injections, respectively, one client's wife used pills, and another client's wife used foam tablets.

6 Motivations for undergoing vasectomy

The majority gave either of or both the economic reason and the large number of children. Two mentioned their concerns for their wife's health together with some other reasons.

7 Information sources about vasectomy

For source of information on vascectomy, 16 clients mentioned medical staff such as doctors, nurses, and CBD agents. Five mentioned their friends who had had vasectomy. Four mentioned mass communications media such as the radio, newspapers, and television.

III. CBD Agents

The FPAK Kisii Clinic has one male nurse and two female nurses, but no full-time doctor. When a vasectomy or a tubal ligation (TL) is performed, a surgeon is requested from either Kisii Hospital or a private hospital. Also enlisted as a surgeon's assistant is Mr. K in Kisii Hospital with many years of experience in contraceptive surgeries.

During my research in November 1996, the FPAK Kisii Clinic had 38 CBD agents in Marani Division in Kisii District, and 19 CBD agents in Magombo and Rigoma Divisions of Nyamira District. Among 38 CBD agents working in Kisii,

there were only four men and all others were women. In Nyamira District, male CBD agents counted 3 against 16 female agents. CBD agents visit homes in their community, distribute condoms and pills, advise on family planning, refer to the Clinic anybody with contraceptive problems or a desire for long-term or permanent contraceptive method. Female agents very often accompany, to and from the Clinic, those women undergoing TL. The desirable personnel for the TL operation are a surgeon, a nurse-cum-assistant, and another nurse who sit by the operating table to talk to and encourage the client. Due to staff shortage at the Clinic, a female agent accompanying the client usually sat by her in the recovery room. Contraceptive operations were done in the morning of every Tuesday and Thursday.

In addition to the FPAK Kisii Clinic, Marie Stopes Kisii Clinic had its own CBD agents. They were ten including two male agents. Marie Stopes Kisii Clinic operates in not only Gusiiland but also all over the former South Nyanza District including Migori, Ndhiwa, Sondu, Homa Bay, and Karungu. The Clinic has mobile clinics in 14 health centers in the area.

Besides the FPAK Clinic and Marie Stopes Kisii Clinic, there are several missionary and non-missionary private medical facilities in Gusiiland where vasectomy operations are performed. The number of vasectomised men each year in Gusiiland is not known due to the lack of record. In 1996, there were three cases of vasectomy in the FPAK Clinic and also three cases in Marie Stopes Kisii Clinic, as mentioned above. These two Clinics are commonly recognized by specialists as the major institutions for vasectomy in Gusiiland, equipped with a reasonable level of surgical instruments and medical staff, and it is my assumption that very few males visit private hospitals and clinics for vasectomy. The number of males undergoing vasectomy in the whole Gusiiland may have been around ten a year in the last several years.

The work of the CBD agents are very delicate. It is generally understood to be quite difficult for female agents to talk to males about family planning, and vasectomy in particular. A Gusii local community consists of several genealogically related patrilineal lineages. For any particular person, the members of his community belong to either one of the two categories of respected persons (*abanto bansoni*) or joking persons (*abanto b'echeche*). Respected persons include the ego's parents and children, and everybody in their generations. That is, people of adjacent generations, both first ascending and first descending, are respected persons to the ego. Between respected persons, it is strictly forbidden to talk about, lightly touch on, or even suggest, genitals, sexual acts, nudity, farting, excretion, and other physiological phenomena, i.e., all those matters that may arouse feelings of sexual shame in a respected person.

If a female CBD agent visits her neighbour's home to supply pills or condoms and finds the woman and her grown son together in the sitting room, the agent cannot hand to the mother contraceptives she brought, nor can she touch on family planning in conversation. The agent may start talking about food, nutrition, health of children, and other matters not offensive to the son. As she departs, she would tell the woman to visit the dispensary later, or she would return some other time to find the woman alone. This strict prohibition to touch on any aspects of sexuality directly or indirectly between respected persons is unconditionally applied between those of

different sexes. It is thus practically impossible between a female CBD agent and her male neighbours in her adjacent generations, to start a conversation on family planning.

