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Perceived usefulness of Contraceptives among Married Individuals in Rorya District

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Abstract

The increasing use of contraception methods worldwide has allowed couples to choose the number and spacing of their children. Despite impressive achievements, contraceptive use remains low while the need for contraception is high in some of the world's poorest and most populous places. Little is known about the factors contributing to the low utilisation of contraceptives in the Rorya district, particularly among married individuals where the prevalence of contraceptive use was only 28%. A qualitative design was used for six focus group discussions and six in-depth interviews conducted with married individuals to understand the perception of the use of contraceptives in the Rorya District. Respondents believe that contraception is important in reducing the number of pregnancies and improving health, as well as in limiting family size. Interviewees emphasised the need for more accessible outlets for contraceptives. Religious beliefs and myths about contraceptive side effects have been reported to influence contraceptive choice and use. Respondents are aware

of the health benefits of contraception for themselves and their children. Limited access, Myth, and religious beliefs continue to influence contraceptive use. Strategies to improve contraceptive use should ensure the availability and accessibility of contraceptives and tailored BCC, especially in low uptake areas.

Keywords: Contraceptives, pregnancies

1. Introduction

The unmet need for family planning is high in sub-Saharan Africa. Coupled with high fertility and unintended pregnancies, this has contributed to significantly poor maternal, newborn, and child health (Mrosso et al., 2021). Complications from unsafe abortion are directly linked to lack of contraceptive use and are responsible for 16% of maternal deaths in Tanzania (Kahabuka, Pembe, & Meglioli, 2017). Consequences of low contraceptive use include high teenage pregnancy rates, unsafe abortions, and high maternal mortality. If the unmet need for contraception is met, it will lead to significant sustainable improvements in quality of life and community development.

Increasing uptake in contraceptive methods in the 21 century has positively impacted people's lives. Contraceptive use has reduced poverty, maternal and child mortality, and women empowerment by reducing the undue burden of excess childbearing (Ahmed, Li, Liu, & Tsui, 2012). Contraceptives protect women from the risks of pregnancy by allowing them to plan pregnancy (World Health Organization [WHO], 2010). Contraceptive use occupies a high place on the global agenda. Thus, the Sustainable Development Goals (SDGs) target 3.7 and 5.6 and call for universal access to sexual and reproductive health services and sexual and reproductive health and reproductive rights by 2030. Despite the efforts, statistics show that in 2015 the global rate of contraceptive use was 64%. It is even lower, 41%, in middle-income countries. The global unmet need for family planning is 12% but higher, 22% in low-income countries[4]. Like many other LMICs, Tanzania has a low rate of contraceptive use. Four out of ten (38%) married women aged 15-49 are using any family planning method; that is, 32% use modern, and 6% use the traditional method (Ministry of Health CD, Gender, Elderly and Children, Salaam De, 2017). In addition, the 2015-16 Tanzania Demographic and Health Survey (TDHS-MIS) estimates that 61% want to use FP, but the need is not currently being met. Rates of unmet need are higher amongst rural women at 27% compared with 19.5% among urban women. Their fertility rate is as high as 5.2, far from the desired family size of 4.8 (Ministry of Health CD, Gender, Elderly and Children (Salaam De, 2017). Also, Tanzania has a very high rate of unintended pregnancies (Mrosso et al., 2021). There are regional differences in the use of contraception in Tanzania, with some regions performing better than others. In the Mara region, contraceptive uptake is deficient at 29% compared to other regions, with the highest being Lindi (52%), Ruvuma (51%), and Mtwara (51%). Despite various government and stakeholders' efforts, Mara is not doing well (Ministry of Health CD, Gender, Elderly and Children, Salaam De, 2017). Studies show that in 2016, the Total Fertility Rate (TFR) in the Lake zone, including the Mara region, stood as high as 6.4 (Ministry of Health CD, Gender, Elderly and Children, Salaam De, 2017).

Factors such as Gender-based violence (GBV) have been reported in the Mara region.

According to TDHS of 2016, the rate of GBV reported in Rorya is very high, with 39% of women experiencing physical violence in their lifetime. In addition, 28% of women said their first sex was forced. GBV contributes to low contraceptive use with high rates of unintended pregnancy and increases women's vulnerability (Mrosso et al., 2021). Other reasons for the low contraceptive uptake among married individuals in rural areas include socio-cultural issues such as polygamy and religious issues (Moronkola, Ojediran, & Amosu, 2006). Perceived usefulness is considered capable of influencing individuals' behaviour, including married women of childbearing age, when making decisions or seeking reasons to use contraceptives (Amijaya, Sulhaini, & Herman, 2021). Studies show that if people consider contraception necessary, they are more likely to use it for family planning (Kahabuka, Pembe, & Meglioli, 2017). However, the perceived usefulness of contraceptives remains insufficiently studied as a factor in Tanzania. This paper explores socio and cultural issues such as polygamy and religious practices that are barriers to the use of contraceptive methods among married individuals. The study will help develop new approaches such as demand creation and utilisation of community health workers for increasing the use of contraceptive methods among married individuals. The study plays a role in improving the effective use of contraceptives and family planning services. It thereby contributes toward reaching the sustainable development goals by decreasing maternal and child motility.

