# FACTORS AFFECTING UPTAKE OF MODERN FAMILY PLANNING SERVICES IN KISHAPU RURAL DISTRICT, TANZANIA

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ART IN PROJECT MANAGEMENT AND EVALUATION OF SOKOINE UNIVERSITY OF AGRICULTURE. MOROGORO, TANZANIA.**

**2020**

## EXTENDED ABSTRACT

Modern family planning is important as it helps couples to decide the number of children, improve maternal child health as well as saving the life of newborns. Globally, there is high uptake of modern family planning in developed countries but still the uptake is low in many rural Sub-Saharan African countries (SSA) such as Tanzania. This study was conducted to investigate factors affecting the uptake of modern family planning in Kishapu District located in rural Tanzania. The study adopted cross-sectional design and mixed method approach whereby, both qualitative and quantitative data were collected from randomly 120 women from selected two wards in Kishapu District. Data were collected through structured and semi structured questionnaire. Descriptive statistics and binary logistic regression using Statistical Package for Social Sciences (SPSS) and content analysis were employed to examine awareness, socio- economic and cultural factors affecting the uptake of modern family planning services. Generally, study findings in the first manuscript show that the use of modern family planning is still low, fear of side effects and desire for more children were the main reasons for women's not using modern family planning services. Socio-economic factors such as living with mother in law, partner preference for modern family planning services and income ≤ 500 000 were observed to have significance ($p < 0.001$) negative effects on the odds of uptake of modern family planning. Furthermore, in the second manuscript study identify cultural and traditions related factors that affect uptake of modern family planning methods includes preference for tradition family planning methods, prestige, beliefs, household power dynamics and relationships and peer pressure. The study also, suggest the need to eliminate the existing cultural norms and practices which undermines women’s power to access and use modern family planning. In addition, the study show there is a need to include key socio groups such as men, in laws, religious leader and traditional healers in

family planning related programmes. Moreover, Tanzania has to address these factors contribute to the low uptake of modern family planning in order to attain a target of 60% contraceptives prevalence rate indicated in national family planning costed implemented programs.

# DECLARATION

I, Nandrie Janeth Joseph do hereby declare to the senate of Sokoine University of Agriculture that this dissertation is my own original work and that it has neither been submitted nor being concurrently submitted for higher degree award in any other institution.

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The above declaration is confirmed

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# ACKNOWLEDGEMENT

Many individuals have greatly contributed in various way to the success of this study. However, sincere thanks are due to the Almighty God and all individuals whose diverse perspectives and invaluable insights have made the completion of this work possible. The completion of the study would be difficult without the financial support and assistant from my parents, Kishapu District Council, Nimr Mwanza research scientists and friends. I thank them so much.

I am very much grateful to my supervisor Dr. J.J Ringo of the Department of Development Studies (DDS), Sokoine University of Agriculture (SUA) for his diligent efforts from the conception of the study topic to the final completion of the entire study. His valuable guidance, patience, wisdom, ideas, encouragement, care and constructive criticism throughout this study are highly appreciated, I am very proud and happy to have worked under his supervision.

Special thanks also goes to my friends, Samwel Mgunga, Anna Samson, Wendy Clarence Safari and Charles from National Institute for Medical Research (Mwanza) for their constructive comments and advice that helped me to improve this work.

The contribution of my fellow student; Ms. Ainessy Ngolle, Hilda Donge and Hafidhi Munisi who helped me to shape this work are highly appreciated. My thanks also go to Kishapu District Council and Hospital, Wards Executive Officers (WEOs) and Village Executive Officers (VEOs), respectively. The collaboration made by village health workers Ms. Patricia and Mr. Ibrahim cannot pass unnoticed. Without their assistance the

liable information from respondents especially those who could not speak Swahili would be difficult to obtain. I thank them very much.

Lastly, I extend my sincere thanks to my parents Mr & Mrs Joseph Nandrie, my niece Doreen Nandrie and my best friend Siti Nyoni for their moral support, encouragement love and care during the time of research.

Although it is difficult to mention all individuals who contributed for the successful completion of this study. I assume that, their contributions are highly regarded. Thank you all. However, the author remains responsible for all errors in content and misinterpretation of this work.

## DEDICATION

This work is dedicated to the Almighty God the creator of the universe and the source of knowledge, under whose guidance I have done this study successfully. I also dedicate it to my father Joseph Siel Nandrie and my mother Eleonora David Makishe for their care, love and support.

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## LIST OF ABBREVIATIONS AND ACRONYMS

| | |
|---|---|
| CPR | Contraceptives Prevalence Rate |
| FGDs | Focus Group Discussions. |
| FP | Family Planning. |
| IDIs | In Depth Interview. |
| IUD | Intra Uterine Device. |
| HIV/AIDs | Human Immunodeficiency Virus Infection and Acquire Immune Deficiency Syndrome. |
| MFP | Modern Family Planning |
| MMR | Maternal Mortality Ratio |
| MOHSW | Ministry of Health and Social Welfare. |
| NBS | National Bureau De Statistics |
| NFP | Natural Family Planning |
| NFPCIP | National Family Costed Implemented Program. |
| SPSS | Statistical Package for Social Sciences. |
| SSA | Sub Saharan Africa |
| TDHS | Tanzania Demographics and Health Survey |
| TSH | Tanzania Shillings |
| UN | United Nations. |
| URT | United Republic of Tanzania. |
| WHO | World Health Organization. |

# CHAPTER ONE

## 1.0 INTRODUCTION

### 1.1 Background of the Study

Family planning (FP) is a viable solution to control the fast-growing population (UN, 2017). Besides, FP is important as it helps couples to decide the number of children, improve maternal and child health as well as saving the life of newborns (NFPCIP, 2013). Investing in family planning is important to achieving the Sustainable Development Goals. At a global level, there is increasing acceptance of FP leading to a steady decline in fertility, though there are regional variations in the use of FP services (Alkema *et al.*, 2013).

Nonetheless, there are seems to be steady high fertility in Africa contributed by lower acceptance of modern FP. Generally, uptake of modern FP services remaining low in sub-Saharan African countries (Mekonnen and Worku, 2011). For example, in Tanzania's fertility rate of 5.2 per woman is considered relatively high by global standard hence the country increases emphasize of modern FP uptake (TDHS, 2016). At the national level, it was agreed to discourage pregnancies before 18 years of age and after 35 years while at the same time child spacing to be three years and that five or more children increase the risk of maternal-child mortality (NFPCIP, 2013).

The absence of modern FP can lead to the undesirable effect of high population growth in developing countries including Tanzania. According to National Bureau of Statistics Tanzania (2012), Tanzania has a total population of 60 913 557 people and the population is projected to grow up to 138 081 621 people by 2050, and yet the contraceptive prevalence rate (CPR) is 32 % and much lower in the study area with a CPR of 21 % (UNFPA, 2018).

A theory by Thomas Malthus, Malthusian theory of population believed that rapid population growth will lead to social and economic problems such as hunger and urge couples not to marry and have children until they are sure that they can support them. His views influence many developing countries to adopt MFP (Merrick, 2002).

Factors such as age, education and region affiliation has been linked with the uptake of modern FP in various regions in Tanzania. Study by (Ochaka *et al*., 2016) revealed that, women from other faith such as protestants were less likely to use modern FP compared to Catholic faith. Another study by (Islam *et al.*, 2016) indicated women with high education were more likely to uptake modern FP services than women who never attended school. However, litter is known about factors affecting the uptake in Sukuma society for instance the uptake of modern FP in Kishapu district is still low with the fertility rate of 6.7 (URT, 2012). Therefore, this study aims to understand factors affecting the uptake of modern FP services in Kishapu district.

## 1.2 Statement of the Problem

Low uptake of MFP can lead to large households and poverty. A previous study by (Kamuzora and Mkanta 2002), indicate that there is less poverty in the large households in rural Tanzania while other studies (Akaro and Mtweve, 2011; Olawuyi, 2013; Sekhampu, 2013; Anyanwu, 2014; Hagenaars, 2017), suggest that, poverty is more dominant in the large households than in small household. Therefore, there is a need to control household size through the use of modern FP services. Fertility rate of Tanzania is considered to be high and it is much higher in rural areas such as Kishapu District of Shinyanga Region where the fertility rate is 6.7 (URT, 2012). According to the Ministry of Health and Social Welfare (MOHSW, 2016), the ideal family size has dropped only slightly over the past decades. The ideal family size preferred by women is 4.7 and male preference is 5.1

children (TDHS, 2016). Even though the ideal family size has dropped down still the fertility rate in the lake zone where the study area is located is higher at 6.7 (TDHS, 2016). Male preference to large family size compared to females can influence the use of modern FP and contribute to the persistence of high fertility in rural areas (TDHS, 2016). This leads to persistently high fertility implying that women in Tanzania are not using modern FP, especially in rural areas.

Furthermore, in rural areas most families depend on subsistence farming where children are considered as free labour force, a practice which facilitates preference for a high number of children and large family (Mbizvo and Philips, 2014; Apanga and Anyamba, 2015). It has been observed that large families hinder efforts to poverty reduction in rural Tanzania hence a need for effective FP services to contribute to the improvement of household wealth and economy (NSGRP II).

Kishapu District is among of the district in Tanzania with large household size of 6.3 (URT, 2012) with most of the households lives in poor condition this indicates there is a need to study broader factors affecting the uptake of modern family planning in Sukuma Rural society. A study by Ergano *et al.* (2016) showed that there is an improvement in household income among families that uses modern FP in Ethiopia. Furthermore, a study conducted in Tanzania shows men have little interest in participating in modern FP issues (Mosha *et al.,* 2013). However, factors affecting the uptake of modern family planning (MFP) in Sukuma society which is mostly patriarch and attached to its culture and tradition have not received enough attention among researchers. Therefore, the study will address the above gap in the literature.

## 1.3 Justification

Family planning helps the government to achieve national and international goals as it can contribute to the achievement of sustainable development goals set by the UN. Goal number three emphasizes good health and well-being at all ages. Evidence shows that if couples can space their children by at least two years apart through the use of MFP they are likely to reduce malnutrition among under-five children (Starbird and Marcus, 2016). Moreover, children born after a 2 years' interval or less, compared with a 4 years' interval are 27 percent more likely to be stunted and 23 percent likely to be underweight (Eliason *et al.,* 2014). Furthermore, if couples can space their children by at least two years apart through the use of modern FP services up to 35 percent, 25 percent and 13 percent of maternal death, under-five mortality and child mortality respectively could have been avoided (Stover and Ross, 2010; Eliason *et al.,* 2014). In this case, understanding factors affecting the use of modern FP may have an impact on women's reproductive health as this can lead to informed choice on the number of children couples need to have. Furthermore, this research will contribute to the FP research agenda 2013-2020 that calls for improvement of child and maternal health as proposed by the Ministry of Health and Social Welfare in Tanzania (MOHSW, 2016).

