

Social Challenges and Women Use of Contraceptives at Mbagala Rangi Tatu Hospital in Dar es Salaam - Tanzania

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Abstract

This study assessed the social challenges that women face as a result of using contraceptives. The study used a case study design and a sample size of 306 women attending contraceptive services at Mbagala Rangi Tatu Hospital was used in providing data from questionnaire and interviews. Quantitative data was analyzed by using SPSS Version 21 whereby mean and standard deviation counts were used. Findings from the objective of the study (To identify social challenges that women face as a result of using contraceptives at Mbagala Rangi Tatu Hospital in Temeke Municipality) revealed that women overall rating of women turned out to be high (mean=2.77, ts=4.26) Time Series (ts) indicating that overall most women at Mbagala Rangi Tatu Hospital are highly socially challenged. The study concludes that in analyzing the social challenges to women use of contraceptive, it is helpful to note the positive contribution of the use of contraceptives such as improvement of the quality of relationships; increasing time to socialize with peers; facilitate opportunities to engage in community activities; remove expected interruptions and allow women to be stable in their work roles; enables women to pursue personal goals and the like. The government should prepare interventions that improve accessibility to contraceptives in all government clinics, health centers, district and regional hospitals as well as referral hospitals so that to enable people get clear awareness on the use of contraceptives and make it possible to avoid some of the challenges that most of women encounter as the result of using contraceptives.

Keywords: Social Challenges; Contraceptives

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Introduction

According to Bongaarts [1] family planning is one of the most important health interventions of the twentieth century. It enables women to plan their births and determine the number of children to have. Its use has far-reaching benefits for individuals, couples, households, communities, and society at large. These include maternal and child health improvements, educational advances, reduction of poverty and empowerment of women. Yet despite these benefits and ongoing efforts to expand its access, contraceptive use is still low and the unmet need for family planning is high in developing countries.

Data from numerous countries indicate that a women's contraceptive use is positively linked to parity [2]. Women of low parity (often identified as having had two or fewer live births) are less likely than women of higher parity to use contraceptives, even if they have a preference to delay or space their next pregnancy [3]. According to the United Nations, Department of Economic and Social Affairs, Population Division (2015), contraceptives are used by a greater proportion of married or in-union women in

almost all regions of the world. Worldwide, in 2015, 64 percent of married or in-union women of reproductive age were using some form of contraceptives. Among the other major geographic areas, contraceptive use was much higher, ranging from 59 percent in Oceania to 75 per cent in Northern America.

Contraceptive use in developing countries is considerably at a low level compared to other world regions. A report by United Nations, Department of Economic and Social Affairs, Population Division, indicated that until 2015, use of contraceptives was much lower in the least developed countries (at 40 percent) and particularly low in Africa (at 33 percent). As of 2015, the proportion of women who would like to use contraceptives but couldn't access those services (unmet need for family planning) was much higher in the least developed countries (at 22 percent), with many contributing countries belonging to sub-Saharan Africa, the region where the unmet need was double the world average in 2015. Some other scholars have indicated that few sexually active women in developing countries use modern contraceptive methods such as oral contraceptives and condoms [4-6].

Modern contraceptive use is still low in most sub-Saharan African countries where population growth, fertility and unmet need for FP are high. Asamoah, Agardh & Per-Olof [7] further emphasize that in many countries, principally sub-Saharan Africa, modern contraceptive use and prevalence is especially low and fertility is very high resulting in hastened population growth and high maternal and child mortality and morbidity. Despite variation in contraceptive uptake among different continental regions and countries, it is seen generally that the uptake has been increasing among populations since their introduction in the early 1900's. In Tanzania the same general trend is reflected. MoHCDGEC, MoH, NBS, Office of the Chief Government Statistician (OCGS), & ICF, (2016), report that the use of modern family planning methods has more than quadrupled since the first demographic and health survey, from 7% in 1991-92 to 32% in 2015-16. Much of this growth occurred in the last decade: use of modern methods among married women was 20% in the 2004-05 Tanzania Demographic and Health Survey (TDHS) and has increased to 38% until 2016.

Along with a realization of the general increase in contraceptive uptake in Tanzania and other world corners as well as its importance in improving maternal and child health, some researchers have paid attention to the negative consequences on the side of women that may accompany contraceptive uptake. The focus of many researchers has been on physical consequences such as menstrual bleeding, stomach problems, temporary infertility, dizziness, fatigue, or missed menses [8].

However, little attention has been paid by researchers to the psychosocial consequences that tend to accompany contraceptive use. As Klaus & Cortes [9] observe, while the widespread use of contraceptive has expanded life style and career choices for many women, their impact on the women's well-being, emotions, social relationships, and spirituality is seldom mentioned by advocates, and negative effects are often downplayed. Such effects are rarely mentioned in literatures on contraceptive effects and if mentioned, they are usually treated symptomatically [9].