2. Material and Methods

2.1 Study Design and Setting

This study was designed as a qualitative study to enable an understanding of individual and social contextual issues associated with the perceived usefulness of contraceptives among married individuals in the Rorya district. This design helped the researchers to explore the lived experiences of the study participants for a deeper understanding of the usefulness of contraceptives among married couples (Kothari, 2004).

Rorya District is one of the nine Districts in the Mara region. The district is administratively divided into 4 divisions, which in turn are divided into 26 wards, and 87 villages. The population of Rorya District is estimated to be 217, 176 people, of which 101,907 are males and 115,269 are females (Ministry of Health CD, Gender, Elderly and Children, 2011).

Most Rorya residents (89%) depend on subsistence agriculture and livestock keeping as the primary source of income. Other economic activities include fishing and beekeeping (Ministry of Health CD, Gender, Elderly and Children, 2011). The district has a good health service infrastructure with health services delivered through a network of 3 hospitals, 4 Health centres, and 27 dispensaries (Ministry of Health CD, Gender, Elderly and Children, 2011).

The district is being recognised as the least district in the Mara Region in contraceptive update with 28%, followed by 30.1% Bunda and 34% Butiama (Welfare MoHaS, 2014). For two consecutive years, Rorya district remained the only district with low gradual change on the CPR of 27% from 2014 to 2015. Apart from being the district with a strong organisation operating in the provisional of family planning services, the trends show that contraceptive

uptake is severely low.

With CPR of 29% for the Mara region, Rorya District has a CPR of 28% among all women 15-49 years old. Rorya district was picked since it has low CPR and little is known about factors contributing to the low utilisation of contraceptive methods, particularly among married individuals (Welfare MoHaS, 2014).

2.2 Study population and Sample Selection Procedure

This study used in-depth interviews (IDI) and focus group discussions (FGD). In their households in selected villages, men and women of childbearing age (15-49) were invited to participate in IDIs and FGDs. Married individuals who had been in a stable relationship for at least six months participated in IDIs and FGDs. Socio workers conducted discussions with a pair of male or female for male or female respondents, respectively.

Six FGDs were conducted to obtain adequate information regarding the perception of contraceptive use among married individuals. FGDs have been conducted in six (6) villages out of 12 villages which were selected purposely. Three FGD sessions for groups of men and women were held in each village. Each FGD lasted between 50 to 60 minutes. Group sizes ranged from 10 to 15 and were moderated by two pre-trained data collectors. A recording device was used while also notes were taken to enhance transcription. The language used for FGD was *Kiswahili,* with explanations from respondents on issues that were not clear to the data collectors.

2.3 Data Analysis

Thematic content analysis was used to categorise themes that emerged after each interview. Transcriptions and summaries of emerging phrases in the discussion were documented. Data obtained at every interview was used to guide coding rather than a coding scheme. Information concerning the study was recorded to ensure the appropriate grouping of related themes. Two individuals with qualitative research experience re-examined the emerging themes for triangulation and logical conclusions on the perceived benefits of contraceptive use among married couples.

3. Results

3.1 Social and Demographic Characteristics of Interviewees and FGD Participants

The social and demographic characteristics of the study participants were as shown in the Table 1 below:

Table 1. Socio-demographic Characteristics

FGD No	Respondents	Sex	Age range	Level of Education	Villages
1	9	F	18-49	Primary & Secondary	Lolwe
2	8	M	18-49	Primary & Secondary	Nyamusi
3	10	F	18-49	Primary & Secondary	Ngope
4	8	M	18-49	Primary & Secondary	Maumau
5	9	F	18-49	Primary & Secondary	Sudi
6	7	M	18-49	Primary & Secondary	Nyambogo

Source: Field Work at Rorya District, 2016.

3.2 Perceived Benefits of Contraceptive Use Among Married Individuals

The perceived benefits of contraceptive use among married couples fell under three categories, namely: (1) reducing unplanned pregnancies, (2) health improvement for mothers and children, and (3) polygamy practices, as further explained below.