The study also intended to understand the best intervention in addressing MFP services in rural Tanzania, factors influencing people to uptake MFP services, and if there is a need to make changes in policies that support MFP services. Therefore, it will contribute to the literature on FP in rural Tanzania.

## 1.4 Objectives of the Study

### 1.4.1 General objective

To examine cultural and socio-economic factors that influences the uptake of family planning services in Kishapu District.

### 1.4.2 Specific objectives

i. Assessing women's awareness and uptake of modern FP services

ii. Examine social economic factors that affect the uptake of modern FP services

iii. Examine cultural factors that affect the uptake of modern FP services

## 1.5 Research Questions

1. How women understand and use modern FP services?
2. What influences women to uptake modern FP service?
3. What are the cultural factors that affect the uptake of modern FP services?

## 1.6 Conceptual Framework

The conceptual framework for this study is presented in Figure 1. According to Mugenda (2003), the conceptual framework explains how the researcher perceives the relationship between variables and considers the main variable found to be important in a particular study. The conceptual framework for this study (Figure 1) shows modern FP as a dependent variable influenced by a number of independent variables. These variables include cultural factors and socio-economic factors, such as income, desired number of children, religion, age, occupation, marital status and partner preference for modern FP. Furthermore, there will also be issues of accessibility and availability that may also affect the uptake of modern services. Availability refers to the government policies related to the provisioning of modern FP services to the health facilities (the quality of being able to be

obtained) while accessibility refers to the conditions that allow women to utilize FP services (the quality of being able to be reached or attained). The accessibility and availability together with modern FP uptake as well determined by awareness (Esike *et al.*, 2017).

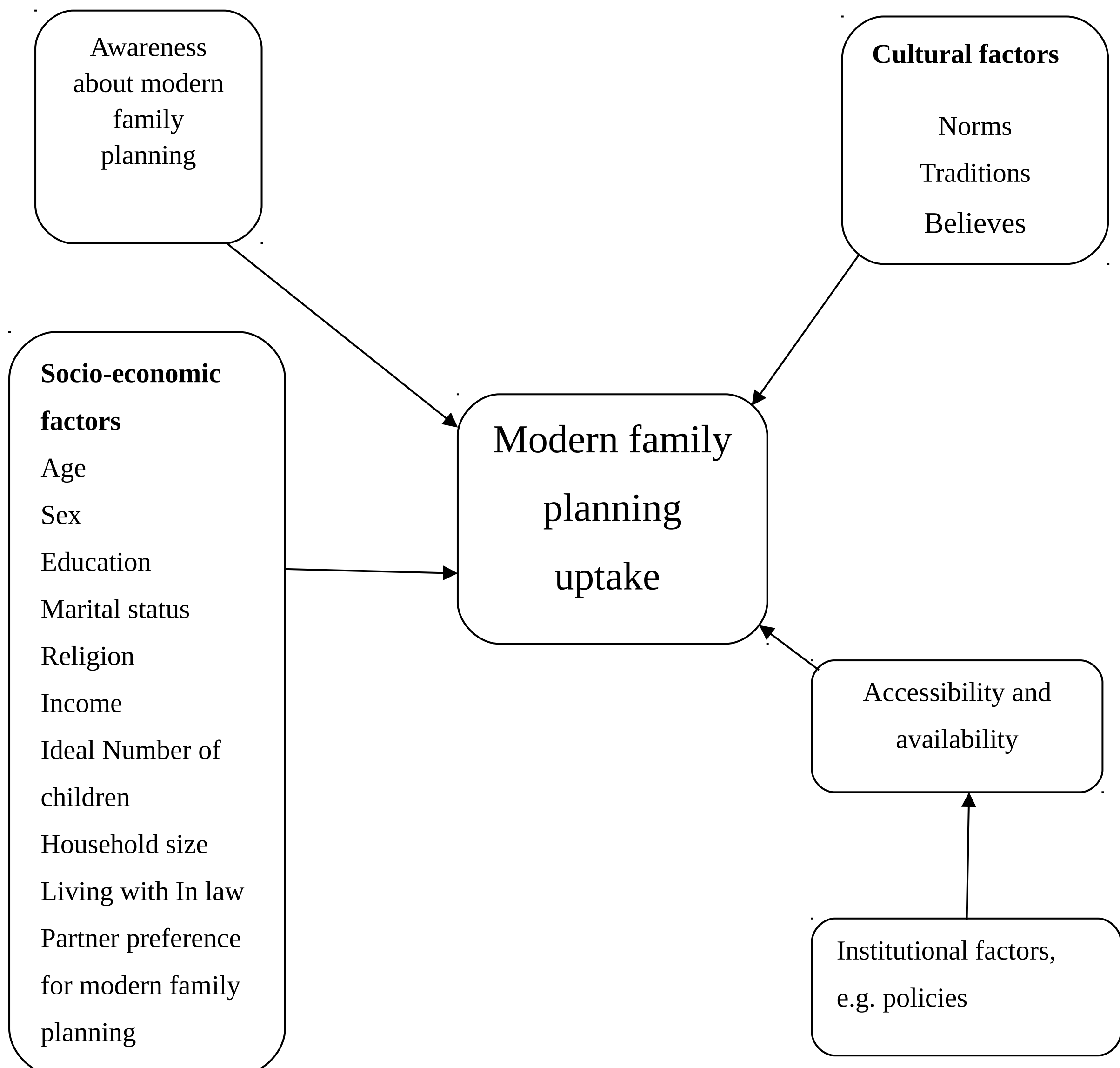


**Figure 1.1: Conceptual Framework on Factors Affecting Modern Family Planning Uptake**

## 1.7 Organization of the Dissertation

This dissertation adopts the publishable manuscript format. Therefore, it is organized in four chapters one covers the introduction which includes background information, statement of the problem, justification, objectives and research questions and conceptual framework. Chapter two presents the first manuscript on awareness, use and social economic factors affecting uptake of modern family planning: Kishapu District, Tanzania while: chapter three presents cultural factors hinders uptake of modern family planning services in Kishapu District, Tanzania. Lastly, overall conclusion and recommendations are presented in Chapter four

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# CHAPTER TWO

## Paper one

## 2.0. Awareness, Use of Modern Family Planning and Social Economic Factors Affecting Uptake of Modern Family Planning. A case of Kishapu District. Tanzania

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### 2.1 Abstract

Increase of the use of modern family planning is important to reduce population growth, alleviate poverty and maternal mortality in Tanzania. A cross-sectional study was conducted in Kishapu District, Tanzania to investigate uptake of modern family planning services and socio-economic factors affecting the uptake. Using questionnaires, data were collected from 120 women who were randomly selected from four villages in two wards in Kishapu District. Descriptive statistics and regression analysis were employed to analyse quantitative data while, content analysis was used in qualitative data. Results showed that, the use of modern family planning is still low, fear of side effects and desire for more children were the main reasons for women not using modern family planning services in Kishapu district. Socio-economic factors such as living with mother in law, partner preference for modern family planning services and income were observed to have significant ($p \leq 0.001$) influence on uptake of modern family planning. It's important to have more education to increase family planning awareness. Study results show that,

Tanzania has a long way to reach its family planning target of 60% contraceptives prevalence rate by 2020.

**Keywords:** Modern family planning, Maternal Mortality, Socio Economic Factors

## 2.2 Background Information

Recently, the world population was approximated to be 7,713,468,100 by July 2019 and is expected to reach 8, 184, 437 by the year 2025 (Worldometers, 2019). In Sub Saharan Africa (SSA), maternal death is still high and eight of ten deaths in children are under five, high death might be contributed by unplanned pregancies (WHO, 2015; Hubacher *et al.*, 2008; Black *et al.*, 2003). Modern Family planning (MFP) is considered a solution to high projected population growth and maternal death. Also, MFP is important as it helps couples to decide on the number of children, improve child health as well as saving life of newborns (NFPCIP, 2013). Investing in family planning is important and likely to assist in achieving the third Sustainable Development Goal of the United Nations which aims for healthy living and wellbeing for all. Worldwide the acceptance of MFP is higher in developed countries and less in developing countries such as Tanzania (Alkema *et al.*, 2013).

Contraceptives prevalence rate continues to be low in SSA (Maiga *et al.*, 2015) For instance, Tanzania contraceptives prevalence rate is 32.2 % giving rise to fertility rate of 5.2 which is relatively high by global standards (TDHS, 2016). Even though at the national level, it was agreed to discourage pregnancies before 18 and above 35 years of age. At the same time, it has been advised that, child spacing should be three years, five or more number of children increase the risk of maternal child mortality. However, the number of newborns increases as the birth rate of 34.6 birth per 1 000 women (TDHS, 2016). In addition, there is a high unmet need for family planning especially in rural

society in Tanzania, for instance the contraceptive prevalence of 21% in the study areas is lower than the national average (TDHS, 2016).

Uptake of modern family planning services is affected by different factors including knowledge and various social-economic and demographic factors. Previous studies (Diamond-Smith *et al.,* 2012; Safari *et al.,* 2019) indicated that many women are not using modern family planning services even though they were aware about contraceptives. These factors are location specific as there is rural urban disparity on use of modern family planning.

Most rural areas in Africa is believed that many couples have low acceptance of modern family planning because their families depend on subsistence farming where children are considered as free labour force, a practice which facilitates preference for a high number of children and large family (Mbizvo and Philips, 2014; Apanga and Anyamba, 2015). Another socio-economic factor which has been shown to affect uptake of modern FP is education. A study by Islam *et al.* (2016) in Pakistan indicates partners' education has a significant effect on the uptake of modern family planning. It is further noted that women education also has effect on MFP Bbaale and Mpuga (2011); Johnson (2017) have shown that women with secondary education are more likely to use MFP services than those without. This implies that education gives them skills and knowledge to decide on their reproductive health.

