

# The Use of Family Planning Methods (FPMs) in Ilala Municipality, Dar es Salaam, Tanzania

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## Abstract

*This paper examines the use of family planning methods in Ilala Municipality, Dar es Salaam, Tanzania. A total of 55 respondents were involved in the study. The study used both quantitative and qualitative techniques in collecting and analysing data. A questionnaire, in-depth interviews and documentary review were used to gather data. The findings indicated that the modern family planning methods, such as condoms and oral contraceptives like postinor-2, the morning after pills, injection, and implant, were preferred over the traditional family planning methods, such as withdrawals, calendar rhythm method and periodic abstinence. The factors influencing family planning methods were education, access to information, fear and unfounded ethical beliefs, number of siblings, children as an indicator of one's high status, prestige, and children confirming one's virtue. Generally, the use of family planning methods was determined by socio-economic status of the users and environmental variables. Therefore, it is recommended that the stakeholders construct health centres and educate people on good family planning methods.*

**Keywords:** Family, Planning Methods, Ilala Municipality, Dar es Salaam, Tanzania.

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## **Introduction**

Population policies are state interventions that target the most intimate and private aspects of citizens' lives. The benefits of family planning for those who desire it, and the possibilities of coercion against those who do not, are well-known aspects of international population policies. In Africa, such policies have increased efficiency and adequate investment in family planning through the public and private sectors, which is the key to meeting the family planning 2020 goal of helping 120 million additional women become modern contraceptive users (Guttmacher Institute, 2017). This is to say that although there are widespread of family planning methods (FPMs), not all people use them. Some are typically against use of certain methods in planning their families. The acceptance or rejection of these FPMs depends on the socio-economic factors that operate within one social locality to the other.

The widespread adoption of FPMs represents one of the most dramatic changes of the 21<sup>st</sup> century. The growing use of contraception worldwide has increased the ability of couples to choose the number and spacing of their children and to have tremendous lifesaving benefits. As observed by Lie, Soucat and Basu (2015), Reproductive Health Supplies Coalition (2016) and Guttmacher Institute (2017), benefits to FPM in the year 2020, the average cost per person in developing regions for modern contraceptive services and maternal and newborn care was US\$8.56 or US\$53.6 billion annually. Investing in contraceptive, maternal and newborn services together results in a net savings of \$6.9 billion compared with investing in maternal and newborn health care alone. Such a budget has raised the percentage of use at the global level over the use of FPMs. Donors and individuals are responsible for nearly half (49%) of the costs of reproductive, maternal, neonatal, and children's health, including FPMs provisions. Yet despite the impressive gains,

contraceptive adherence is still low in some parts of the world's poorest, developing and most populous population or countries, including Tanzania (Smith et al., 2009).

Growing evidence has underscored factors limiting contraceptive prevalence. These factors include the widespread misconceptions and concerns about side-effects of which 62% of women were informed to have low acceptance of long-acting methods; erratic supplies and limited range of choices; gaps in provider knowledge and skills (along with provider bias of which 46, 51 and 64% were the distribution of skill providers in 2004-05, 2010 and 2015-16, respectively); and finally, competing priorities pursuing scarce resources (TDHS, 2015-2016). In addition to the above, limited male involvement in family planning, poor communication between spouses and the perceived prestige of large families also contribute to low use of FPMs which all of these are affected by the wealth status of users (TDHS, 2015-2016). Other predictors are in the category of demographic variables, and these are gender, wealth status, education level, ethnicity, place of residence, and family size (Mackenzie et al., 2010). For example, according to The United Republic of Tanzania (2008), about 8.1% of women preferred contraception methods higher than men, who preferred contraceptives at 7.2%. Not only that, but also the TDHS (2010) showed that only 22% of women with no education were using modern methods of contraception as compared to 52% of women with at least secondary education. Contraceptive use also increases rapidly as living children increase, reaching 41% for women with 3 to 4 children. The use of contraceptives also increases with the wealth status, from 23% of women in the lowest wealth category to 51% for women in the highest wealth category. In addition, the number kept increasing by 52% in some regions, such as Lindi and 61%, an average rate for Tanzania as a whole (TDHS, 2016). On the other side, the government repeatedly budgets annual funding for contraception, confirming their