A husband and wife need to talk about and decide the contraceptive method if family planning is desirable. But there seem to exist many female clients who visit Kisii Hospital and the FPAK Kisii Clinic without telling their husbands because the latter oppose family planning. Many of these female clients leave their client card at the Hospital or the Clinic, lest their husbands become aware of the fact. One of the reasons, given to me by several nurses, as to why female clients prefer hormonal injections to pills is that pills are to be taken daily and husbands may notice at any time.

Many CBD agents, both male and female, told me that they need many more male agents in their group. With more male agents, it would become possible for one of them to visit the home of a would-be male client. In that event, the male CBD agent is preferably a man belonging to the suitable generation relative to the client, i.e., the same generation or two generations apart so that they could discuss the subject.

Because the past family planning projects in Kenya always targeted females only, and because of traditional gender relationship in the patrilineal and patriarchal Gusii society, the majority of Gusii men are united in the opinion that family planning should be shouldered by women, but not men.

FPAK's CBD agents are paid 500 KSh. per month as an honorarium. Marie Stopes' CBD agents are paid on a commission of 50 KSh. for each client they take to a mobile clinic or the Clinic in Kisii Town. The money is paid to CBD agents not as a salary but as an honorarium, because their activities are regarded as a voluntary service. The payment of that amount may not be attractive to many men. Also, the majority of fellow agents being females, male agents normally do not feel at ease in the group and some eventually drop out.

Since most clients are women, and agents must carry about packets of condoms, pills, and foam tablets, it is deemed hardly the right job for a respectable Gusii man. I suspect this is the major reason why very few Gusii men opt to be CBD agents.

IV. Counseling in the FPAK Kisii Clinic

Seventy-five clients were given counsel in the FPAK Kisii Clinic in one month during my stay in Kisii District from mid-November to mid-December 1996. They included only one male, who left the Clinic quickly after being given condoms. Seventy-four female clients, after being counseled by a nurse, chose one method among TL, pills, Norplant (progestogen implants), Noristerat and Depo-Provera (progesterone injections), and intrauterine device (IUD). Twenty-three among these 74 female clients, or one out of three, were accompanied by their husbands.

The FPAK Kisii Clinic, unlike Kisii Hospital, does not request the husband's signature or thumb print for a female client wanting to have a TL. The husbands who accompanied their wives to the Clinic did so because they were concerned with their wives' health. As I witnessed, these husbands were actively asking many questions during counseling.

Thus, there are some Gusii husbands who cooperate with their wives in choosing a contraceptive method. However, they accompanied their wives to the Clinic only to inquire about the methods for their wives, and to comfort and advise them, not to choose a contraceptive method for themselves. Male cooperation and participation in family planning is as yet very limited in Gusii society.

V. Gender Relationship during the Contraceptive Operation

The pills, hormonal injections, IUDs, or other methods, are contraceptions shouldered by the females. However, males are always dominant figures in all parts of the medical visit, where Gusii gender relationship manifest itself distinctly.

I do not know the number of contraceptive doctors in Gusiiland, but it is easily assumed that all are men. All the cases of contraceptive operations I observed in Kisii Hospital, the FPAK Kisii Clinic, and Marie Stopes Kisii Clinic were performed by male doctors. Nurses are overwhelmingly females in all of Kenya including Kisii and Nyamira Districts. In recent years, however, the Government of Kenya actively trained and increased male nurses, and I saw male nurses in many medical institutions there.

TLs are always performed by male surgeons. The person assisting the surgeon is a male or female nurse. While I was staying in Kisii Town, all the TLs were performed by male surgeons, assisted by previously mentioned Mr. K in both Kisii Hospital and the FPAK Kisii Clinic. Although affiliated with Kisii Hospital, Mr. K. was always called upon for his experience and skills by other hospitals and clinics.

The Gusii couple's sexual experience is very simple, dictated by many taboos. The partners do not look at one another's genitals, nor do they touch. Oral sex is extraordinary and beyond imagination. It is thus only natural that a female client, who has never exposed her genitals even to her husband, should feel a deep psychological conflict when told to lie on the operating table, totally naked, with two male strangers nearby who could see every part of her body; she is even told by the male nurse to open her legs so that he can insert a certain metal appliance into her vagina just before the surgeon makes a small cut on her abdomen.