3.2.1 Reducing Unplanned Pregnancies

Respondents explained that using contraceptives for a couple to plan the time for having a child reduced unplanned pregnancies. For example, a female responded, "*I only stopped using injection as I felt the need to conceive another child of whom I considered my last born*". Contraceptives give the families space to have manageable children. Respondents explained the challenges of raising children during the economic crisis, particularly on COVID 19. A female responded that "*I inserted 5 years implant, which protected me for 2 years before I decided to remove it at the Dispensary after agreeing with my husband for us to have our third child, whom we consider being our last born because life is so difficult and for the time being we can only afford to give the basic needs in full to our two children and the baby we are expecting."* Male participants similarly explained that contraceptives reduce unplanned pregnancies for married couples. Male explained that using condoms has been effective for them, not pregnant women, to continue their economic activities like farming.

3.2.2 Health Improvement for Mothers and Children

Many respondents reported experiencing health benefits for children from using contraceptives. They said birth space gives a child chance to grow healthier. A respondent explained that the birth space for her two children of four made children grow healthier. "*Pregnancies with too close intervals together contribute to the poor growth of the children already born or to be born. Therefore, Contraceptive use helps the married couples plan their children's birth intervals so they can ensure the baby is getting the best care (that is one of the best interest of the child) before and after birth".* The response explained the importance

of healthy growth and the safety of the children in the community. It was insisted that the interval would benefit a child and a mother more. So the essence of family planning as the method would bring the gap for a mother, improving her health and maintaining the child's growth.

3.2.3 Polygamy Practices

A male responded with an emphasis on using condoms to protect his three wives. It was explained that the community practices polygamy, which attracts women to use contraceptives "*I forced myself to take condom to avoid having a football team to my clan."*

A male respondent married to three wives with eleven children explained that two of his wives performed Tubal ligation (BTL). He argued that the difficulty of life, coupled with the cost of paying school fees and land for children, would be challenging for him to have a large family.

On the other hand, some participants have a different opinion about not believing in contraceptives. They believe in having children to serve as a workforce in economic activities. They further believe that having children is proof of their manhood. It was viewed as prestigious to have a large family.

Few females responded that contraceptive is not a priority for being in a polygamous family that needs to compete to please the spouse with the number of children. "*I can't even dare to use anything that will prevent me from stopping birth as it will disturb my family; I need to have made this family happy, specifically my husband, by giving him more children so that he could continue loving me."* A female responded that men tend to practice polygamy when the women's bodies change due to birth.

3.3 Perceived Ease of Use Per Type of Contraceptive Methods

3.3.1 Community Perception

It was explained to both males and females that unpleasant sexual to use a condom. Respondents state, "*My partner does not agree to use condoms since he believes that it reduces sexual flavour. Therefore, I am using pills and injection methods for my protection".*

A male responded that " *..my wife is so persistent and conservative because of our religious belief which prohibits the use of contraceptives and tales other villagers have fed her that the use of Contraceptive is the plan set by whites to reduce the number of African population… but her mind changed when she saw our neighbour has only three children and she is living a comfortable life, while we already have five children, and the child age differs only in one-year interval… she gave the situation a big thought and she was able to change, and as I am speaking we have six children, and that is the end of us having children. Imagine what could have happened to us without family planning."*

3.3.2 Accessibility Reflection of Contraceptive Methods

The respondents mentioned the preference for injections and pills for being easy to get the service even in remote places. It was said that *"our near dispensary does not provide any of*

Long-Acting and Permanent Method (LAPM), all methods of Family planning provided only if Marie Stopes, UMATI and PSI came for outreach activities".

Most respondents explained the importance of Pharmacy services for contraceptives, particularly Injectable Pills. Most women emphasised accessing Pills at pharmacies at the time they do want to have a child.

Men preferred condoms being accessible in shops and not necessarily at the dispensary, pharmacy, or hospital. They even mentioned that condoms were to be provided for promotion during the events. Some responded by recommending other contraceptives available at the pharmacies in their community.

3.4 Confidentiality

Females responded to the opposition they faced from partners on the use of contraceptives. They said they preferred using injectables and pills to hide from their spouse.

Women commented that using the IUCD method is complicated and needs a lot of cleanness. The respondent who used IUCDs said they felt embarrassed that IUCD was being inserted in the vagina, which drives them to change it sooner with implants, injections, and pills. Another respondent stated, "*I cannot allow a nurse to put the method to my private parts while there is another method which does not abuse my dignity; it is an embarrassment for everyone to watch my private, let it be for my husband.*"

3.5 Misconception about Contraceptive (Myth)

Most respondents perceived contraceptives as having side effects on the human body. Such Implant and injections can lead to cancer or a bad shape by gaining too much weight. "*I witnessed a sibling's body weight increase after using contraceptives; in a few months, she was screened for cervical cancer and found to be positive"* respondents report preferring other means of contraceptives such as condoms and pills, which are used at intervals. They do not stay in the human body for long on the human body, unlike other types.