understanding of its importance. However, the actual availability of funds for family planning methods remains problematic, thus allowing some people to continue depending on traditional FPMs (TDHS, 2010, 2016). The trend in the use of contraceptives is increasing with time and space. In the 1990s, quality family planning programs excelled in Tanzania; the number of women using modern methods of contraception raised from 6.6% in 1992 to 13.3% in 1999. The use has been increasing with time in such a way that it rose from 20% in 2004-05 to 32% in 2015-16. This indicates the increase in the use of FPMs in both urban and rural areas (TDHS, 2010 and 2016). In Tanzania, particularly Ilala municipality, 93.33% of people were aware of FPMs, but the majority (85.8%) seem to have little knowledge about how the different types of FPMs function. Various studies, including that of Ayoub et al. (2017), have shown that despite many people having a positive attitude which accounts for 70.83%, 29.17% were found to be at risk of getting pregnant, and few (8.33%) do use FPMs but with very low skills that could not prevent them from getting pregnant. It has been so because even the majority of men who could contribute to the use of FPMs are willing to get into sexual intercourse without using any kind of FPMs due to unknown perceptions. Thus, one can generally say that efforts over FPMs should be directed towards both women and men since the factors influencing the use of FPMs are multidimensional that requires a combination of efforts.

So far, in the Ilala municipality, access to FPM is not good enough. This has been observed through the study by Burrus, (2016) and others. Thus, the most preferred FPMs is not known of which the ministry of health and social welfare as well as non-government organisations face difficulties in designing simpler mechanisms to supply such particular FPMs. Furthermore, although this is well known, little is reported in understanding the use of the various family planning methods.

Therefore, the main objective of this paper is to examine the use of family planning methods in the Ilala Municipality.

## **Literature Review**

Pathfinder International (2008) defines Family Planning (FP) as the ability for a woman and man to control the timing and number of their pregnancies. This plays a crucial role in advancing quality health improvements to meet Sustainable Development Goals (SDGs). In addition, Michael (2012) defines FP as a program to regulate the number and spacing of children in a family through contraception or other birth control methods. In Tanzania, about 26.4% of married women are reported using any method of contraception, while modern methods reached a prevalence of 20% (TDHS, 2010). However, the trend of use has been increasing, and this has been reported by the TDHS (2015-2016) that nearly 4 in 10 (38%) married women aged 15-49 use the family planning method. Such an increase can help the rapid population growth strategies, which is emphasised in many parts of the world.

Regarding the adherence of FP methods, in the late 1990s, Pathfinder established the association with religious leaders, helping them contribute and advocate for a population policy that would address Tanzania's urgent needs and be accepted by the citizenry. This has been the case to some people not adhering to the acceptance of FP methods because of beliefs among many religions and worshippers that the use of contraceptives like condoms is a sin to God (Srikanthan and Reid, 2008). In the 2020s, peoples' awareness has increased, leading to increased use of MFPMs. The TDHS (2016) shows that, only 6% of women used traditional methods. Others used the modern family planning method in the distribution that 6% used morning after pills, 7% used implants,

13% used injection, and 70% used any modern method such as Copper T and levonorgestrel. Thus, there was a likelihood of phasing out traditional family planning methods such as coitus interruptus (withdrawal method), periodic abstinence method and breastfeeding or locational amenorrhea method in many areas.

Nevertheless, apart from some factors that limit the increasing trend of contraceptive methods, the data from Tanzania mainland show that most women using contraceptive method use a modern method. In addition, the use of modern contraceptive methods increased by 20% from 7% in 1991-1992 (URT, 2010) to 80% from 20% in 1994-2009 (Ross and Stover, 2013). On the other hand, improving access to reproductive health continues to be one of the priority areas for government interventions. This is reflected in training provided for 2,100 service providers in safe child delivery, family planning, and reproductive health for youth 2007/08, increasing uptake of family planning, at 20% of the relevant population. The government procured 50% of the country's contraceptives to keep the momentum. In Zanzibar, for example, the use of FPMs increased from 22.7 to 42.4% (World Health Organisation, 2010). In case of preference, some literature (e.g. URT, 2008) shows that 5% of women use traditional methods by believing that they are healthy compared to modern ones. Smith et al. (2009) also supported this claim that the traditional methods of FP are healthier to use. Those who prefer the modern to the traditional FPMs rely on the use of injection (9%), the morning after pills (5%) and male condoms (4%) (Nair et al., 1999) which increased 6% used morning pills, 7% used implants, 13% used injection, and 70% used any modern method since the year 2016 (TDHS, 2016). This indicates a prevalence of more than one FPM in Tanzania.