Furthermore, another factor that seems to influence modern FP uptake is the availability and accessibility of modern FP services. In terms of availability, a study by (Eliason *et al.*, 2014) from Ghana has shown that the location of modern FP facilities less than five kilometers away from users home was more likely to influence modern FP

uptake compared to location of more than five kilometers which seems to reduce the uptake of modern FP.  In addition to that, favorable opening hours (five or more) of MFP facilities increase the odds of modern MFP uptake (Eliason *et al.*, 2014).
In addition, age as a demographic factor was also revealed to affect uptake of family planning as Ochako *et al.* (2016) indicated that women who are older than 35 were less likely to uptake family planning than women who are less than 25 years of age. This can be linked to the fact that some of women less than 25 years old are not yet married and have no settled lives.  Moreover, type of marriage as a demographic factor has been linked with the use of family planning. Previous studies have revealed that women in polygamous marriage are less likely to use modern family planning than women in polygamous marriage (Jammed *et al.*, 2014; Ouma, 2013).

Religious affiliation also affects the uptake of FP in Africa. A study by Ochako *et al.*, (2016) in Kenya showed that women from Muslim or other faiths were less likely to use modern contraceptives than catholic women. There is further division among religious institutions on the use of FP services, for instance, Pentecostal, Seventh-day Adventist, and Islam discourage the use of modern FP services because it is against their faith and teachings (Agadjanian, 2013). Protestant churches are less harsh on the use of modern FP services. These religious denominations often teach that it is acceptable to use birth control methods as long as they are not used to encourage or permit multiple sex partners (Bunce *et al.*, 2007).

Little is known about the social and economic factors that affect the uptake of modern family planning in Sukuma society. In addition, it is known that factors that affect uptake of modern family planning are context specific. Despite high use of modern contraceptives in other regions in Tanzania such as Ruvuma (51%), Kilimanjaro (48 %) and Dodoma

(41%) the uptake in Lake Zone specifically in Sukuma society regions remains low. For example, MFP uptake in Mwanza, Shinyanga and Simiyu are 18%, 21% and 17% respectively (UNFPA, 2018). Hence, the purpose of this study are, first to provide a picture of modern family planning awareness, uptake, continuation, and discontinuation among women who ever used them. Second, examine socio-economic factors that affect the uptake of modern family planning.

## 2.3 Methodology

### 2.3.1 Description of the study area

This study was conducted in Kishapu District which is located in Shinyanga region in the North-western part of Tanzania. The region is about 200 km from the second biggest city of Tanzania, Mwanza city. Sukuma is the main ethnic group in the study area. The main economic activities are farming and livestock keeping. Kishapu District has a total population of 272, 990, including 135 269 males and 137 721 females (NBS, 2012). The district has 25 wards which are further divided into 125 villages. Residents of this district access their reproductive health services from a District hospital, health centers, pharmacies and village health workers. Therefore, the district has been selected for the reason, it has a high fertility rate of 6.7 which is higher compared to the national fertility rate of 5.2 and the unmet need for family planning was 23% (TDHS, 2016; UNFPA, 2018), which is relatively higher compared to other districts

### 2.3.2 Research design

This study is based on a cross-sectional design. The design was considered favorable as it allows data to be collected at a single point in time and also it helps to collect data with two or more variables (usually more than two) which are examined to detect patterns of

association (Bryman, 2012). Data for this study were collected in November and December 2019.

### 2.3.3 Sampling Procedures and Sample Size

The study population was women of reproductive age group between 15-49 years in Kishapu District. The non probability sampling was used for selection of participants who participated in four Focus Group Discussions (FGDs) and fifteen In-depth Interview (IDIs) to collect qualitative data. Probability sampling was used to select respondents' for questionnaires survey. Sampling was multi-staged, the first stage of sampling involved selection of two wards. The first one was Kishapu which is close to urban and a remotely located Mwataga ward to make sample more representative of study population.

The second stage involved a random selection of two villages from each ward which are Kishapu, Lubaga, Mwataga and Migunga. The third stage involved random selection of respondents from selected villages. A list of all women of reproductive age was obtained from village health workers. This list was used as a sampling frame. A total sample size was 120 respondents. Based on literature which says that regardless of the population size the minimum sample size for a study in which statistical data analysis is to be done should be at least 30 and that in most researches 100 cases are taken (Gray, 2014). In addition, each FGD session contain 7-8 participants

### 2.3.4 Data collection methods

Questionnaires were used as tools for collecting primary data on awareness, use and social economic factors affecting uptake of modern family planning, while in depth interview and focus group discussion were used to collect qualitative data for further elaboration of quantitative data.

### 2.3.5 Quantitative data analysis

Quantitative analysis was employed to examine socio-economic factors affecting uptake of modern family planning, awareness, use and non-use, and reasons, while Statistical Package for Social Sciences version 20 (SPSS) was used to analyse quantitative data. Two analyses were performed. First, descriptive statistics, frequencies and percent were computed for all variables in the study to obtain a general picture of respondents' characteristics. Second, a logistic regression model was used to test the hypothesis that selected social economic factors influence uptake of modern family planning. Socio economic variables of interest were age, education level, household size, type of relationship, religion, partner preference for modern family planning, partner occupation, distance to health facility, living with in-law, ward, income and desire for more children as predictors. To obtain Odds Ratio (OR) at 95% Confidence Interval (95% CI) the study employed adjusted model as all covariates were fitted once during the analysis and statistical significance was considered at P-value = 0.05. Note that, this model was considered as the dependent variable has two categories: use or non-use. We defined our outcome as:

$$Y = \begin{cases} 1, & \text{if the subject has ever used FP} \\ 0, & \text{Otherwise.} \end{cases}$$

The distribution of $Y$ is specified by probabilities $P(Y = 1) = \pi$ of use MFP and the probability of not using MFP $1 - P(Y = 0) = 1 - \pi$.

Thus, the model is represented as follows;

$$\text{logit}(\pi(x)) = log\left(\frac{\pi(x)}{1 - \pi(x)}\right) = \beta_0 + \beta_1 * X_1 + \beta_2 * X_2 + \cdots + \beta_k * X_k$$

$\beta_0$=constant term.

$\beta_1 \dots \beta_k$ Coefficients of the independent (predictor) variables.

k = number of independent variables. $X_1 \dots X_{12}$ are independent variables included in the model, which are:

$X_1$= Education level (1=Primary and lower, 0= Secondary school or higher)

$X_2$= Household size (1=if the members of the household ≤ 5, 0=otherwise)

$X_3$= Age (Number of years)

$X_4$= Income (1=less than 2 million, 0 otherwise)

$X_5$= Ideal Number of Children (Ideal number of children)

$X_6$= Partner like modern family planning (1=Yes, 0= otherwise)

$X_7$= Type of Relationship (1=monogamy, 0=polygamy)

$X_8$= Religion (1=Christian, 0=Pagan or otherwise)

$X_9$= Partner occupation (1=Farmer or pastoralist, 0 otherwise)

$X_{10}$=Distance of less than 3km to health facility (1=Yes, 0=Otherwise)

$X_{11}$= Living with mother in law (1=Yes, 0= otherwise)

$X_{12}$= Ward (1=Kishapu, 0=otherwise)

### 2.3.6 Qualitative data analysis

In-depth interviews (IDIs) and Focus Group Discussions (FGDs) sessions were taped, recorded digitally, verbatim transcribed, translated then a summary was obtained from

translation for further analysis. Using content analysis, themes which emerged relating to socio-economic characteristics and quotations were obtained for further elaboration of quantitative findings. These procedures intended to relate and analyse key themes that arose from the study as suggested by Patton (2005).

## 2.4 Results and Discussion

### 2.4.1 Socio-demographic characteristics of the respondents

The results in Table 2.1 show that nearly half (44.2 %) of the respondents were aged 17-26 years, while more than a third (35%) were aged 27-36 years. The group of 36-46 comprised 20% of the respondents and only 0.8 respondents were aged 16 years and below. Over four-fifths (85.5%) of the respondents had completed or never attained primary school education, while 12.5% of the respondents had attained secondary school education.

Furthermore, marital status is one of the strong factors that affect the uptake of modern family planning in rural areas. Majority of the respondents (88.3%) were in marriage while the remaining (11.7%) included of widows, separated and unmarried respondents. Moreover, about one-fifth of the respondents (20.8%) were in polygamous marriage while over three-quarters (79.2%) of the respondents were in monogamous marriage or had one partner. Having both polygamous and monogamous marriage in the study area is due to the fact that, study area is located within rural society and the Sukuma people who are majority of the inhabitants are strongly attached to their customs and traditions. More than half (60%) of respondents were Christians, while over a third (34.2%) were pagans while Muslims were 5% of respondents. Majority of the respondents are Christians from denomination such as African Inland Church, Roman Catholic, Seventh-day Adventist, Lutheran and Pentecostal. It was also noted that high percentage of the respondents

married (88.3) this shows that marriage is universal. Most of respondents (44.2 %) were young aged 17-26 this indicate earlier marriage which increases the chances for high fertility as reported in other study findings by Ndahindwa *et al.* (2014) indicated women who started marriage/engagement earlier than 25 years can contribute twice to the fertility compared to women who got married/engaged after 25 years of age

Three quarter (66.7%) of the respondents' household had more than six members, while one third (40.3%) of the respondents had households with five members or less. This is similar to the National Population Census (NBS, 2012) which indicates Kishapu District to have an average household size of 6.3 which is higher than the national household size of 4.8.

Furthermore, study results show more than three quarters (79.2%) of the respondents had an income of two million or more Tanzania Shillings (Tshs) in a year while (20.8%) of the respondents had an income less than two million (Tshs) in a year majority of respondents earn money after harvesting. Men are the owners of the cattle and other livestock types while women can only depend on farming even if they are responsible for feeding animals.