One time when I was allowed to observe TL operations, one patient strongly resisted when told to open her legs. It was only after she was encouraged and assured several times by the doctor, the nurse, and the attending female CBD agent that she finally agreed. As she opened her legs, however, she covered her eyes with her hands and cried "Oh, Jesus." The doctor told me, "Those who were not counseled enough before the operation usually behave this way."

In contrast with TL operations, both the surgeon and nurses are men whenever a male client is given a vasectomy in Gusiiland. A Luhya female nurse, who used to work in a hospital in Nairobi and moved to Kisii Town, told me, "In Nairobi, it is a matter of course that female nurses participate in contraceptive operations for men. I myself frequency assisted male doctors in performing vasectomy operations. But here in Kisii we are not allowed inside the theatre when vasectomy is performed. This is because the male client's confidentiality must be kept from any women."

What is 'male client's confidentiality'? Confidentiality here apparently does not refer to the client's identity-related privacy. Descriptions in client records include

the client's full name, address, occupation, and other detail that at least the medical staff have free access. It is rather the sight itself of male genitals to be kept from any female including the nurse. Thus, Gusii men enjoy absolute priority over females even inside modern medical institutions. The gender relationship, or sexism, intrinsic in Gusii culture, is strongly projected in the participation of family planning at home, as well as the sex ratio of CBD agents, and the sexual role division among medical specialists.

VI. Vasectomy and Condom Use

Contraceptive specialists in Gusiiland including doctors and nurses share the notion that men who make the decision to have vasectomy are highly educated, and that although the true elite such as medical doctors and lawyers are well informed of absence of side effects in vasectomy, the same cannot be expected from ordinary men. This notion is confirmed to some extent by already mentioned data that the vasectomy clients included many Protestant pastors and school teachers.

How many females choose sterilization, as compared with the number of vasectomised males? The statistics covering whole Gusiiland, regarding this question, is not available, and I resorted to records at Kisii Hospital and the FPAK Kisii Clinic.

In Kisii Hospital, there were 179 TLs in one year between November 1995 and October 1996, and no vasectomy. In the FPAK Kisii Clinic, during the same one year period, there were 143 TLs, with 4 vasectomies. The number of vasectomized men is almost negligible. Therefore, the remaining effective contraception among males is the condom use.

The number of men using condoms for family planning has been increasing. In hospitals, clinics, dispensaries, and health centres in Gusiiland, U.S-made condoms are distributed free, and South African condoms are sold at a low price, 10 KSh. per 6 pieces. From pharmacies and groceries in Kisii Town, people can purchase other kinds of condoms: Malay-made ones cost 12 KSh. per 3 pieces and the other U.S.-made ones cost 60 KSh. per 3 pieces. Pharmacies in Nairobi have more than ten kinds of various condoms, but in Kisii Town even the largest pharmacy has only a few varieties.

I was told that the free distribution of condoms was started in 1982 in Gusiiland, though not yet confirmed. The free U.S-made condoms are apparently far more commonly used by Gusii men than those sold at hospitals and shops. My research in two farming communities showed that the major portion of condoms were used at home for family planning, although some were used by prostitutes and other women outside the home to avoid sexually transmitted diseases (STDs).

When men occasionally use condoms with women other than their wives, they usually use purchased condoms, while they use free condoms regularly with their wives for family planning.

Although the condom use is an effective male contraceptive method, contraceptive specialists are largely indifferent to its propagation and counseling. In hospitals and clinics, men and women who come for condoms are requested simply to write their names at the reception, and are handed over quantities of condoms they ask, usually between 50 and 200 pieces, without any counseling. I heard of several men

who had first unfolded the condom completely and started trying it on, ending in failure.

For such inexperienced condom users, the nurses would do well to inquire the living conditions to provide detailed guidance, such as placing necessary pieces of condoms by the bedside beforehand, tying after use lest semen is spilled, and disposal into the pit latrine in the morning.

Numerous complaints raised by Gusii condom users are of two kinds. The first are related with sexual sensations during intercourse, such as that wearing a condom takes away the sensuality, it takes more time to reach ejaculation, and the wife does not feel satisfied. The second are related with quality and size of condoms, such as that the condom is easily broken in use, the size is too big or too small and the round gum at its tail-end gives the wife sharp pain, and lubricating oil on the condom is too much and smells bad. One nurse told me, holding a U.S.-made condom, "Look at this lubricating oil. It's dripping just like salad oil."