Generally, the average over the trend of FPMs indicates that Tanzania is one of the countries with a low rate (34%) on utilisation of contraceptives compared with developed and developing

countries. In the Ilala municipality, the issue of increasing knowledge by a seminar on utilisation of all types of contraceptives that spells the usefulness and possible side effects likely to occur to users of contraceptives is required. This will help contraceptive users have an informed choice of contraceptives to use for family planning. So far, the safety and efficacy of traditional herbs used for FPM should be scientifically studied. They may provide an alternative to present contraceptives that have been shown to have side effects (Kayombo, and Kessy, 2015; Cleland et al. 2011). Viewing all the literature, the gap emerges in the aspect of preferences between traditional and modern family planning methods. Many scholars have not investigated the factors that determine the variation in terms of preference rather they have simply narrated the distribution of family planning in general. Despite of the use, this paper has gone far by exploring the use in the context of traditional and modern family planning methods based on socio-economic and environmental factors.

## **Materials and Methods**

### ***Description and Justification of the Study Area***

Tanzania consists of 26 regions and 133 local authorities. These authorities are clustered into districts, towns, municipalities and city councils, which all provide health services. However, this study was focused on the municipal council because in the urban areas, the pressures and demand for family planning methods were high. For reason of convenience, (easily accessible), the urban area used in this study was the Ilala municipality, specifically the Buyuni ward. To cover a wide array of information on family planning methods, the study mainly focused on individuals and couples in some cases. The area was suitable because up to 2015, Kayombo and Kessy (2015) observed that the percentage distribution over the use of FPMs in the Dar es Salaam region,

especially the Ilala municipality, was large (70%) compared to other regions in Tanzania. This implies that there was a possibility of getting a sample size with FPMs experience.

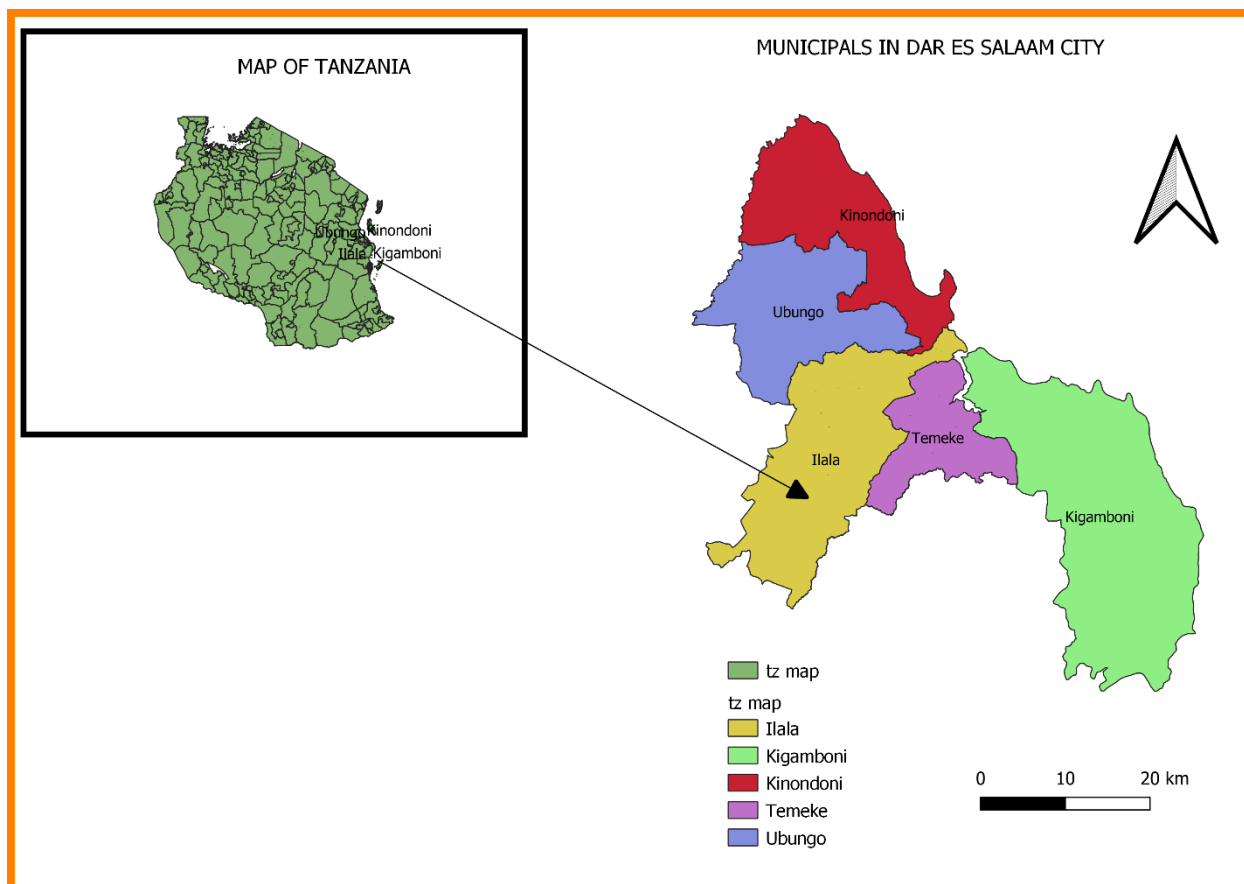


Figure 1: The Study Area of Ilala Municipality  
Source: GIS production, 2020

### ***Research Design***

In this study, an exploratory case study design was used to examine the use of Family Planning Methods (FPMs) in the Ilala municipality. A comprehensive research strategy with an all-encompassing method was used (Yin, 2009). The benefit of employing case study design is its ability to investigate a contemporary phenomenon within its real-life context while using multiple sources of evidence.