**Table 2.1: Social demographic characteristics of respondents n= (120)**

| Demographics Attributes | Frequencies | Percent |
|---|---|---|
| **Age of The Respondent** | | |
| ≤ 16 | 1 | 0.8 |
| 17-26 | 53 | 44.2 |
| 27-36 | 42 | 35.0 |
| 37-46 | 24 | 20.0 |
| **Marital Status** | | |
| Married | 106 | 88.3 |
| Unmarried | 5 | 4.2 |
| Widow | 4 | 3.3 |
| Separated | 5 | 4.2 |
| **Type of Relationship** | | |

| | | |
|---|---|---|
| Polygamy/ multi partners | 25 | 20.8 |
| Monogamy/ one partner | 95 | 79.2 |
| **Religion** | | |
| Christian | 73 | 60.8 |
| Muslim | 6 | 5.0 |
| Pagan | 41 | 34.2 |
| **Education level** | | |
| Primary or illiteracy | 105 | 87.5 |
| Secondary+ | 15 | 12.5 |
| **Household Size** | | |
| 3-5 | 40 | 33.3 |
| 6+ | 80 | 66.7 |
| **Number of Living Children** | | |
| ≤ 3 | 53 | 44.2 |
| 4-15 | 67 | 55.8 |
| **Income** | | |
| ≤ 1999999 | 25 | 20.8 |
| 2000000 + | 95 | 79.2 |

### 2.4.2 Awareness and uptake of modern family planning

Awareness determines the uptake of MFP. Results in Table 2.2 show most women (99.2%) knew about modern family planning services and even those who cannot speak Swahili knew through their friends, hospital, village health workers and clinic. Despite the fact that, majority of women knew about modern family planning only 40% of respondents were using modern family planning while nearly three quarter of respondents 60% were not-using any method. Study findings conforms with previous studies conducted in Africa specifically sub-Saharan African countries which revealed high knowledge of family planning and contraceptives methods but low use of modern family planning (Eliason *et al.,* 2014; Rzvi and Irfan ,2012). This implies that women are aware of different MFP but there are factors which hinder them to uptake FP services. One respondent in IDI was quoted saying;

> *"I understand modern family planning as planning number of children and planning a family, by having few children that I can manage to support them" (*Respondent, mwataga ward).

**Table 2.2: Uptake of modern planning services and awareness (n=120)**

| Uptake of modern family planning | | | Awareness of modern family planning | | |
|---|---|---|---|---|---|
| | **Frequency** | **Percent** | | **Frequency** | **Percent** |
| Yes | 48 | 40 | Yes | 119 | 99.2 |
| No | 72 | 60 | No | 1 | 0.8 |

### 2.4.3 Reasons for use and non-use modern family planning services

There were different reasons for not using modern FP. Results from Table 2.3 indicate reasons for using modern family planning among respondents. The majority of the respondents (56.3%) were using modern family planning for spacing children while (39.6%) used for preventing pregnancy. The similar finding was noted by Bawah *et al.*, (2019) in a study conducted in rural Gambia. Broadly this implies that sub-Saharan African countries use modern family planning for spacing and avoids unwanted pregnancy due to economic difficulties.

Furthermore, results from Table 2.3 show reasons for not using modern family planning services also varies among respondents. 47.2 % of respondents mentioned major reason for not using modern family planning was disapproval from partner. In addition, (26.4%) of the respondents were not using modern family planning because of the fear of side effects such as cancer, bleeding and giving birth to disabled children. Also, the results show that (22.2%) of the respondents were not interested in modern family planning services as they have natural method of birth spacing after having a child because they breastfeed (lactational amerorrhea). These results concurred with other findings from developing countries, whereby women were not using modern family planning because of disapproval from their partner, fear of side effects due to information or stories they have heard from friends (Sedgh and Hussain, 2014).

**Table 2.3: Reasons for use and non-use modern family planning services (n=120)**

| Reasons for using modern family planning services | Frequency | Percent |
|---|---|---|
| Prevent pregnancy | 19 | 39.6 |
| Spacing | 27 | 56.3 |
| Tired of giving birth | 2 | 4.2 |
| Total | 48 | 100.0 |
| **Reasons for not using modern family planning** | | |
| Fear of side effects | 19 | 26.4 |
| Disapproval from partner | 34 | 47.2 |
| Not interested her birth spacing is natural | 16 | 22.2 |
| Lack of knowledge | 1 | 1.4 |
| Others | 2 | 2.8 |
| Total | 72 | 100.0 |

### 2.4.4 Types of contraceptives techniques used by respondents

These are various types of contraceptives techniques used by respondents. Results in Table 2.4 show injection, pills, Norplant, condom, sterilization, and intrauterine device are the common contraceptives techniques used as the means for modern family planning by women in Kishapu District. Injection was the most common method used by the majority of the respondents (52.1%). Having majority of the respondents using injection method and more than three-quarters of the respondents (87.5 %) had primary school education or less the study results agree with other paper by safari *et.,* (2019) indicated that injection method was the most preferred method by women who have completed primary school education. In addition, implants were preferred by women who have secondary school education or higher. Also, another reason for high percentage users of injection is a method that cannot be seen by spouse or partner compare to other methods. Hence women preferred this method when their partner disapproval the use of modern family planning. Below is an illustrative quotation from an in depth interview:

> *"Injection is a very easy method to use because some men do not understand, I wait when he is not around I go to the hospital for injection, after three months I go again, as he does not know anything if he asks me why you are not getting pregnant I reply I do not know"* (Respondent, Kishapu ward).

This implies there is deficit in terms of communication among couples. It may also indicate majority of men disapprove partner use of contraceptives. From broader policy perspective, it indicates a need to have more males' involvement on family planning education.

**Table 2.4: Types of modern family planning respondents use (n=48)**

| Family planning method | Frequency | Percent |
|---|---|---|
| Condom | 2 | 4.2 |
| Pills | 7 | 14.6 |
| Sterilization | 1 | 2.1 |
| Injection | 25 | 52.1 |
| Norplant | 12 | 25.0 |
| Intrauterine device | 1 | 2.1 |
| Total | 48 | 100.0 |

**NB: Only 48 women because others have never used any modern FP method**

### 2.4.5 Current use of modern family planning services

To understand whether respondents were still in use of contraceptive method during the time of data collection a question was asked to know whether they still use or they have stopped. The results in Table 2.5 show that among respondents who mentioned they have ever used modern family planning; majority (72.3%) are still in use while 27.7% have stopped due to various reasons. This indicates that, among 40% of the respondents who mentioned that they were using family planning some of them have stopped.

**Table 2.5: Current use modern family planning services (n=48)**

| Still in Use of Modern family planning | Frequency | Percent |
|---|---|---|
| Yes | 35 | 72.9 |
| No | 13 | 27.1 |
| **Total** | **48** | **100** |

The study results concurred with previous studies showing low usage of family planning (Mosha and Kakoko, 2013; Safari *et al.*, 2019) as they revealed women who ever used contraceptives in the past two years some of them have stopped due to various reason.

### 2.4.6 Reasons for discontinuation among women

To understand the reasons for stopping using MFP also a question was asked among respondents. Results in Table 2.6 indicate nearly a half (46.2%) of the respondents who used modern family planning stopped due to side effects such as bleeding, headache and fainting. Also, over one third 38.5 % respondents have stopped to use modern family planning services because they were pregnant at the moment of data collection. In addition, 15.4% of the respondents they were not using modern family planning services because they want to get pregnant. This supports the argument that many women use modern family planning for spacing purposes whereby over half 56.2% mentioned that they use modern family planning services for spacing children.

**Table 2.6: Reasons for discontinuation use of modern FP services (n=13)**

| Reasons for discontinuation | Frequency | Percent |
|---|---|---|
| Pregnancy | 5 | 38.5 |
| Need for pregnancy | 2 | 15.4 |
| Side effects | 6 | 46.2 |
| **Total** | **13** | **100.0** |

**NB: only 13 because others were still in use during the time of data collection**

Furthermore, discontinuation differs as it depends on the methods respondents used; respondents who were using pills and injection were more likely to stop the use of modern

family planning compared to respondents who are using other methods as indicted in (Table 2.7). These results conform to other studies such as Eliason *et al.*, (2014); Safari *et al.*, (2019) conducted elsewhere in Sub-Saharan African in which women who were using pills or injection were more likely to stop the use of contraceptives. This implies that women who use short term contraceptives have high chances of discontinuation compare to those who use long term. Below is an illustrative quotation of one in depth interview quoted saying:

> *"I have already used pills but I stopped because I over bled and my husband did not like the situation. I was scared the pills could end the marriage"* (Respondent, Kishapu Ward).

**Table 2.7: Discontinuation and continuation of contraceptives use (n=48)**

| Respondents still use modern family planning | Yes | | No | |
|---|---|---|---|---|
| | Frequencies | Percent | Frequencies | Percent |
| Condom | 2 | 4.2 | 0 | 0.0 |
| Pills | 4 | 8.3 | 3 | 6.2 |
| Sterilization | 1 | 2.1 | 0 | 0.0 |
| Injection | 19 | 39.6 | 6 | 12.5 |
| Norplant | 8 | 16.7 | 4 | 8.3 |
| Intrauterine device | 1 | 2.1 | 0 | 0.0 |
| **Total** | **35** | **72.9** | **13** | **27.1** |

## 2.5 Social Economic Factors Afecting the Uptake of Modern Family Planning Services

Binary logistic regression analysis was used to test effects of socio-economic factors on chances of using modern family planning services, the results are summarised in Table (2.8). Results show a log likelihood of 81.899. The Nagelkerke $R^2$ value of 0.656 means that the predictor variables entered in the model explained 65.6 % of the variance in the outcome variable.

## Table 2.8: regression results for factors affecting uptake of modern family planning

| | B | S.E. | Wald | Df | Sig. | EXP (ODDS RATIO) | 95% C.I.for EXP(B) | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | Lower | Upper |
| Partner view about FP | 4.121 | 0.842 | 23.964 | 1 | 0.000 | 16.00 | 6.195 | 41.324 |
| Living with in law | -2.980 | 0.869 | 11.751 | 1 | 0.001 | 0.051 | 0.009 | .279 |
| Ward | 1.563 | 0.669 | 5.468 | 1 | 0.019 | 4.775 | 1.288 | 17.704 |
| Occupation of a partner | -2.248 | 0.828 | 7.370 | 1 | 0.007 | 0.106 | 0.021 | 0.535 |
| Ideal number of children | -.430 | 0.224 | 3.681 | 1 | 0.055 | 0.650 | 0.419 | 1.009 |
| Age | -.096 | 0.048 | 4.011 | 1 | 0.045 | 0.909 | 0.828 | 0.998 |
| Household size | -2.271 | 0.846 | 7.209 | 1 | 0.007 | 0.103 | 0.020 | 0.542 |
| Income | -4.629 | 1.214 | 14.528 | 1 | 0.000 | 0.010 | 0.001 | 0.106 |
| Religion | .139 | 0.698 | 0.040 | 1 | 0.842 | 1.149 | 0.292 | 4.517 |
| Distance to health facility | -.136 | 0.580 | 0.055 | 1 | 0.814 | 0.873 | 0.280 | 2.721 |
| Type of marriage or relationship | -2.011 | 0.969 | 4.310 | 1 | 0.038 | 0.134 | 0.020 | 0.894 |
| Education | -1.131 | 0.936 | 1.460 | 1 | 0.227 | 0.323 | 0.052 | 2.021 |
| Constant | 9.568 | 3.309 | 8.360 | 1 | 0.004 | 14293.20 2 | | |

The results further , show that out of twelve variables entered in the model eight variables; Partner preference for modern family planning ($P \leq 0.001$), living with mother in law ($p \leq 0.001$), ward [location] ($p \leq 0.05$), partner occupation ($p \leq 0.01$), household size ($p \leq 0.01$), age ($P \leq 0.05$), and income ($P \leq 0.001$), type of relationship ($P \leq 0.05$), had significant effects on the chances of using modern family planning . These results mean that those were the factors which were the main ones in uptake of modern family planning.