3.4.1 Attitude toward Sexual Reproductive Health

Some men who responded disagreed with the idea of women accessing contraceptives which, according to them, was inappropriate. For example, one man said, *"I do not think it's right for people to use family planning methods since it will affect their reproductive system and make them unable to get children."*

Most of the respondents noted that they could not recommend contraceptive use based on their religious beliefs, which prohibit contraceptives.

Many female respondents noted an unwillingness to recommend contraceptives to others for the men to provide a decision on the use of contraceptives. It was cemented with the complaints learned to some families that women accessed the contraceptive without male consent.

Many respondents said that, to some extent, they could recommend to others the use of

family planning; however, the hindrance is that some family supplies are scarce, like BTL and IUCD. Lack of access to contraceptive methods makes it hard to make a recommendation.

4. Discussion

This study shows that respondents perceive contraceptive use as necessary for economic and health reasons.

4.1 Perceived Benefits of Contraceptive Use among Married Individuals

Respondents perceived contraceptives as necessary for birth space and controlling the number of children. This, in turn, allowed the respondents to have more ability to carter for their families. With family size in control, respondents can engage in economic activities freely. The use of contraceptives improves the health of children and mothers and reduces unacceptably high maternal morbidity and mortality by 35% (Mrosso et al., 2021). Strengthening the use of contraceptives is a crucial step toward achieving Sustainable Development Goals (Welfare MoHaS, 2010). Therefore, it is possible to state that investment in contraceptive use in Tanzania will reaping immediate health benefits resulting from improving Tanzanians' health status and well-being and the long-term socioeconomic benefits.

Respondents explained that using contraceptives for birth spacing has helped control unwanted pregnancies. The findings in this study are consistent with other studies elsewhere (Ministry of Health CD, Gender, Elderly and Children, Salaam De, 2017; Ibnouf, Van den Borne, & Maarse, 2007; Almualm & Khamis, 2007). This offers a range of benefits for expanding educational opportunities and empowerment to women that advance their economic growth.

4.2 Perceived Ease of Use Per Type of Contraceptive Methods

The findings showed that the accessibility of contraceptives in rural areas is challenging. Tanzania's contraceptive method mix is disproportionately skewed to short-term methods (Welfare MoHaS, 2014). Of the 27% of married individuals who use contraceptives, more than 60% use a short-term method such as oral contraceptive pills (Welfare MoHaS, 2014). The method mix imbalance results from myriad supply-side factors that limit a woman's ability to access and choose the method of her choice (Mrosso et al., 2021). These include provider bias for short-term methods, lack of expertise in long-acting and permanent methods among health providers, frequent stock-outs of contraceptive commodities, and general myths about contraception and longer-term methods like the IUD (Moronkola, Ojediran, & Amosu, 2006). A balanced method mix, with women's access to and voluntary choice of longer-acting methods, is essential to achieving long-term reductions in mortality due to unintended pregnancy and empowering women to realise they are their sexual-reproductive health rights.

Participants explained that they wanted access to contraceptives near home, in health facilities, and pharmacies. This should include the availability of different contraceptive options that the users will prefer. TDHS 2015-16 determines that 35% of urban dwellers have

easy access to modern family planning services compared to 31% in rural areas (Welfare MoHaS, 2010). It also shows that for most rural residents who prefer condoms and some supported injections, the complicated methods seem to be avoided by people (Moronkola, Ojediran, & Amosu, 2006).

Partner support has been recognised as a significant factor in accepting contraceptives (Mrosso et al., 2021). Spouse consent impedes the use of family planning because the spouse is authorised to have the service allowed by the partner (Mrosso et al., 2021). Therefore, the choice of contraceptive method will be influenced by the partner. The results of this study are consistent with other studies elsewhere (Mrosso et al., 2021; Moronkola, Ojediran, & Amosu, 2006).

5. Conclusion

In this study, we have seen participants perceive using contraception as necessary. Contraception use help improves their health and that of their children. Further, participants report seeing contraception use to have direct economic benefits. However, fear of the contraceptive exists as some participants think contraceptive use can make them barren. It is therefore recommended that high-impact strategies to ensure commodity supply and tailored BCC be provided to areas such as Rorya, given the nature of the people and their negativity towards contraception.

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Declarations

The authors declare that they have no competing interests.

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