### ***Sample Size and Sampling Procedure***

Purposive and simple random sampling techniques were used. First, purposive sampling techniques were used to select the study area (municipal and ward). Then, simple random sampling was used to get respondents in Ilala municipal that participated in the study. Simple random sampling was employed because it gives an equal chance for each population element to be included in a sample as confirmed by Cohen et al. (2006) and Kothari (2004) compared to other sampling procedures. Purposive sampling was also used to select key informants deemed to possess crucial information for the study. This method was used because of some defining characteristics that make the informants the holders of important information required for the research problem as stated by Maree (2007).

The sample size consisted of 59 respondents. Forty-eight (48) of these respondents were involved in filling in questionnaires. Seven (7) who were key officials of Ilala Medical Store Department (MSD), and worker at Buyuni health centre were involved in-depth interviews. Since it was important to seek information from some local leaders two (2) street chairpersons and two (2) vendors were purposively selected for in-depth interviews. The street chairpersons were selected for the study because of their positions as leaders dealing with lower-level health matters in society, and they were close to the people.

### ***Research Approach***

This study used a combination of qualitative and quantitative approaches to collect data. This was important because analysing family planning methods needs a wide array of information from a wide range of sources. Thus, qualitative methods provided the description of family planning methods, whereas the quantitative approach provided the quantity of use.

### ***Data Collection Instruments and Administration***

The study used data gathered from primary and secondary sources. Primary methods involved household in-depth interviews and questionnaires. In-depth interviews with eleven (11) including seven (7) key officials, two (2) street chairpersons, and two (2) shop FPMs vendors were conducted to fill the study purposes. These people provided important information on family planning. The key informants were from the public servants in health institutions, and local government authority who responded to interviews as an additional information to questionnaires (both closed and open questions). Secondary data were obtained through documentary review including published and unpublished literature such as books, journals, magazines, media reports, government reports, etc. these materials were critically reviewed to gain and evaluate family planning methods (FPMs).

### ***Data Analysis***

The quantitative data were analysed using a statistical tool known as Statistical Package for Social Sciences (SPSS version 20) whereas the qualitative data from primary sources and secondary data were analysed using content analysis. Secondary data were used to mismatch with collected information from primary sources. It served as an explanatory tool in lensing primary data, which were analysed thematically whereby emerged themes were synthesised while triangulated with availed secondary sources.

### **Findings and Discussion**

This part presents the findings based on two themes as shown in the study objectives. These are assessment of the preferred family planning methods and their availability and exploring the factors that influence the use of family planning methods.

### ***Preferred Traditional and Modern FPMs***

The study assessed the use of traditional and modern contraceptives. About two-thirds of the studied population used modern contraceptives, whereas one-third used traditional contraceptive such as tree roots and menstrual cycle. Using questionnaire as one of primary methods of data collection, the researcher asked whether the respondents prefer modern to traditional contraceptives or not. The results were found as indicated in Figure 2.