Complaints about the quality of condoms are specifically directed to the free U.S.-made ones used most in Gusiiland. Quite a few men said that they were always worried and felt anxious during intercourse, because the condom could spoil at any time. There is also another group of men who experienced condom breakage on first try, lost confidence in it, and have never used it. According to a female nurse in a private clinic, the lubricating oil not only stinks, but also gives eczema on the penis and itching in the vagina. A male informant said, "If I use these condoms for two months running, the eczema on my penis becomes very serious, then I discontinue and use coital interruption, and, when my penis becomes all right, I go back to the condoms. I have been repeating this for the last two years."

This state of affairs regarding condom use as I observed in Gusiiland does not seem taken seriously among family planning specialists in both Nairobi and Kisii. To some contraceptive specialists, vasectomy was far more important because of its permanency than the condom use. A Gusii female nurse declared to me, "The condom is just a barrier method, not a genuine contraceptive method." I was given an impression that the FPAK Kisii Clinic and Marie Stopes Kisii Clinic were competing with each other in numbers of vasectomy cases performed, although they perform only a few numbers of vasectomy yearly.

II. VASECTOMY AND GUSII IDEA OF MASCULINITY

I. Survey Method

During my three-week stay from 18 November 1996, I conducted interviews in two places; B Sub-location (B Site hereafter) in Mugirango Maate Constituency and M Sub-location (M Site) in Central Kitutu Chache Constituency. I was assisted by two males, a former secondary school teacher in B Site and a secondary school teacher in M Site. The number of interviewees turned out to be 37. They were all married men whose wife or wives were alive. They were chosen at random in disregard of age, formal schooling, occupation, and religious denomination. More accurately, I interviewed those with whom I could make an appointment in advance.

A questionnaire was prepared, which included the following major topics:

a) Household structure
b) FP (Family Planning) by the husband
c) FP by husband/wife
d) Condom use
e) Vasectomy
f) Natural FP methods
g) Traditional FP methods
h) Spacing of birth
i) Other related topics, including widow inheritance (*ogosoa nyomba*), stand-in (*ogotenenera*), woman-to-woman marriage, single mother, and sexual shame (*chinsoni*) and respect (*amasikani*) in communication about FP.

II. Christian Denominations of the Subjects

Thirty seven subjects in both B Site and M Site were classified in terms of their religions (Table 2).

Table 2. Religions of the subjects in B and M Sites.

Site	Catholic	Protestant	Non-Christian
B site	8	6	1
M site	5	12	5
total	13	18	6

Protestants in B Site included 3 SDAs (Seventh Day Adventists), 2 Lutherans, and those in M Site include 10 SDAs and 2 Pentecostals.

III. Men Opposed to Family Planning

Family planning itself was supported by the majority of 37 subjects, including those who never used any method, because they married recently or did not have enough number of sons.

Five out of 37 subjects, however, opposed the idea of family planning itself. A Catholic man, 32 years old, objected because the Catholic church did. This man, with two daughters but no son, said that the more children the better, and everyone should have more sons than daughters. A SDA, with three sons and four daughters, claimed he needed three more sons. The other three objectors were all non-Christians, with one or more sons. These three men voiced their common wish to have more sons.

Besides personal reasons, five men also stated general objections to family planning. They said that family planning interferred with nature (“I should not have been born to this world, if my mother had practiced family planning,”); or that the child was a Heaven’s gift; that one never knew how many children would grow up; and that all Gusii men wished to have many children.

The ages of the five men varied: three in their 30’s, one in his 40’s, and another in

his 50's. What they shared in common was their low level of formal education. One dropped out at Form 2 in a secondary school, and the other four either finished primary school or withdrew midway. Their wives' education level was lower than theirs. One worked as a clerk in a government Ministry in Kisii Town, but none other had a job besides farming.

These people seemed to lead traditional and conservative lives with little exposure to new knowledge and advanced ideas. Because they were totally opposed to family planning, neither they nor their wives used any family planning method. There was one wife who started using pills secretly after giving birth to her second child, but she was later forbidden to visit a clinic for pills after her husband became aware of it.

