

Women Status and Culture on Contraceptive Use: The Case of Mbeya and Pwani Regions

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Abstract

The purpose of the study was to establish the impact of customs and beliefs and women status on contraceptive use. The concern was that, there is still low level of the use of contraceptives to control child bearing despite the government effort to sensitize both men and women in reducing the number of children per woman for purpose of regulating rapid population growth. Rapid population growth in any nation has big effect on the economy of the country and on provision of essential services to all. Despite high level of awareness about contraceptives and related advantages, accessible and affordable; contraceptives were not being used by couples and single mothers. This has raised lots of concerns. Reasons for this situation had to be sought. This study therefore intended to unfold the causes for the low use of contraceptives. The study was conducted in two regions; Mbeya for Wanyakyusa and Pwani for the Wazaramo. The study was cross sectional and used both qualitative and quantitative approaches. The sample was 748 women both rural and urban districts of rungwe and kibaha. The methods used to collect data were Focus Group Discussion, Face to Face interview and Questionnaire Administration. Data analysis used SPSS programme to process data. Before this stage, data went through factor analysis. After extracting some variables, a pearsons chi square test was run to get the association of variables. The results were that, inheritance, prestige and barrenness as customs and beliefs variables have close association with contraceptives. This demonstrated that, the variables are barriers and have to be removed so that they cease to be barriers for women use of contraceptives. As regards to indicators of women status variables, education, participation in decision making and employment proved to have

close association with contraceptives. This indicates that, when women are empowered, they can use contraceptive and thus be able to limit the number of children to bear. It is recommended that customs and beliefs which are a barrier to contraceptive use be removed. women status indicators analyzed; education, decision making and employment were found to have a strong association with contraceptive use, therefore, the government should ensure women are empowered through education, giving women opportunities to participate in decision making and ensuring they are employed or self employed.

Key Words: Rapid population growth, essential social services, contraceptive use, culture, customs and beliefs, women status, wanyakyusa, wazaramo.

Introduction

Women are the child bearers. The rate of child bearing of each woman contributes directly to the rapid population growth in Tanzania and elsewhere in the world; especially in developing countries where population does not keep pace with economic growth. It is therefore the women who should be in the centre of discussion regarding population growth rate and contraceptive use in order to ensure rapid population growth is controlled. However, in many societies of the world, women's status is low (Mason, 1985). The major exception appears to be in developed countries where some women have gained autonomy over their own lives. In most developing countries and Tanzania in particular, societies herein are patrilineal where patriarchy is strong, and therefore the status of women is very low (Bryceson, 1995; Mascarenhas, 1983; Mugaya, 1977; Meghji, 1976). Women status is revealed through indicators such as women participation in decision-making, owning property, inheriting property, participating in wage employment, have purchasing power, and to decide on their reproductive health. Others are having self esteem, confidence, education, and being treated equally (Basu, 1992; Swantz, 1967; Willy, 1967; Sen, 1994;

Mason, 1985; Dixon, 1976). These are the indicators which when are depicted within women, they are said to have an impact on contraceptive use assuming that the cultural factors which act as barriers to women having these indicators of women status are eroded. A woman with raised status is the one who have access to and control over material resources (such as land, income and other sources of wealth) and social resources (including knowledge, power, and prestige within the family, the community and society at large), Dixon (1976), as quoted by Mason (1985)

Empowered women are those who have education and are employed. Women with such empowerment factors are believed to have acquired autonomy, self-esteem and confidence; therefore, they can participate in decision-making, can plan for their fertility and are capable of meeting the costs that are involved in the whole process of contraception. Such empowered women are not appendages to men; as a result they are not afraid to make decisions that are beneficial for their welfare, including their reproductive health (Mason, 1985; Sen, 1994). They do not worry about old age care as they are capable of owning property and can plan for their retirement. It is, therefore, believed that empowered women are likely to use contraceptives more than low status, unemployed women. The population growth in Tanzania has remained consistently high, above an annual growth rate of three percent for the last 30 years as a result of high fertility. For the past 20 years the national Total Fertility Rate (TFR) has also remained more or less stable at above 5.1 percent; hence the Crude Birth Rate (CBR) likewise has remained high, above 45 per thousand according to the censuses between 1988, 2002 and 2012.

The economy, on the other hand, has not been growing fast enough to support the rapidly growing population. From the mid-1970s to the 1980s, the economy grew at an annual rate of 2.2 percent. This increased to 4 percent in 1999 and rose to 6.5 percent in 2010. The population growth rate out-paced economic growth throughout these years. The imbalance between population and economic growth, together with unequal terms of trade and conditions set by

donors on aid, has caused pressure on natural resources and social services. Environmental degradation and deterioration of social services have led to low quality of life of the people and perpetual poverty (National Bureau of Statistics, 2013). While Tanzania's population growth remained high, out-pacing economic growth, the circumstances were aggravated by external factors such as drought, terms of trade, and donors' and aid terms, which strained the ability of the government to provide social services adequately as well as protect the environment from degradation (National Bureau of Statistics, 2013; World Bank Group, 2012).