### 2.5.1 Socio economic factors affecting uptake of modern family planning

The study results show that there was significant ($p \leq 0001$) association concerning the chances of using modern family planning if a woman partner prefers family planning. The results show that the odds ratio of using modern family planning were 16.00 times for

women whose husband liked modern family planning (OR=16.00, 95% CI: 6.195, 41.324). Study results (see table 2.8) conforms with findings of a study conducted among Mozambique women whereby husbands'/partners healthcare decision making power in the relationship had significant negative influence on the use of modern family planning (Mboane and Bhatta, 2015). Furthermore, study results indicated men tend to refuse the use of modern family planning as they desire high number of children at the same time, they fear to incur cost as the results of side effects and complication that may occur if a wife/partner use modern family planning. Below is an illustrative quotation from one respondent FGD Mwataga:

> *"Our men do not allow us to use modern family planning as they fear if a woman uses family planning, she will be sick everyday some men are scared that he will incur cost to take her to the hospital they fear that…. Also, some fear that some of women over bleed so men are scared"* (Respondent, Mwataga).

Furthermore, it is common among Sukuma society to find a mother still living with her son even when the son is grown up. He will marry and continue to live with her mother. The study results (Table 2.8) show that the odds of using modern family planning decrease by (OR=0.051, 95% CI: 0.009, 0.279) when a married woman is living with her mother in law. Mothers-in-law have power and are the ones who make decisions and decide for the family. These findings concur with a study conducted by Kumar *et al.* (2016) whereby mother in-laws were found to influence decisions made by couples regarding the adoption of modern family planning. This implies that, mother in-law desired grandchildren, decreased the odds for using modern family planning too as they believe the use of family planning will limit a woman to have a number of grandchildren they desired. Below is an illustrative quotation from FGD Mwataga ward,

> "In *some families couples may agree to use modern family planning and yet the in-laws can resist demanding to see more children from couples. Even when couples insist that they have taken a break, the in-laws can start to speak harsh words like telling their son that you are teaching a woman to become a prostitute and that family planning facilitates prostitution..."* (Respondent, Mwataga Ward).

Location was another variable which significantly affected the uptake family of modern family planning. Women from Mwataga Ward were less likely to use modern planning compared to women from Kishapu ward. The results in Table 2.8 show that the odds of using modern family planning were 4.775 times for women living in Kishapu (OR=4.775, 95% CI: 1.2888, 17.704). It is easy for women in Kishapu Ward especially Kishapu village to access modern family planning as they live near the district hospital but also nearby a clinic and few dispensaries surrounding them. This means they can have access anytime, which is different from Mwataga ward whereby there is absence of hospitals and pharmacies while clinic services are conducted once in a month. Hence, a woman chances to access health services is only once in a month. This situation implies that if a woman wants to access these services she needs to travel by motorcycle or bicycle as there are no vehicles for transport services from Mwataga to Kishapu centre. These findings agree with other paper (Eliason *et al.,* 2014) indicated women who lived close to health centres were more likely to use modern family planning compared to women lived in remote areas.

The results in Table 2.8 show that income was another significant economic factor that affected the uptake of modern family planning as revealed odds of using modern family planning 0.10 lower (OR=0.10, 95% CI:0.001,0.106) if a woman earned ≤ 199,999 million Tsh in a year. Study findings concurs with results of a study conducted by Kiwia *et al.* (2019) which showed that women with high income to be more likely to uptake modern family planning compared to the women who had low income. This implies that, having

high income increases women bargaining power and confidence. In addition, previous studies (Luke and Munshi, 2011; Pettifor *et al.*, 2019) revealed, a woman with high income or financial independent can make reproductive decision without fear of losing her husband/ partner, compared to women who are not financial independent.

Type of marriage was another significant factor affecting the uptake of modern family planning, whereby a woman who is in monogamous relationship chances for using modern family planning were low with odds ratio 0.134 (OR=0.134, 95% CI: 0.020, 0.894) compared to women who were in polygamous relationships or otherwise. Study results is line with findings of a studies conducted in sub-Saharan Africa (Audu *et al.*, 2008; Dodoo, 1998) which found that women in a polygamous relationship are more able than their counterparts. This implies that women in polygamous union can manage and plan for the number of children they desire as they have weaker relationships ties and often have separated from their husbands.

Furthermore, results in (Table 2.8) show, household size had a significance effect on the odds of using modern family planning, if a woman household size was ≤ 5 the odds ratio of using modern family planning decreased by 0.103 (OR=0.103, 95 % CI: 0.20, 0.54) if a woman household has less or equal to five members compared with women whose household had 6 members or higher. Women from small household less or equal to five indicated that the family had three or less than three children, and the majority of those women were young and still desired for more children. Hence, small household in rural areas decreased the chances of using modern family planning until they reached the number of children they desired. They feared the use of modern family planning will bring complication when they would want to have more children. Below is an illustrative quotation for one in depth interview:

> *"I heard from someone that, she was using injection, when she wanted to get pregnant, she was not able up to now she only has two children, they say, use of family planning methods can inhibit future conception*" (Respondent, Kishapu Ward).

Moreover, study results in (Table 2.8) show that having a partner who was a farmer or mixed farmer decreased the odds of using modern family planning (OR=0.106, 95 CI: 0.021, 0.555) compared to women whose partners had other jobs such as being employed or running a business. This is similar to findings of a study by Sidhu and Agandi (2016) which revealed that women whose spouses had professional jobs were more likely to use modern family planning than women whose husband did manual jobs. This implies that having education relate to being employed which increases the odds of a man to allow his partner to use modern family planning.

## 2.6 Conclusions and Recommendations

### 2.6.1 Conclusions

Findings show that the majority of women knew at least one contraceptive method. However, high proportion of women did not use despite their being aware. Husbands' or partners' opposition seemed to be a major factor that hindered the use of modern family planning while living with in-laws specifically mothers-in-law and income have significant negative effect on the matter relating to the uptake of modern family planning. Furthermore, among women who use modern family planning some of them had stopped because of fear of side effects. This may imply lack of proper and comprehensive knowledge of MFP. It was also noted that women were using modern family planning mainly for spacing and not to stop pregnancy as many of them still had a desire for more children. In addition, women who used short term modern family planning e.g. pills were

more likely to stop the compared to women who used long-acting modern family planning. Study shows that Tanzania has long way to attain its national family planning target of 60% contraceptive prevalence rate and one plan II 2016-2020 which focus on improving FP services in rural areas.

### 2.6.2 Recommendations

Based on the conclusions given above the following are recommended:

Government and Non-government organisations should educate women on the importance of family planning and how to manage side effects.

Government and health experts should educate women about different contraceptives methods and emphases on long term contraceptives methods because majority of women were familiar with one or two methods.

In addition, government in collaboration with the ministry of health should remove the cost if a woman wants to remove contraceptives such as norplants and intrauterine device. MFP are offered for free also, they should not charge if a woman wants to get pregnant or change method due to side effects.

Further research studies should focus on the importance of educating men and mother in-law as they were seemed to have strong opposition on the uptake of modern family planning.

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# CHAPTER THREE

## Paper two

## 3.0 Cultural Factors Hindering Uptake of Modern Family Planning Services, in Kishapu Rural District, Tanzania.

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## 3.1 Abstract

An increase in use of modern family planning is important for control of population growth, poverty reduction and reduces maternal mortality rate. This study which was based on cross sectional data was conducted to explore culture, tradition and norms which stand as factors affecting the uptake of modern family planning. The study was conducted in 2019 in Kishapu district found in Shinyanga region. Four Focus Group Discussions (FGDs) and fifteen in-depth Interviews (IDIs) were conducted. Data was collected from a total of 45 women of reproductive age group between15-49 years. Different issues affecting the uptake of modern family planning emerged and are divided into five major themes: These themes include, preference for traditional family planning method, power dynamics and relationships such as (earlier marriage, bride price and influence of in-laws), prestige, cultural beliefs and peer pressure. This paper suggests the need to eliminate the existing cultural, traditions and practices which undermines women's power to access and use contraceptives, this can be achieved through education. Furthermore, the paper argues the importance of including key socio groups such as men and traditional healers in family planning related programmes.

**Key words**: Modern Family Planning, Culture, traditions, Power, Contraceptives, Traditional Family Planning Practices

## 3.2 Background Information

The world population is fast increasing and exerting a threat to sustainable development. Across the world, it is estimated that 222 million women have an unmet need for modern family planning services (WHO, 2012). Modern family planning is important as it helps couples to decide a number of children, improve maternal and child health as well as saving life of new borns (NFPCIP, 2013). Unmet needs for family planning services are high specifically in areas with low socio-economic status and mainly in rural areas (WHO, 2011). Worldwide the acceptance of family planning is higher in developed countries and

less in developing countries such as Tanzania and other countries in sub-Saharan Africa where contraceptives prevalence rate continues to be low. For example, in Tanzania, according to Ministry of Health and Social Welfare (MOHSW, 2016), the ideal family size has dropped only slightly over the past decades. Ideal family size preferred by women is 4.7 and male preference is 5.1 children (TDHS, 2016). Even though the ideal family size has dropped down still the fertility rate in the study area was found to be higher at 6.7 (TDHS, 2016).

One of the contributing factors to low uptake of MFP is deeply rooted cultural values among rural women (Wijsen, 2002). For example, many African societies expect a married woman to get pregnant immediately after got married. A study by Muanda *et al.* (2017) observed that, it is a common behavior among African societies for women to have many children and a large household.

In Tanzania the uptake of modern family planning continues to be low especially among rural societies (TDHS, 2016). For instance, the contraceptive prevalence in the study area is 21% which is lower than the national average of 32.1% at the same time, there is a high unmet need for contraceptives (TDHS, 2016). Generally, despite government and non-government interventions, family planning services is not well received in rural areas (Mekonnen and Worku, 2011).