One man had used condoms once with a girl friend before he married his wife. Another had used them several times with prostitutes. The other three had seen but never used them. None had ever used condoms with his wife.

IV. Family Planning Methods Used by Husbands and Wives

Table 3 shows the family planning methods currently used by husbands or wives among 37 subjects.

Table 3. Family Planning methods used by husbands or wives, divided by religions.

method	Religion		
	Catholic	Protestant	Non-Christian
none	4	3	4
calendar method	2	0	0
coital interruption & calendar method	2	3	1
coital interruption, calendar method, & condoms	0	2	0
condoms & calendar method	5	4	0
pill	0	3	1
IUD	0	1	0
injection	0	1	0
TL	0	1	1
total	13	18	7

Notes:
1. Wives using any method were included in the above figures. None of their husbands used any method, and were hence excluded from the figures.
2. There were 6 non-Christian men but total figure above is 7, because one had two wives, one of whom had TL.

There is a great difference in attitudes towards family planning between Catholics and Protestants. Catholic church opposes modern contraception and encourages its followers to use the natural, calendar method, while various Protestant denominations positively promotes modern methods and may have their own clinics where family plannning service is provided.

My data showed that the only modern contraceptive method used by Catholic couples is the condom. There was no Catholic husband who let his wife use pills,

IUDs, hormonal injections, or TL. But, in fact, I was told by male nurses in both Kisii District Hospital and Kisii Static FPAK Clinic that long-term or permanent modern methods were not uncommon among Catholic wives. Although my sample size is small, I presume it shows the general trend of contrasting attitudes towards modern contraceptive methods between Protestants and Catholics.

Two Catholic wives in the past had used hormonal injections. One had an acute backache as a side effect and she eventually discontinued it. The other wife's husband worked in Nairobi. Soon after the birth of her sixth child, she visited a clinic and had an injections, because she did not want to have any more children. It was just before her husband returned from Nairobi for Christmas vacation. Her husband said that his wife lost sexual desires and her body became very cold and she discontinued after one year. The two wives had secretly sought hormonal injections. Their husbands said that they would never have allowed their wives if they had been told in advance.

More choices, modern and classic, are available to Protestant couples. Two Protestant wives had used pills. But they discontinued after a while because of side effects, and their husbands now use condoms. The other two Protestant wives had switched to pills from injections because of side effects.

V. Who Should Shoulder Contraception, Husband or Wife?

My questionnaire included the following two questions: What is your opinion about men practicing family planning, rather than women? If you think that family planning should be shouldered by the wife, why do you think so?

From among our 37 subjects, 28 gave definitive answers to the first question. Eighteen husbands answered that the woman should use a contraceptive method. Other ten answered that couples should discuss the matter between themselves, and after reaching mutual agreement on a particular method, either the husband or the wife should use it. Among these ten husbands, seven used condoms, one coital interruption, with the a calendar method, and one previously used condoms prior to his wife's TL operation. Three among these ten husbands, started using condoms or coital interruption, because they could not remain indifferent to their wives suffering from the side effects from pills or hormonal injections.

About 70% of all the subjects think that contraception should be practiced by women, but not men. Their reasons are many. The majority made reference to women's reproductive functions and their roles in domestic life: Women became pregnant, not men; women gave birth, not men; women suffered from pains when giving birth; women nursed children; and women suffered most from having many children.

Others said men's virility should be ideally everlasting. A widower must remarry for children. Wife and children may perish in some natural calamity. To some, "family planning" was vasectomy. Others might have imagined that condom use and natural methods decreased sexual desire and ultimately extinguished their procreative power.

There were several husbands who mistrusted female sexuality and aspirations for high fertility: A woman is easily seduced. If a husband used contraception, his wife

would soon act immorally to have more childlen. Yet, other husbands said whichever contraceptive method a husband may use, his sweet sensual feeling (*obwansu*) would be totally lost during sexual intercourse. The reasons given by the husbands why only women should use contraceptive methods appear varied at a glance. But, in effect, all are closely related and demonstrate typical opinions shared by most of the men living in a patrilineal and patriarchal society.