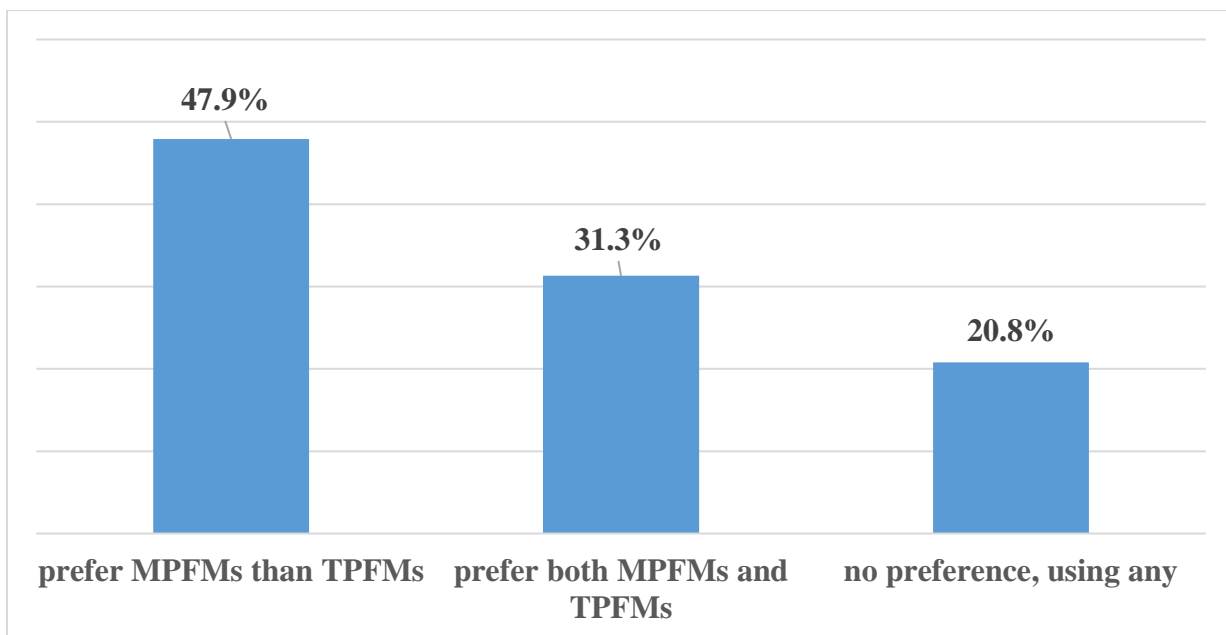


Figure 2: Preference of Modern to Traditional Contraceptives

Source: Compiled from field data, 2017 - 2020

The study found that modern contraceptives were more preferred than the traditional ones (Figure 2). Distribution of 47.9% preferred more modern than traditional contraceptives. On the other hand, 31.3% preferred both modern and traditional family planning methods, and 20.8% neither preferred traditional nor modern family planning methods. However, these findings are not the same but similar to TDHS (2010 and 2016), which shows that only 22% of women with no education were using modern methods of contraception as compared to 52% of women with at least secondary education. Similar to interviews, one of the hamlets, a female leader, reported the

interest of those females who had not gone to school preferred using MFPMs but were limited by lack of awareness. So far, negative perceptions of MPFMs among uneducated females and males by looking at negative side effects were larger than educated ones who believed the positive effects of MFPMs. In this regard, the use of any method is declining by increasing the option of MFPMs. This is justified by comparing the results to that of TDHS (2015-2016), which indicated that 54% of women were using any method, of which 46% use modern methods (MFPMs), and 8% used the traditional method. This indicates increasing positive perception over the MFPMs to both educated and uneducated users. Based on the trend, this study indicates the increase of using contraceptives by 79.2% of those who preferred the MFPMs and TFPMs. It is said to increase because when compared to the findings by Kayombo and Kessy (2015), it is evident that the use of family planning in the Ilala Municipal, and the case of Kitunda in particular was 70% of which injections ranked first (30.8%) followed by pills (27.7%). Other contraceptive methods used were calendar, rhythm and condoms. This increase of 9.2% occurred within only two years (i.e. from 2015 to 2017 when this study was conducted). Such an increase has been aggravated by different barriers in the utilisation of contraceptives, including awareness, wealth status, affordable price of FPMs and influence from government and private stakeholders.

### ***The preferred Family Planning Method by Sex***

In this study, people of different sex showed varied preferences over the use of family planning methods. The preference by the sex was based on modern family planning methods on one hand and traditional methods on the other. The findings are presented in Table 1.

Table 1: Preference between modern and traditional family planning methods by sex

Sex	Distribution	Preferred FPMs			Total
		Modern	Both	Traditional	
Female	No	6	4	6	16
	%	12.5	8.3	12.5	33.3
Male	No	17	11	4	32
	%	35.4	22.9	8.3	66.6
Total	No	23	15	10	48
	%	47.9	31.3	20.8	100

Chi-square = 404.3, degree of freedom = 2 and P-value = 0.132

Source: Compiled from field data, 2017 – 2020

Table 1 above indicates that 47.9% of respondents preferred modern contraceptives to traditional ones. On the other hand, 31.3% used both traditional and modern contraceptives depending on the circumstances and exposure of a person. So far, the remaining percent (20.8%) preferred traditional methods. Thus, these findings indicate two categories of family planning users, including those who employed the use of traditional family planning methods and those who used modern family planning methods or both. The findings were not statistically significant as indicated by a P-value of 0.132 and are in line with Michael (2012), who argued that the use of modern family planning regulates the number and spacing of children in the family than traditional family planning methods, which are phasing out with time and place. Interview tips indicated that the majority preferred modern contraceptives because they are more available than the traditional contraceptives. One of the hamlets said:

*We are nowadays using MFPMs because they are more available than TFPMs. Such scarcity of TFPMs is caused by the disappearance of local medicinal plants due to urbanisation, peoples' modernisations, global changes overpopulation policies, miscarriages for those who do not use MFPMs and many other reasons. For that reason, many people have been using MFPMs despite the challenges of getting them (Male respondent with primary education aged 28 years at Buyuni ward dated 7.6.2020).*

### ***Factors that Influence the Use of Family Planning Methods***

Basing on family planning methods, two issues were studied in this study:

1. To confirm whether there are factors that determine the use of family planning methods
2. To assess the factors that do or do not influence the use of family planning methods.

### ***Factors that Determine the Use of FPMs in the Studied Area***

Respondents were asked whether there are factors that determine the choice of family planning methods. Findings in Figure 3 indicate that majority of respondents (73.9%) said that there are factors that determine the use of family planning methods. In contrast, the remaining 26.1% of the respondents said no factor influences family planning methods. The distributions of these findings are summarised in Figure 3 by a circular statistical graph.

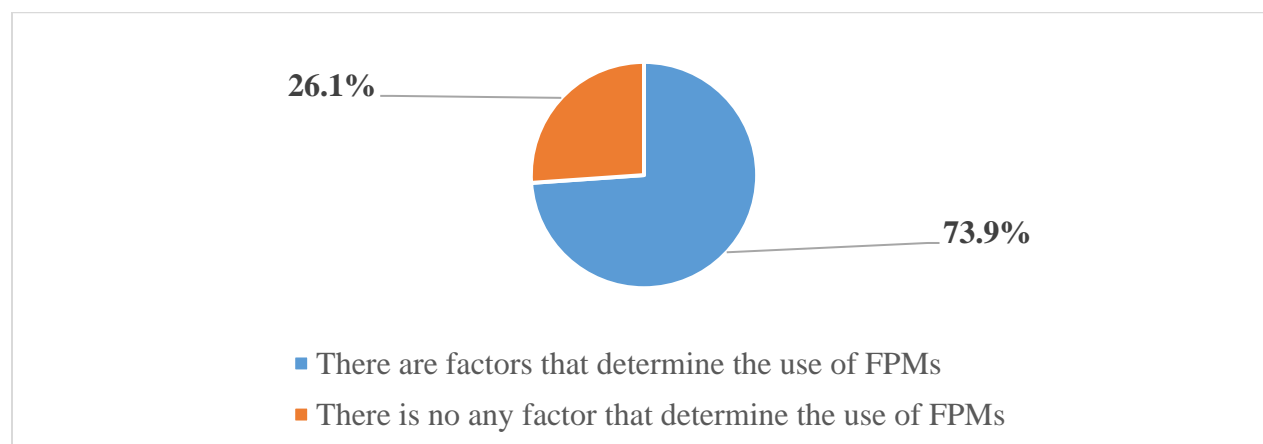


Figure 3: The factors that determine the use of family planning methods

Source: Compiled from field data, 2017 - 2020

Therefore, by analysing the factors determining the use of FPMs, most respondents agreed that there are family planning methods in the country, as shown in Figure 3. Based on such distribution, it is an indication that there are people using FPMs in the study area. The use of FPMs has reduced fertility trends in the study area and other parts of the world. Some users preferred MFPMs, others TFPMs at different levels and magnitude due to different reasons like health status, levels of

education, distance from the health centre, religion, wealth status, advice from clinical officers and the like. Some of these limiting factors for the use of contraceptives are caused by the funding gap as reported by Hoehn et al. (2015) that amount of US\$322 million in 2020 for FPMs alone was not enough to cover the growing population of 7.6 billion people of which nearly 6 billion are users.

### ***Factors that Encourage and Discourage the Use of FPMs***

This section explored the factors that encourage and those, which discourage the use of FPMs. The essence of this analysis was to justify that the presence or absence of FPMs is not the only reason that determines their use; rather, there are factors, which affected the use differently with different proportions as indicated by the percentage distribution in Table 2 and 3.

### ***Factors that Encourage the Use of Contraceptives***

These factors force or make a person use family planning methods. Some of them were identified as follows:-

Some data from key informants show the residence and education to be among the key variables determining the use of contraceptives. However, these variables have adjusted solid effects in the expected direction that urban women and women that are more educated are much more likely to use family planning methods than women who live in rural areas or have less education. These findings are similar to Nair et al. (1999). In fact, many users are not aware of the effectiveness of these methods. For example, most users are unaware that Levonorgestrel of 52 mg Intrauterine Device (IUD) is no less effective than the Copper T380A IUD for the use as emergency contraception, as highlighted in TDHS (2015-2016). Thus, users should be educated on the variations of family planning methods.