Basing on the discussion above, there is a need to explore culture, traditions and norms related to uptake of modern family planning as many organizations and programmes do not take time to understand cultural and norms factors of sukuma society while implementing family planning interventions. In addition, existing empirical findings (Mosha and Kakoko, 2013; Safari *et al.*, 2019) conducted in rural Tanzania paid particular

attention to socio and altitudinal factor. It is however noted that, Sukuma ethnic group which is dominant in the study area is patriarchy and highly determined by traditional practices and cultural values. These values are likely to influence most of the household's decisions including those related to reproductive. Basing on that, this paper is aiming at understanding on how cultural factors affect the uptake of modern family planning.

### 3.3 Methodology

This study was conducted in Kishapu District located in Shinyanga region in the northwestern part of Tanzania. The region is about 200km from Mwanza which is the second biggest city in Tanzania. Sukuma is the main ethnic group in the study area. The main economic activities are farming and livestock keeping. Kishapu District has a total population of 272 990, and 135 269 males and 137 721 females (NBS, 2012). The district has 25 wards which are further divided into 125 villages. Residents of this district access their health services from a District hospital, health centers, pharmacies, and village health workers. Therefore, the district has been selected for because, it has a high fertility rate of 6.7 which is higher compare to the national fertility rate of 5.2 and is located within the region with a low contraceptive prevalence rate of 21% while the unmet need was 23% (TDHS, 2016).

### 3.4 Research Design

Research design provides a framework for the collection and analysis of data (Bryman, 2012). This study based on a cross-sectional design, the design was considered favorable as it allows data to be collected at a single point in time and also it helps to collect data with two or more variables (usually more than two) which are examined to detect patterns of association (Bryman, 2012). Data were collected from 15$^{th}$ November to 16$^{th}$ December 2019.

### 3.5 Sampling Procedures and Sample Size

The study population was women of reproductive age (15-49 years) in Kishapu District. Non probability sampling was used for the selection of participants in Focus Group Discussions (FGDs) and in depth Interviews (IDIs). Sampling was multi-staged, the first stage of sampling involved purposively selection of two wards. The first ward was Kishapu which is close to urban and the second one Mwataga ward which was located in more remote area, this selection was strategic to make a sample more representative of the study population and to capture rural-urban differentials in family planning uptake. The second stage involved selection of respondents from those wards. A list of women of reproductive age group was obtained from each ward health worker. This list was used as a sampling frame where 45 women were selected for In-depth Interview and Focus Group Discussions. In Focus Group Discussion (FGDs) women of different age groups were sampled separately to ensured freedom of interaction among them during FGDs discussions (Kitzinger, 1994), each FGD had 7-8 participants. For IDI 15 women were sampled to represent married and unmarried women

### 3.6 Data Collection

Semi structured questionnaires were used as the tool for data collection, while In-depth Interviews and Focus Group Discussion were used as the methods for collecting primary data.

#### 3.6.1 Data analysis

In-depth interviews (IDIs) and Focus Group Discussions (FGDs) sessions were taped, recorded digitally, verbatism transcribed, translated later summary of the themes and

quotations were created for further analysis. Furthermore, audio records were used to argument field notes and reports. Through content analysis emerged themes were identified. Emerged themes relate to each other were then explored to merge sub themes. In addition, five phases for conducting content analysis which are become familiar with the data, generate initial codes, search for the themes, review themes and defining and naming of themes were conducted in analysis (Braun and Clark, 2006).

## 3.7 Results and Discussion

### 3.7.1 Socio-demographic characteristics of the respondents

Socio demographic characteristics such as age, marital status and religion are presented in Table 3.1. The study results show that out of 45 women 84.4% were married while 15.6% were single. 60% were aged 16-32 years while 40% were aged 33-49 years. Results in Table 3.1 show 35.6 were using modern FP while 64.4% were not using modern Family Planning Methods. These results are in line with other findings (Mosha and Kakoko, 2013; Eliason *et al.,* 2014; Safari *et al.,* 2019) which reported that, still there is low use of modern family planning in many rural societies. Majority of women do not use MFP even if they are aware or know about contraceptives techniques.

Culture, tradition and norms factors seem to affect highly lifestyle and behavior of people in the study area as the society is deeply attached to its cultural and traditional beliefs. The results are discussed into five emerged major themes with their sub themes: power dynamics, prestige, preference for traditional family planning, peer pressure, and beliefs. power dynamic theme was broken down into three sub-themes such as early marriage, bride price, and influence from in-laws while beliefs had another one sub them about fear of mythical side effects of modern family planning.

**Table 3.1: Women socio-demographic characteristics (n=45)**

| Demographic Characteristics | Frequency | Percentage |
|---|---|---|
| **Age** | | |
| 16-32 | 27 | 60 |
| 33-49 | 18 | 40 |
| **Marital Status** | | |
| Single | 7 | 15.6 |
| Married | 38 | 84.4 |
| **Use of Family Planning** | | |
| Yes | 16 | 35.6 |
| No | 29 | 64.4 |

## 3.8 Socio-cultural Factors Affecting the Uptake of Modern Family Planning

### 3.8.1 Preference for traditional family planning methods

One of the themes that emerged from the analysis was a practice of traditional family planning methods for spacing and preventing pregnancy. Kishapu district has a high number of traditional herbalists (approximately 350) (Kishapu District Council, 2020). Many women prefer traditional family planning practices because they have no known side effects compared to modern family planning practices. These traditional practices include the use of charms locally known as *hirizi*[1] prepared by traditional healers. Those charms are placed in different areas such as at the angle of the bed, around the waist and hands but also charms can be mixed with menstruation blood and covered in the ground as illustrated in the quotes below some of the traditional methods women use in the study area:

> *"I have grandchildren's now, but I only had two children, when my first child was six months, I had another pregnancy. Hence, I decided to go to the traditional healer, she made a charm for me to use, she instructed me to dig and put the container contain charms in the ground. A charm was a mixture of menstruation*

[1] This is swahili name given to local charm which is associated with witchcraft

*blood and herbs, I was instructed if I want to get pregnant, I should just dig and brought out the container"* (IDI#3, married woman, 46years, Kishapu ward).

*"In our society we use charms as a traditional method, we place hirizi in the bag or at the angle of a bed or tying them around the hand"* (ID1#6, 35 years, married, Kishapu ward).

*"….. I think it is better to use sukuma methods, if I use traditional one, I cannot use modern family planning…."* (IDI#9, 30 years old, married, Mwataga).

It indicates that, women consider and trust traditional methods, this is termed as Sukuma method as shown in the above quotation from a woman in Mwataga ward. These three quotations represent typical view shared by other respondents who were interviewed. The use of herbs and menstruation blood, and charms my sound so unconventional in pregnancy control in any sense, but it's hard to convince Sukuma women on the real value of these tools. This clearly point out to the strong trust and preference for traditional family planning method, as a factor hinder uptake of modern family planning methods.

These findings concur with other study conducted in Uganda whereby the presence of traditional family planning such as the use of herbs, tying of traditional herbs around the waist, drinking of some concoctions mixed with water and tying the umbilical cords around the waist were some of the traditional methods that hinder the use modern family planning especially among elderly women (Kabagenyi *et al.,* 2016). This implies that, the use of traditional family planning minimizes women chances to uptake modern methods in the study area at the same time increases the chances for having many children as traditional family planning may not be effective.

### 3.8.2 Peer pressure

Peer pressure is another socio-cultural factor that affects the uptake of modern family planning services. Peer pressure tends to influence people's decisions the same applies to the use of modern family planning, peer pressure influences the decision on the number of children couples prefer to have. Also, husband and wife both are anxious for the children to be born. In Sukuma rural society a woman who does not conceive is considered a disgrace while the husbands or partners are criticized for not impregnating their wives. Below are some illustrative quotations;

> *"If you are married and you just have two children people will think you are lazy or you have problems at least you should have five or more children, I have four children but I want to have five or six"* (ID1#15, 25 years, married, Kishapu ward).

> *"…. In our society men tends to challenge each other when men sit together friends, they will start to ask each other have you just let your wife to stay without giving birth, they will start to criticizing him"* (IDI#3,46 years old, married, Kishapu ward).

Study results are in line with other findings by Elmusharaf *et al.* (2017) whereby a women or men whom do not have children in their marriage are considered incomplete. This implies that, peer pressure affects the fertility preferences of couples in the study area as peer pressure influence couples to have high number of children, which increases the risk for maternal mortality and poor child spacing also hinder the uptake of modern family planning services.

### 3.8.3 Power dynamics and relationships

Power dynamics and relationships seem to influence the uptake of modern family planning. The issue of power dynamics and relationships is divided into three sub-themes which are earlier marriage, bride price, and the influence of in-laws. In household which a woman is married at a young age, she cannot have the power to make decision or negotiate concerning the use of modern family planning. Furthermore, majority of respondents from FGDs mention bride price  minimize woman power in the family due to bride price such as cows or materials given as a hand of marriage a woman cannot make a decision relating to reproductive matters including decision on the number of children to be born. A woman is obligated to produce several children equals the number of cows or to produce children whom will also get married to return cows which were offered for her mother as a dowry. It is also believed children are born of different appearances and color. Hence having more children gives a chance to produce some beautiful children whom the bride price for their marriage will be high.

#### 3.8.3.1 Earlier marriage

Sukuma society strongly believes in their cultural values which state that if a woman is not married early, she is considered to have problems or bad lack. Therefore, she is taken by her parents or she goes by herself to the traditional healer for charms and concoctions to help her get married. Hence, Sukuma society strongly practices and believes in early marriages. Early marriages increases the span for having many children as a woman married below the age of 25 is likely to have many children compare to a woman who is married 25 years or more (Ndahindwa *et al.*, 2014). Furthermore, a woman married at a young age cannot decide to use family planning whether secretly or openly as she tends to be shy but also lacks knowledge compared to matured women. Below are illustrative quotations from some of the respondents;

*“I was married when I was 15 years, after I completed primary school education, a man came and ask my parents’ permission to get married”* (IDI# 10, 39 years old, married, Mwataga ward)

“You *cannot fight with a man if you are married you have to listen if you do something against what he said he will beat you*” (ID1#1, 27 years old, married Kishapu ward).

*“You know Sukuma a girl child will be disallowed to go to school so that she will be married earlier but if they have a boy child he can go to school”* (IDI#8, 42 years old, Mwataga ward).