VI. Male Attitudes Towards Vasectomy

None among the 37 subjects had vasectomy, but the majority knew, or pretended to know, what it meant.

Vasectomy is known in the Gusii language as *okonachwa* or *okoroywa,* both passive forms of the verbs meaning "to castrate a bull." It is also sometimes called *okobarwa* (to be operated on) or *ogosibwa emeki* (to be tied on spermducts). A recently coined Gusii word for vasectomy is *basa egetuma,* meaning "to split a maize cob into two." As I was told, the pronunciation for *basa egetuma* resemblesd 'vasectomy.' The KBC (Kenya Broadcasting Co.) radio broadcasts a regular programme once a week in the Gusii language from Kisumu Station to enlighten the Gusii about family planning. Since the programme adopted the coinage, it has become more popular among the Gusii. But, *okonachwa* and *okoroywa* are more commonly used than any other words.

Not only vasectomy reminds the majority of Gusii men of castration of a bull, more precisely, it is equated with the castration of a bull. Thus, the 37 subjects were united in the opinion that vasectomy was only for bulls and not meant for human beings. The Gusii know that castrated bulls (oxen) lose a special odor, grow fat and docile, and naturally sneak away when other bulls come in sight, although their basic physical strength might not be impaired as they are used for ploughing.

Many husbands in my sample said, vasectomised men would become fat and submissive, just like castrated bulls. Others said vasectomised men would lose sexual appetite, become too weak to dig in the field, and become unable to make their own decision about important matters.

Two husbands said they may consider only after they had adequate numbers of children, while the rest definitively denied all possibility of having vasectomy. They said, "I am not a bull. It is not an operation for men," or "That operation kills manliness. I would volunteer for it only after my death." These two remarks were the most typical. Some other reasons were: "I like to remain sane and live a normal sexual life," "I would become a woman, if I get vasectomised," "I don't like my neighbours gossiping about me," and "I shall lose all my respect in my community, if I were known as vasectomised."

A few husbands were much preoccupied with their procreative ability. They said: "I would like to have as many children as possible," "If all my children are killed at once in a certain disaster, I should find myself in a very difficult position because I cannot get any more children," and "Once divorced, I cannot remarry because I don't have seeds."

The Gusii word for manliness or virility is *obosaacha*, an abstract noun of *omosaacha* (husband). *Obosaacha* also means whole male genitals. To Gusii men,

obosaacha or manliness implies vigorous and quite often violent sexual activities on the one hand, and concomitant prominent procreative capacity.

An extreme but illustrative opinion of the Gusii was given in the reply of a non-Christian, 38 years old, to my question: Is there any possibility for you to have a vasectomy operation in the future?

"No! No! There is no such possibility. Not for me. Don't ask me the reason! How can I go for *okoroywa* (castration)? There is nothing wrong with manhood. Manhood shouldn't be removed from me. I think those people propagating family planning want to snatch our wives. They want us to become impotent."

When I asked a secondary school teacher, 36 years old, if he knew anybody who had been vasectomised, he replied.

"Yes, I know of one SDA pastor who had the operation. Those already vasectomised made their own decision. I respect their decision, but I pity them for the way they are despised in our society. I wish they had considered the demand of our culture before they took the step. In our culture, even mere circumcision is something to be proud of because it prepares one to become a total man. I cannot loiter around after getting circumcised and tossing my manhood to the dogs (he was here referring to vasectomy). The mere knowledge that I am no longer able to impregnate a woman will definitely impair my psyche. May God disallow an operation such as vasectomy becoming necessary now or in the future. Woe unto those who were vasectomised."

I found four husbands including the above-mentioned teacher, who personally knew vasectomised men. One, a former secondary school teacher, 36 years old, was well informed of various contraceptive methods because of a cousin working as a male nurse in Kisii Town. He gave the name of a retired primary school teacher, saying that he had never noticed any abnormality in the latter's behaviours after his vasectomy operation. The other two said they each knew one such person, whose name they did not reveal to me. They commented on those vasectomised men: the man spoke and behaved abnormally since; how could he be so shameless as to go about in the village?