Chebet [8] revealed that there is good number of women using contraceptives in Tanzania. However, the study findings identified effects as the result of contraceptives up-take which are excessive menstrual bleeding, missed menses, weight gain and fatigue. Women, their partners and community leaders also described concerns that contraceptives could induce sterility in women, or harm breastfeeding children *via* contamination of breast milk. Use of family planning during the postpartum period was viewed as particularly detrimental to a newborn's health in the first months of life.

Furthermore, the study conducted in Dar es Salaam by Kessy and Kayombo [10] revealed that the prevalence of contraceptive use was 70%, and injectables ranked first (30.8%) followed by pills (27.7%). Other contraceptive methods used were calendar, rhythm and condoms. The most common barriers and challenges on utilization of the contraceptives reported include disruption in menstrual cycle, headache, cancer and cardiovascular diseases [11,12].

So the above statistics provides enough evidence on the existence of a problem and hence it is through such motivation, this study critically assessed the social challenges that women face as the result of using contraceptives at Mbagala Rangì Tatu Hospital in Temeke Municipality [13,14].

Materials and Methods

Study area and target population

This study aimed to generalize its data to all women who received contraceptive or family planning services at Mbagala Rangì Tatu Hospital. The Reproductive Services Clinic at Mbagala Rangì Tatu Hospital serves an average of 50 women a day; equivalent to serving a maximum of 1,500 women per month and 18,000 women per year. The researcher took a monthly population i.e. 1,500 as the permanent target population because clients of reproductive services did not form a permanent population; women came and went, and their return was not guaranteed. Given this reality, the sample size was determined using non-probability sampling procedures.

Sampling procedure

This study employed a non-probability sampling technique namely purposive sampling. Purposive sampling was used in the sense that for a woman to be selected for participation, three major criteria had to be met: (1) A woman had to be residing in Temeke Municipality (the study area) and (2) A woman should have used contraceptive services for at least one year as a reasonable period for effects of contraceptives on fertility to be realized.

Sample size

In this study, the sample size was derived from the monthly population of women attending contraceptive services at Mbagala Rangì Tatu Hospital i.e. 1,500. Krejcie and Morgan [15] was used to compute the required sample size for the study. Hence, 306 women attending contraceptive services at Mbagala Rangì Tatu Hospital constituted the sample size of this study.

Data analysis

In this study quantitative analytical procedures were used to analyse data. The specific analytical procedures constituted statistical measures namely frequencies, percentage distributions, and mean and standard deviation counts. Computations of scores on questionnaire responses answering the study objectives were done using the Statistical Package for Social Sciences (SPSS Version 21).

Results and Discussions

The data was analyzed according to the objective, which was: To identify social challenges that women face as a result of using contraceptives at Mbagala Rangì Tatu Hospital in Temeke Municipality.

The mean scores in **Table 1** indicate that most respondents rated themselves high on nine out of the ten social challenges that women face as a result of using contraceptives with poor

Table 1 Social challenges that women face as a result of using contraceptives (n = 306).

S.No	Item	Mean	Std. deviation	t value	Interpretation
Social challenges					
1	Poor support from my husband/partner and family	3.33	0.65	5.12***	Very High
2	Decreasing harmony or brought misunderstandings in my family	3.06	0.45	6.80***	High
3	Role demands have been placed on me by my husband	2.87	0.68	4.22***	High
4	I experience negative treatment from my husband	2.81	0.7	4.01***	High
5	I experience conflicts in my sexual relationship	2.79	0.63	4.42***	High
6	My spouse knows nothing about contraceptive	2.77	0.61	4.54***	High
7	I experience financial constraints and lack of access to services	2.66	0.74	3.59***	High
8	I have poor knowledge of methods	2.53	0.78	3.24***	High
9	Contraceptive use is against my culture	2.5	0.7	3.57***	High
10	Contraceptive use is against my faith	2.35	0.76	3.09***	Low
Total		2.77	0.67	4.26***	High
***Significant at 0.01		Source: Primary data 2018			

support from husband/partner and family rating highest (mean=3.33, ts=5.12) interpreted as very high, followed by decreasing harmony or brought misunderstandings in their family (mean=3.06, ts=6.80), role demands have been placed on them by their husbands (means=2.87, ts=4.22), experiencing negative treatment from husband (mean=2.81, ts=4.01), experiencing conflicts in sexual relationship (mean=2.79, ts=4.42), spouse knows nothing about contraceptive (mean=2.77, ts=4.54), experiencing financial constraints and lack of access to services (mean=2.66, ts=3.59), having poor knowledge of methods (mean = 2.53, ts=3.23), and Contraceptive use is against culture (mean=2.50, ts=3.57) all interpreted as high.