*I:* *What would happen if you delay to get marriage?*

*R:* *My mother would have taken me to the traditional healer if I delayed getting married, they took them there to the herbalist to receive charms and herbs mixed with concoctions for bathing so that they will be married”* (ID1# 7, 23 years old, married, Mwataga ward).

*I:* *What about other girls of your age?*

*R: “…. they have many children some of those whom we completed primary school together in 2005 have five or six children, my family took me to Maswa for domestic work and when returned I find my fellows whom we went to school together having three, four, six children. I had my first child in 2010, when a child reaches six years, I had another pregnant and gave birth in 2017”* (IDI# 5, 27 years old, not married, Kishapu ward).

#### 3.8.3.2 Bride price

In the study area bride price gives a man power to own a woman. Hence a woman cannot freely make decision within the household, including on number of children and uptake of modern family planning. A common type of bride price in Sukuma society given to women family as the hand of marriage is cows. The beauty of a woman determines the number of cows given for bride price often the number of cows offered as bride price for light in complexion women is higher approximately 15 to 30 cows compared to women who are dark in colour 5 to 8 cows. Once a woman is married, she is obligated to produce several children equals the number of cows or to produce enough female children who will return the cows used for her bride price. Therefore, a woman has no power to determine or bargaining on the number of children or decisions on the use of modern family planning. These results concur with studies by Hornes *et al.,* (2013); Mbaye and Wagner (2017) found that the bride price makes a woman lose her reproductive autonomy. Below are illustrative quotations;

> *"When I was married, my husband gave bride price, eight cows and he want me to have children equals the number of cows. I cannot use family planning I have to give birth until my husband is satisfied"* (IDI# 8, 42 years old, married, Mwataga ward).

> *"If they gave ten cows for bride price also the number of children should be the same example I was married by 15 cows and my sister was married by 30 cows now she has fourteen children and she was told the children she has produced are to be married by not less than 30 cows. Also, I have 6 children my husband expecting me to add more children*" (ID1#4, 36 years old, married, Kishapu ward).

*"…. Some of the family member from husband side will say, we have used a lot of cows she should also produce many children, when I was married I heard my husband relatives encouraged my husband to have many children because they offered many cows for bride price"* (IDI#14, 21 years old, married, Mwataga ward).

#### 3.8.3.3 Influence of in-laws

In Sukuma society, there is a tradition whereby a husband's parents tend to live with their sons even when they got married. In-laws tend to influence their sons on the number of children. A husband may agree to use modern family planning with his wife but in-laws will refuse and want them to produce more children for the clan. These results agree with findings by Kumar *et al,* (2016) and Char (2010) indicated mother in laws does not want their daughters to use family planning until they have produced the number of babies they desire. Therefore, in laws were considered as an obstacle to modern family planning use by married women as a result some of the women use it secretly which later create conflicts in the family. Below are illustrative quotations;

*" In our society when you stay with in-laws…….you cannot decide even what to do or even control over number of children as in-law dictate everything"* (ID#8, 42 years old, married, Mwataga, ward).

In general, the issue of power dynamics and relationship specifically within the household hinder women to uptake modern family planning. This imply that, it is hard for a woman to utilize modern FP services if her family members are not well educated about its importance, because for family planning to be accepted also family members specifically the one with power must agree.

### 3.8.4 Prestige

Majority of women in rural area prefer high number of children from five or six children. Desire for having many children decreases the chances of using family planning methods where occasionally, they opt for family planning after they have attained the desired high number of children. Also, women in the study area indicated their partners also tends to desire for high number of children for prestige reasons. Below are some of illustrative quotations:

> *"…. myself I want to have five children then I will start to use family planning. Majority of women, we prefer to have five or six children or more, having that number of children we feel satisfied"* (IDI# 1, 27 years old, married, Kishapu ward)

> *"Our men in this society do not understand they just want children this year a child next year a child if I pass a year without a child next year, I will have another child"* (IDI#7,23 years old, married, Mwataga ward).

> *"I decided to use sterilization because I had ten children, when my husband discovered I was not able to conceive again he left, now my husband has a child with another woman he just wants children"* (IDI# 10, 39 years old, married, Mwataga ward).

Study results is in line with other findings in Sub Saharan African Countries whereby women tend to use modern family planning services after they have attained desired number of children (Sonko, 1994). This imply women uptake MFP when they desire, therefore due to prestige reasons a woman may not use MFP services once married Hence, increases chances of maternal death and low birth weight due short pregnancy spacing.

### 3.8.5 Beliefs

Belief is another cultural factor affecting the uptake of modern family planning. Women in the study area mention that, their men believe, women should give birth consecutively so that she may not have time to attract other men but also, she will look bad and will prevent extra marital affairs. On the other side, women believe that, their husband/partner will leave them if a partner realise she is using family planning services. These results conform with previous study by Muanda *et al.* (2017) which explained men in Congo to have a believed that, their wives will look good if they will stay without pregnancy. Hence women get pregnant often to prevent them from attracting other men, this culture minimize the use of modern family planning and increase chances for women to have high number of children. Below are illustrative quotations;

> "*In our society our partners believe we should give birth fast and earlier, so that I will look bad and not attract other men* (IDI#6,35 years old, married, Kishapu).

> *"Majority of our men in this society are like that, believe women should have children faster so that she will look ugly. Hence, other men will not be attracted to her when he sees you have completed a year or one year and a half without a child, you will be a topic in their meeting* (IDI#7, 23 years old, married, Mwataga).
> *"Our men say staying without children can make a woman to have affairs outside marriage, hence when a child is one year, she gets another pregnant, example when I got married my husband insist, we should have children I never stayed for two years without pregnancy"* (IDI#2, 31 years old, Mwataga ward).

> *"Some women believe their men will leave them…you know when you use some of the methods you become wet if you sit here at the time you stand a place become wet, so you have to wear a garment and you know being wet for a man is a disadvantage he will leave he will start to find reasons to leave you he will say woman I can sense bad smell where is it came from what is the problem but all of these are excuses to leave you"* (IDI#12, 22 years old, married, Kishapu ward).

#### 3.8.5.1 Fear of mythical side effects

Women tend to fear that using modern family planning can cause barrenness or giving birth to children with disabilities. During FGDs women talked about their partner's fear and do not allow them to use modern family planning. They fear about expenses associated with treatment of side effects resulting from uptake of MFP.

Below are some results based on IDI quotations

> *"I am scared to use modern family planning because a child can be born with disabilities or a bad child "mtoto kaoza" also family planning can make a woman unable to conceive, hence I prefer to go to the traditional healer for charms"* (IDI# 4, 36 years old, married, Kishapu).

> *"Our men in this society do not allow us to use modern family planning, men in our community believe if a woman use modern family planning methods, she will be sick often hence they are scared to incur hospital charge, my husband also fear that, he does not want me to uptake modern family planning"* (IDI# 6, 35 years old, married, Kishapu).

Women generally seem to have misconception of the use of MFP. They make a claim and fear about repercussion of the use of MFP. They fear of having disability children. This is

a myth because it has absolutely no relationship with use of MFP. Study findings is in line with other paper by Sedgh and Hussain (2014) relieved that couples fear to use modern contraceptives as they try to avoid the cost of treating the problems arising from the use of family planning. This implies that, fear of mythical side effects makes women unable to utilize modern methods, hence affect the use by decreases chances of woman to uptake modern methods.

## 3.9 Conclusions and Recommendations

### 3.9.1 Conclusions

Socio-culture, traditions, norms and practices remain as strong factors hindering women to utilize modern family planning. Sukuma traditional practices, culture and tradition such as women should get married earlier, desire for high number of children for prestige purpose, compensation of bride price with children minimize women's power/chance to contribute in decision making concerning reproductive issues. All those things collectively, decreases woman ability to access and utilize modern family planning services. Moreover, still women in sukuma society rely on traditional family planning practices as they believe they have no side effects even though it has not yet proved to be effective. The study results indicate that Tanzania needs to put more effort to achieve the health sector strategic plans such as IV (2015-2020) Tanzania Mainland and and one plan II 2016-2020 which focus in rural areas and marginalized societies.

### 3.9.2 Recommendations

i. This paper suggests a need to target cultural beliefs and practices that hinder people from using modern family planning services as well as inclusion of important groups in the society such as men and traditional healer when it comes to

Family planning programs. Awareness creation among these groups will enable attainment of target to reduce unmet needs for family planning in the study area.

ii. Intervention relate to family planning should conduct forum with men and in laws and find a solution concerning the issue of bride price as it was mentioned as one of the major factors hindering the use of modern family planning services.

iii. Institution deal with human rights such as Tanzania Gender Networking Program (TGNP) should advocate the issue of early marriage in rural remote societies as the age for woman to get marriage was changed to 18 in 2019 but in rural areas still some women get marriage at the age of 14 or 15 years old.

iv. Further research studies should investigate the extent of gender violence such as emotional and physical violence, women experience as they decided to use modern family planning.

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# CHAPER FOUR

## 4.0 CONCLUSIONS AND RECOMMENDATIONS

### 4.1 Summary of the Major findings

Below is the study’s summary of major findings in chronological order as per presented in the manuscripts.

### 4.1.1 Modern family planning use, awareness and socio-economic factors affecting the uptake of the services

Objective one of the study aimed at assessing awareness and uptake of modern family planning among women in Kishapu District. Objective two aimed to understanding socio and economic factors affecting the uptake of modern family planning services. Generally, the study results show that, despite majority of women being aware about modern family planning 99.2%, still the majority of women were not using MFP 60%. Different factors such as fear of side effects; partners' opposition were cited by respondents as major reasons for non use of MFP. Furthermore, living with mother in law had negative effect on the uptake of MFP ($p < 0.001$), women living with mother in law odds of using MFP decreases as mother in laws tends to influence majority of household decisions including reproductive matters in terms of number of children a woman should have. Hence a woman cannot use MFP because she is obligated to have children for her husband. Moreover, income and partner preference for MFP had significant influence on the uptake of MFP ($p \leq 0.001$). Odds of using modern family planning were 0.10 lower (OR=0.10, 95% CI: 0.001,0.106) if a woman earns ≤ 199,999 million Tsh in a year, while odds of using modern family planning were 16.00 times for women whose partner likes or prefer modern methods (OR=16.00, 95% CI; 6.195, 41,324). Therefore, study results indicates low uptake of family planning in the study area is influenced by factors such as in laws, income and partner preference while factors such as education and religion did not have effect. Therefore this implies that, policy-makers and planners should put more effort to address these factors because people are well aware of MFP services but these factors remains as reasons for low uptake of MFP in rural sukuma societies.