Another non-Christian, 40 years old, had two sons and one daughter. He said, "I would like to have at least six sons and another twelve children, if possible." Because he had only two sons, he always felt humiliated in the company of his neighbours. I asked him, "Can you talk with your respected persons (*abanto bansoni*) about family planning?" He answered, "I cannot touch on those topics either with my respected persons or neighbours. My wife died after she gave birth to one daughter. So, I married again. But only two sons were born since. I don't know if I can have some more in the future. That is why I can't talk about family planning or children. I don't think I am competent enough about myself to start such conversation."

The most highly prized Gusii ideal is a large family with many children, especially with many sons who will inherit their father's land and succeed his lineage membership. Vasectomy destroys manhood and vasectomised men are condemned accordingly. Irrespective of personal knowledge of vasectomised men, their evaluation of them was extremely bitter and harsh, calling them useless, castrated, women, fools, and idiots. All men ready to have the operation were deemed "immoral men

who cannot control their sexual drive," and "habitual rapists," or "those who allow themselves to become women and to be despised by their own wives," "those who cannot be respected by their neighbours from now onward," and "those who are voluntarily giving up their chance of becoming widow inheritors."

CONCLUSION

More Gusii men currently take serious interest in family planning. Some accompany their wives in visiting hospitals and clinics for family planning services, although the majority do not actively practice any modern methods themselves. Others regularly use condoms, but most are dissatisfied with the quality of condoms readily available. Many first- and one-time users of condoms are discouraged due to condom's low qualitiy and lack of prior knowledge.

Family planning professionals in both Nairobi and Kisii generally seem to think lightly of condom use because some assume that free condoms are in large part used out of wedlock with prostitutes, girl friends, and other casual partners, which I found least substantiated. Counseling on condom use had better be given in hospitals, clinics, and dispensaries to as many prospective clients, by nurses and CBD agents with adequate information of the living conditions of each client.

I do not know how many more years it would take before vasectomy comes to play a certain measure as a contraceptive method for men in Gusiiland, given the current negative and contemptuous attitude shown by most Gusii men towards vasectomy, as cultural value dies hard.

ACKNOWLEDGEMENT My research in Gusiiland was a part of the research project "Anthropological Research on the Local Economy and Social Transformation in Agricultural and Pastoral Spheres of Kenya," carried out in 1994-1996, led by Professor Shun Sato of Tsukuba University, and financially supported by the Japanese Ministry of Education, Science and Culture.

I wish to express my profound gratitude first to many Gusii people in Mugirango Maate and Central Kitutu Chache Constituencies in Kisii District, who kindly spent long, precious hours with me and frankly revealed me their experiences.

I am deeply indebted to my two research assistants, Mr. James Nyanchoka Oyongo and Mr. Monari C. Isaiah, who helped me in my interviews and wrote down from recorded tapes.

I also want to give my particular thanks to many of those working in the University of Nairobi, Ministries of the Government of Kenya, various medical facilities, and non-governmental organizations involved in family planning, who furnished invaluable advice to me in various stages of my research. I will single out the following people: Professor Simiyu Wandibba (Director, Institute of African Studies, University of Nairobi), the late Mr. David Nzioka (Office of the President), Dr. M. Makumi (Deputy Director, Division of Family Health, Ministry of Health), Mr. Godwin Mzenge, Dr. Isaak Achwal, Mr. George Gachoki, Ms. Lucy N. Mureithi (FPAK Nairobi Main Office), Dr. A. Nyamweya, Mr. Charles Omende (Kisii District Hospital), Mr. James Bwire (District Population Officer, Kisii), Mr. Joseph M. Oyongo, Ms. Anne Otieno, Ms. Heryne Dok (FPAK Kisii Static Clinic), Ms. Cathleen Mogaka (CBD Fieldworker, Nyamira District), Mr. John Ongachi (CBD Fieldworker, Kisii District), Ms. Antonina Odema (Kisii Branch, Marie Stopes Kenya), and Ms. Mary Mang'era

(Kisii Branch, Christian Health Association of Kenya).

Ms. Odema, Mr. Oyongo, and Mr. Omende have also given their time and energy to reading the first draft sharing with me their impressive knowledge on family planning issues in Gusiiland.

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———— Accepted *December 24, 1997*

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