In addition, the nature of the relationship that existed between couples determined the use of contraceptives. Data from interviews indicate that family planning among married couples is lower than those whose relation is primarily non-marriage (cohabited). This was caused by fear of unplanned pregnancies before marriage.

In addition, the advice from friends and family members is another factor influencing the use and choice of family planning methods. The presence or absence of kids in the household determined contraceptives. An individual or couple with many kids is advised to use the family planning methods if the desired family size is acquired. In other ways, those with no kids are unlikely of using family planning methods. It was also observed in the issues of birth spacing and parity progression that for the family to have elongated bath spacing; they were advised to use more contraceptives during sexual intercourse duration and use information from the media. Mass media was an important source of information for women and men. Those with communication networks about family planning methods know more about how and when contraceptives are used than those not linked to communication networks. In urban settings, most respondents who were linked to means of communication increased awareness of the availability and use of FPMs.

Further, several siblings in the view of family size and family composition based on sex preference determined family planning methods among many respondents. It was found that many families have a limited family size. When the desired number of children is not acquired, the probability of using family planning methods is very low compared to those who have met the desired family size. This was mainly possible to those with the desired family size but also ranging in the desired family composition in the sense of sex preference. World Health Organisation (2020) reports that the need for family planning has stagnated globally at around 77% from 2015 to 2020 but increased



from 55% to 58% in the Africa region. Therefore, modern family planning will increase from time to time.

These factors, which encouraged family planning methods (residence, education, relationship, advice from friends, and the number of siblings), were common in the study area. However, most of these were linked to levels of wealth among couples in the concept; for example, those with awareness and willingness to use some were unable to afford proper and good MFPMs. Thus, it ended in a large family size which was not the option. Other factors include birth spacing, parity progression, mass media, and awareness.

Table 2: Factors that encouraged the use of family planning methods

sn	Factors	Frequency	Percentage
1	Residence and education	7	14.5
2	The nature of the relationship determined the use of contraceptives	6	12.5
3	The advice from friends and family members	5	10.4
4	Number of siblings in the view of family size and family composition	9	18.8
5	Birth spacing	8	16.7
6	Parity progression	7	14.5
7	Mass media	3	6.3
8	Awareness	3	6.3
<i>Total</i>		<i>48</i>	<i>100</i>

Source: Compiled from field data, 2017 - 2020

Variation was observed between one factor and another due to different percentage distribution as indicated in Table 2. The first factor that affected the use of family planning is the desired number

of siblings in the view of family size and family composition at 18.8%. It was followed by birth spacing at the proportion of 16.7%. So far, residence, education and parity progression affected family planning methods at 14.5% of respondents' opinions. Other factors include the nature of the relationship determined the use of contraceptives (12.5%), the advice from friends and family members (10.4%), mass media (6.3%) and awareness (6.3%). These findings align with the Tanzania Demographic and Health Survey (2016) that poor awareness of users is evidenced by the percentage distribution of using such contraceptives. For example, the said results show that only 6% used traditional methods. In contrast, 6% of modern family planning used pills, 7% used implants, 13% used injectable, and 70% used any other modern family methods. These data indicate that many users opt for modern contraceptive family planning methods, which are largely influenced by a number of siblings or family size, residence and education, birth spacing, the relationship of spouses and the rest as indicated in Table 2.

Furthermore, the nature of the relationship determined contraceptives at a moderate rate compared to other factors. At one point in time and place, the respondents' opinions indicated that they usually use condoms and other FPMs available for the first time when unmarried couples meet. As time goes, the need for using condoms disappeared between couples unlikely to married couples. Such observation has also been observed in Schenker's study (2000) that sexual relations are valued and encouraged FPMs within marriage only.

### ***Factors that Discourage the Use of Family Planning Methods***

Contrary to factors encouraging family planning methods, some factors prevent using family planning methods. These factors do not influence or do not make a person use family planning methods. Some of these factors were identified as follows:

There was a notion of having children as a status, prestige and confirmed one's virtue, having children enhances good image of woman, clan and lineage extension and continuity. More so,

childbirth, the factor which accounted for 37.5% (Table 3), is a proof that one has been favoured by spiritual forces and deceased ancestors. Moreover, many children are a source of farm labour, old age security, lack of forwarding planning and belief in fatalism. But the taboo against husband and wife discussing sexual matters, early marriage for women and infant mortality and the fear of children dying or becoming disabled limited the maximum number of kids as it has also been observed by Bongaarts and Bruce (1995) and Bongaarts (2011) in the theory of wealth floor generation.