### 4.1.2 Cultural factors hindering the uptake of modern family planning

Objective three of the study aimed to assessing cultural factors hindering the uptake of modern family planning in Kishapu District. Study findings reveal five major themes affecting the uptake of modern family planning. Preference for traditional family planning was mentioned is one of the emerged themes arise from the study. Women preference for traditional methods minimize the use of modern ones. In addition, peer pressure also affects the uptake of MFP as women who does not conceive is considered a disgrace. Hence, a woman is forced to have high number of children. Furthermore, household power dynamics and relationships tend to hinder the uptake of MFP. Issues such as bride price, earlier marriage and influence from in laws affect women decision on the uptake of MFP. When a woman is married at young age, she cannot make decision on the use of MFP nor on the number of children.  Bride price minimize woman bargaining power while giving men much more power to own woman. Hence a woman cannot make her own decision concerning reproductive matters including the uptake of MFP. Therefore the Ministry of Health and Social Welfare should consider cultural and traditions of societies while design and during implementation of MFP programs and address them in order to maximize uptake of MFP in rural areas.

## 4.2 Conclusions

Husbands’ or partners’ opposition seemed a major factor that hindered the use of modern family planning while living with in-laws specifically mothers-in-law and income have significant negative effect on the matter relating to the uptake of modern family planning. Furthermore, among women who use modern family planning some of them had stopped because of fear of side effects. This may imply lack of proper and comprehensive knowledge of MFP. It was also noted that women were using modern family planning mainly for spacing and not to stop pregnancy as many of them still had a desire for more

children. In addition, women who used short term modern family planning e.g. pills were more likely to stop using compared to women who used long-acting modern family planning. Hence, for Tanzania to attain its national family planning target of 60% contraceptive prevalence rate indicated in national family planning costed implemented program it is important to address these socio-economic factors which hinders utilization of modern family planning in rural areas.

Furthermore, socio-culture and norms remain as strong factors hindering women to utilize modern family planning. Sukuma traditional practices, culture and norms such as women should get married earlier, desire for high number of children for prestige purpose, compensation of bride price with children minimize women's power/chance to contribute in decision making concerning reproductive issues. All those things collectively, decreases woman ability to access and utilize modern family planning services. Moreover, still women in sukuma society rely on traditional family planning practices as they believe they have no known side effects even though it has not yet proved to be effective. Hence, these barriers such as fear of mythical side effects, lack of reproductive autonomy, beliefs and living with in laws have to be addressed in order to increase modern family planning uptake which is one of the aims of health sector strategic plan II 2016-2020 focus in rural areas and marginalized societies.

## 4.3 Recommendations

After studying factors affecting uptake of modern family planning services in Kishapu rural District the study recommends the following;

i. Intervention related to family planning should be conducted in terms of forum with men and in laws and find a way to create awareness that bride price should remain symbol of respect and as one among values related to marriage which are not intending

to influence decision among couples on some issues including uptake of modern family planning services.

ii. Institution dealing with human rights such as Tanzania Gender Networking Program (TGNP) should advocate the issue of early marriage in rural remote societies as the age for woman to get marriage is 18 but in rural areas still some women get marriage at the age of 14 or 15 years old.

Government through the Ministry of Health and Social Welfare and Non-government organisations dealing with provision of health services should educate women on the importance of modern family planning and how to manage side effects. Government and health experts should educate women about different contraceptives methods and emphases on long term contraceptives methods because majority of women were familiar with one or two methods. Modern family planning services are offered freely but if a woman want to change or remove them she must pay for service. Hence the government in collaboration with the ministry of health should remove the cost, if women want to remove contraceptive methods specifically norplants and intrauterine device.

The study observes low uptake of modern family planning among women living with in laws. Therefore, there is a need to explore such relationship. Further researchers should investigate relationship between the uptake of modern family planning among women living with in law and gender violence women experience when they intend to uptake modern method.

# APPENDICES

## Appendix 1: Quantitative questionnaire

### A; Factors Influence Utilization of Modern Family Planning

My name is **JANETH JOSEPH NANDRIE** from Sokoine University of Agriculture (SUA), Morogoro. I am conducting a study on **FACTORS AFFECTING UPTAKE OF MODERN FAMILY PLANNING SERCIVES** in Tanzania. You have been chosen to

participate in the study whose finding are expected to contribute to the efforts towards to expand family planning uptake. Your responses to this questionnaire will be treated with high degree of confidentiality. Your participation is valuable and useful in strengthening effort to increase family planning usage in rural Tanzania.

**B: Location**

| **1** | **Location** | **Shinyanga Region** |
|---|---|---|
| 2 | Districts | KISHAPU |
| 3 | Ward | 1…………… <br> 2…………… |
| 4 | Villages | 1…………… <br> 2…………… <br> 3…………… <br> 4……………. |

C: Basic Information

| 5. | What is your age | |
|---|---|---|
| 6. | Sex | 1. Male <br> 2. Female |
| 7. | What is your marital status? | 1. Never married <br> 2. Married <br> 3. Living together <br> 4. Divorced <br> 5. Separated <br> 6. Widowed <br> 7. Other (Specify)…............... |
| 8. | What is your religion? | 1. Muslim <br> 2. Christian <br> 3. Traditional <br> 4. None <br> 5. Others (Specify)… |
| 9. | If Christian what is your denomination (RE) | |
| 10. | What is your highest level of education? | 1. No formal education <br> 2. Adult education <br> 3. Pre primary education <br> 4. Primary education <br> 5. Secondary education <br> 6. Vocational training <br> 7. University |
| **11.** | What is your occupation? | 1. Farmer <br> 2. Full time pastoralists <br> 3. Both farming and pastoralists <br> 4. Business |

| | | |
|---|---|---|
| | | 5. Official employment<br>6. Traditional healer<br>7. Others (Specify)………… |
| **12.** | What is the size of your household? | |
| **13.** | How many children do you have and desire to have in the future? | |
| **14** | What is your household's annual income? (Average) | |

**D: Possible Options of Health Facilities**

| | | |
|---|---|---|
| 15A. | Are there health facilities in your area? | 1. Yes<br>2. No |

| **16** | **What are the formal health facilities available in your area? Tick inside the box of the available formal health facilities.** | | | |
|---|---|---|---|---|
| S/N | Formal health facilities available in your area | Tick (√) | Distance from home to the health facility (km) | Time spent from home to the facility |
| 1 | District hospital | | | |
| 2 | Village Health Centre | | | |
| 3 | Private Hospital | | | |
| 4 | Clinic | | | |
| 6 | Chemist/Pharmacy | | | |
| 7 | Antenatal Care (ANC) | | | |
| | Others (Specify)<br>………………………………… | | | |

| | | | |
|---|---|---|---|
| 18. | Are you aware of modern Family planning methods | Yes<br>No | **( )**<br>**( )** |
| 19. | Do you use any modern family planning methods | Yes<br><br>No | **( )**<br><br>**( )** |

| | | | |
|---|---|---|---|
| 20. | If (yes) to number 19 what methods have you been using? | a. Condom (female or male)<br>b, Pills<br>c. Sterilization<br>d. Injection<br>e. Implants<br>f. Intrauterine device<br>g, Implants<br>h. Spermicide<br>I. Others specify………………….. | **( )**<br>**( )**<br>**( )**<br>**( )**<br>**( )**<br>**( )**<br>**( )**<br>**( )**<br>**( )** |
| 21. | If YES to number 19 have you stopped using it? | Yes<br>Why……………………………<br>…………………..……………<br>…………………………………<br>No<br>why………………………………<br>…………………………………<br>………………………………… | **( )**<br><br><br><br><br>( ) |
| 22. | If YES to number 19 what are the potential benefits of using family planning methods | a. To space children<br>b. To have sex without children<br>c. To prevent pregnancy and sexual transmitted diseases<br>d. Others specify<br>…………………………………<br>…………………………………<br>………………………………… | |
| 23. | Is your partner comfortable with the use of FP? | | |

**Appendix 2**: **In depth interview guide**

1. **I would like to know about you, basic information.**
   **Probe:**
   i. How old are you?
   ii. What is your level of education?
   iii. Whom do you live with?
   iv. What is your occupation?
   v. Are you married?
   vi. When did you get married?
   vii. Are you married alone or you have a co-wife?
   viii. Are you still married?
   ix. How many are you in your family?
   x. How many children do you have?
   xi. When did you have your first child?
   xii. What is your children age gap?
   xiii. Who plan the number of children?
2. **Awareness and the use of modern family planning?**
   **Probe:**
   **i.** How do you understand the term “modern family planning**”?**
   **ii.** Where did you here?
   **iii.** Do you know any of the modern family planning services?
   **iv.** If, yes mention
   **v.** What was your perception when you heard modern family planning for the first time?

   **Probe:**
   **vi.** Did you fear/worry?
   **vii.** If yes concerning what?
   **viii.** Do you use any of the modern family planning method? If yes which one?
   **ix.** If no, why not and how do you plan children?
   **x.** **Probe**: Did you experience any challenge from family members or relatives when you started to use modern family planning services?
   **xi.** Is there anyone who asked you to stop? If yes, who is that person?
   **xii.** Did s/he tell you the reasons to stop? If yes, what are those reasons?
3. For how long have you been using modern family planning services? Probe:
   i. Are you still using?
   ii. If no, why?
4. Do you use these services in private or your family members know Whom did you inform that you are using modern family planning services? What was their reaction when you informed them?
5. What number of children do you prefer?
   Probe: Why that number of children

6. What are the tradition and norms factors that makes a woman not to use modern family planning?
   **Probe:**
   How does your partner, friends and in law perceive family planning?
   Does bride price affect the use of modern family planning?
7. What is your general opinion concern the use of modern family planning services?
   **Probe:**
   Do you think modern family planning services are against your customs and tradition?

**Appendix 3: Focus Group Discussion Guide**

1. What can you say about family planning?

   Probe: One contraceptive method after another

2. How is the community around here perceiving family planning?

3. What hinders a woman from using modern family planning?

   **Probe**: challenges a woman face when her family knows she is using modern planning services?

   What fear a partner has if a woman will start to use modern family planning?

4. Do you think modern family planning is against your customs and tradition?

5. If there is something you want to be added about family planning what is it?
6. If you are a leader and you want your village to improve FP usage, what techniques are you going to use to increase the rate of using FP?
7. What approach should be used to increase the rate of using modern family planning method in this village?