However, most employees rated themselves low on contraceptive use is against faith (mean=2.35, ts=3.09), which by description in the study refers to disagree, interpreted as low. This means that most women do not use faith as an excuse of not using contraceptives.

To generate a summary picture on how women rated themselves on social challenges that women face as a result of using contraceptives index (i.e. total) was computed for all the ten items on the construct which turned out to be (mean=2.77, ts=4.26) indicating that overall most women at Mbagala Rangi Tatu Hospital are highly socially challenged. This means that the existing social challenges facing them are too much to the extent of giving up the use of contraceptives (**Table 1**).

Interviews results on the social challenges that women face as a result of using contraceptives

Interview findings primarily established that there were respondents who were using contraceptives without the knowledge of their husbands. Responses to whether their decision to use contraceptives improved their relationships with their husbands met with responses such as: “..hajui kama natumia. Najificha...”

“..Mume wangu akaniamuru nisitumie tena...”

This translates to:

“...he doesn't know that I use contraceptive. I am hiding it from him...”

“...my husband has cautioned me not to use contraceptive again....”

One respondent categorically stated that she was psychologically affected as she became pregnant whilst using the injection as a form of contraceptive. She stated that: “...nimetumia na nilipata ujauzito katika matumizi..”, translating to “I became pregnant whilst using them.” This resulted in conflict with her spouse who had fully supported her use of contraceptive.

Another responded added “...my husband is a masters holder person, I married him because he was very smart then but when it comes the use of contraceptives he is ignorant and like uneducated person ... he does not want even to hear me speaking of contraceptives or family planning because he has money and he think money is everything... ” these findings are contrary to Wang and Chiou [9] who revealed that women who believed that their husband had a positive attitude toward contraceptive were more likely than those whose husbands had negative attitude. Also, the spousal relationship has demonstrated predominantly crucial in the hierarchy of social support on contraceptive use, with numerous studies evidencing the husband's influence over contraceptive use or uptake.

Another interviewee said “...mie unavyoniona standard seven... mume wangu alinjaza mimba kipindi ndo nataka nianze form one ila nikashindwa.. kwasasa nakwambia sidanganyiki mie kipaumbele changu family planning sirudii kosa!...” translation for this “the way you see me I am a standard seven, my husband impregnated me when I was about to join form one.. so I failed to join.. but now trust me, my priority is family planning I cannot repeat the same mistake!...” the findings are supported by Sonfield [11] who assert that by giving women control over their fertility, they are thus able to complete their education without hindrance and then be able to go on to pursue higher paying employment.

Another woman said “.....If a woman believes that her husband supports contraceptive, her odds of using a method are increased; conversely, when a woman feels nervous about communicating with her husband about contraceptive or her husband makes the contraceptive choices, her likelihood of using a method is decreased.....”

Perceiving that most of one's peers practice contraceptive is strongly associated with method use among low-parity women. One of the interviewee said "...*The opinion of partners and peers can affect a woman differently depending on whether she has few or many children...and you know it's obvious that for low-parity women, a husband's positive attitude toward contraceptive and their ease of communication with their husband are significant to their contraceptive use...*"

In a resentful mood, another woman commented: "...*what is the good of refusing a husband's sexual demands? They will never let us alone... [If I refuse] he will go to some other woman and then what will become of me and my children..*"

Another woman added: "...*the men could not care less about family planning—you never see a man going to a family planning clinic. Some, I think, would like to have more children to keep the women at home just like my husband... I am not ready though that's why he cannot find out about my use of contraceptives...*"

Generally, findings also revealed that the types of individuals considered to have had significant influence woman's contraceptive decision making were evidenced to be her husband and her female peers, and other times, minimally, however, culturally influential people such as elder women in the community.

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Conclusion and Recommendation

Based on the study findings the study concluded that;

- In analyzing the psychosocial challenges to women use of contraceptive, it is helpful to note the positive contribution of the use of contraceptives such as improvement of the quality of relationships; increasing time to socialize with peers; facilitate opportunities to engage in community activities; remove expected interruptions and allow women to be stable in their work roles; enables women to pursue personal goals and the like.
- The government should prepare interventions that improve accessibility to contraceptives in all government clinics, health centers, district and regional hospitals as well as referral hospitals.
- The government should prepare and run a national wide campaign on education regarding contraceptive methods, preferably from those within the community.
- The government should prepare intensive counseling interventions in all government clinics, health centers, district and regional hospitals as well as referral hospitals with multiple contacts needed to improve adherence and acceptability of contraceptive use.
- The government should train and support skilled health providers to administer all methods, including long-acting family planning methods, and counsel youth on family planning. Involve males in family planning outreach and service activity.

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