So far, the distance between centres of FPM services and users has hindered family planning methods. The opinions of almost 27.1% of the respondents made it difficult to access modern family planning methods due to the long distance from one dispensary to another or one health centre to another. Only condoms were mostly found in different shops than products that might be associated with the other methods. One barrier observed towards the access of condoms was that they were being sold at high price so that those with no money could not opt for such a method. A similar case was observed by Smith et al. (2009), who stated that only 9% used injection, 5% used to plan by drinking pills and male condoms (4%), which in total brings 18% as an implication that the remaining percentages were not in the use of FPMs.

In the context of the availability of local medicine as a supplement to modern ones (18.7%), the study found that people's modernisation and urbanisation has led to the liquidation of local medicines. Thus, traditional family planning methods are not found in some urban areas; hence, modern family planning methods have replaced this gap. The most remaining traditional family planning was the calendar, withdrawal and abstinence, which seem to be difficult in practice in one way or another. Others have been liquidated due to different factors, including urbanization,

which is usually associated with cutting some crucial local medicinal trees to construct settlements. In addition, modernization forced the adoption of modern FPMs. Some individuals prefer the TFPMs, their faces get some allergies like pimples in their bodies. In contrast, to others, the MFPMs do not work at all. For example, a loop was reported by one of the key informants to be less effective to some females. Actually, in some health centres for those afforded to attend, they were advised to use TFPMs to ensure their bodies' health status. Similarly, the preference of either using TFPMs or MFPMs has been revealed in the report by The United Republic of Tanzania (2008), which indicates that only 5% of women opt for traditional methods because they believe that these methods are healthy safe compared to modern FPMs.

Other factors that discouraged the MFPMs were religion (16.7%). Some people believe that having a child adds status to men and women and is a blessing from God. So far, prestige and children confirm one's virtue in the concept that having children enhances good image of both men and women by not being perceived as sterilised couples. In view of religion and cultural beliefs, fear and unfounded cultural beliefs dropped modern contraceptive devices. An interview from one of the key informants had this to say

*In some religions, like Roman Catholic (RCs), condoms, abortion and the like are not allowed in fear of God. Therefore, using these ways is a sin (Male respondent with primary education aged 39 years, Buyuni Ward at Kigezi Catholic Unit dated 9.7.2020).*

Based on these preaches, RCs were discouraged from using MFPMs in their family planning strategies which increased the extent of using TFPMs. Similarly, Srikanthan and Reid (2008) at Queen's University observed that religion urges that people should not adhere to the FP methods because using these contraceptives, especially condoms, is a sin to God. The study shows that

Roman Catholic is the most predominant denomination, followed by Judaism, Islam, Hinduism, Buddhism, and Chinese religious traditions in influence.

Table 3: Factors that discourage the use of family planning methods

sn	Factors	Frequency	Percentage
1	Children as a status, prestige and confirms one's virtue	18	37.5
2	The distance between centres of FPM services and users	13	27.1
3	Availability of local medicines as a supplement to modern ones	9	18.7
4	Religion	8	16.7
<i>Total</i>		<i>48</i>	<i>100</i>

Source: Compiled from field data, 2017 – 2020

The distribution of data in Table 3 shows that factors that discourage family planning methods varied between one factor and another. In the course of analysis, it was found that Children as a status, prestige and confirms one's virtue discouraged much the use of family planning methods at the proportion of 37.5% than other factors like distance between health centres (27.1%), availability of local medicines (18.7%) and religion (16.7%). This shows that children as a prestige persist in rural and urban areas regardless of modernization, which has phased out several traditions in many areas. As argued by URT (2010), modernisation has increased modern contraceptive methods by 20% from 7% in 1991-1992.

## **Conclusion**

The trend of TFPM and MFPM indicates an increase in the positive perception over the MFPMs to both educated and uneducated users. The findings have revealed the factors that determine the use of contraceptives. Some factors identified are health status, levels of education, distance from

health centres and the availability of local medicines. The rest are religion, wealth status, and advice from clinical officers, friends and family members, number of siblings in the view of family size and composition, birth spacing, parity progression, mass media and awareness, as well as children as a status, prestige and confirms one's virtue in the society. Among all these factors, there were those, which encouraged while others discouraged the use of family planning methods. Generally, such varied factors have been determining the trend of the population in different areas.

### **Recommendations**

The study recommends that health centres that facilitate family planning be increased and extended closer to people. Further, it is also recommended that government and non-governmental organizations should provide reproductive health education through direct training or use of mass media that disseminate skills and awareness about family planning methods in relation to issues of family size and composition, birth spacing, and parity progression.

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