Improvement of social services and utilization of resources sustainably can only be achieved through two changes: one is to control childbearing which leads to the lowering of the population growth rate, and the second is to strive for the sustainable development of available resources with the goal of achieving a better quality of life for the people of Tanzania. Increase in the use of contraceptives is one of the most effective mechanisms of controlling rapid population growth. This is done by the government of Tanzania in collaboration with Family Planning Association of Tanzania; and donors like the United Nations Fund for Population Activities (UNFPA). The target was to improve its services, make services available and accessible to women in the child-bearing period, and provide such services free. Furthermore, sensitization programmes through mass media, literacy classes for adults, and education sessions for pregnant and breast-feeding mothers at maternal and child health (MCH) clinics were launched. All these efforts are aimed at making men and women understand and appreciate the need to control childbearing and raise knowledge and awareness of the existence of contraceptive services. As contraceptive use has remained low, fertility levels have remained high. Therefore, the population growth rate has remained high. These factors together with the worsening social and economic situation, have adversely affected the provision and quality of social services offered and have contributed greatly to natural resource degradation. Given the low quality of life, the high level of contraception awareness of women in

the childbearing period and the fact that there are high level of accessibility, availability and affordability as the services are free, it remains a paradox as to why contraceptive use to control fertility, remains low (The DHS report of 1992, Beegle's report of 1994 as well as Mauldin and Ross's report of 1993).

Reflecting on the Tanzanian societies' nature; it is noted that, most of them are strongly patriarchal, although there are some ethnic groups, especially along the eastern coast, which are matrilineal. Among the patriarchal ethnic groups, men make the decisions and own the property of households (Kamm, 1976). Roles and responsibilities are divided on the basis of gender and are influenced by traditional/cultural values that assign women domestic roles (Van de Walle and Foster, 1990). The Wanyakyusa as one of the study group, is one of the patriarchal societies which has all the features of patriarchal norms and values as indicated above by Kamm, (1976) and Van de Walle and Foster (1990). Their fertility levels are high with crude birth rate of 51 per thousand, about 5 total fertility rate and around 3 population growth rate (Census, 2012).

The Wanyakyusa believe that, to have good life on earth and after death, one has to get married and bear as many children as God brings them. Parents with many children are given special names, *ubukake* for the father, and *unkabe* for the mother. (Meyer, 1993). The other study target group was that of the Wazaramo of Pwani region. This is a matrilineal society. The population density is 19.6 per sq. km, with a population growth rate of about 2.2. The crude birth rate was 33 per thousand and TFR was 3.7 (Census, 2012). In matrilineal societies, women's status is relatively higher than in patrilineal societies. Traditional law allows women to be the sole heir of their parents' property (although a male person is appointed to be the guardian). Mothers have the right to bride price claims; mothers as well as their children have the right to the land. Their places are secure even after women have strong influence in decision-making. It is also seen that, women play a major role in the spiritual cult of the Wazaramo people. '*Kinyamkera*, a spirit' is a woman, and the

guardian of peace of the Wazaramo area “Dibibi” is a woman (Lewis, 1966). The women high status among the Wazaramo is also revealed in the roles they play in connection with pregnancy, childbirth, circumcision of boys, menarche rite for girls, spirit possession rituals, and marriages (Swantz, 1970). Tanzanian societies esteem large families (TFR was 5.1 in 2002), and barrenness is considered to be a punishment from God or a curse from ancestors. Children are seen as gifts from God. Parents of large families command respect and prestige in society. Costs for raising children and even education was traditionally, and continue to be shared among close relatives and older siblings. The more children you have, the more sure you are of care at old age (Reynolds, 1975).

The finding above is in line with what the reasoned action theory emphasizes cultural role as it shapes people’s behaviour, a result of the beliefs of people. The theory states that a person’s behavioural and normative beliefs about some behaviour jointly determine the person’s intention to perform the behaviour. This behavioural intention is the direct determinant of the behaviour itself. The more positive the behavioural and normative beliefs, the greater the intention and the more likely the behaviour is to be performed (Davidson and Jacard, 1975, 1976, 1979, 1980). The behavioural belief in this theory is the sum of expectations of consequences that are assumed to occur from the performance of a given behaviour and the evaluations of those consequences if they do occur.

The normative belief is considered more of a person’s perception of significant others’ evaluations of the behaviour and the person’s motivation to comply with these others. It is more attitudinal part of the consideration and its psychic effects. The theory becomes relevant in the sense that there are consequences for both contraception and reproduction which are a result of persons’ behaviour and beliefs and subsequently influence their contraceptive and reproductive intentions and behaviour. Women whose status is low will continue bearing children and will perpetually refrain from using contraceptives due to customs and beliefs which are embedded

in the patriarchal cultural norms and values, despite government efforts to introduce birth control methods through family planning programmes, family life education in schools and colleges and safe motherhood. Distance to clinics was also reduced as rural women have more access to rural clinics than their counterparts in Togo, Nigeria and Uganda. Further, the distance to the nearest accessible facility providing FP services in Tanzania is closer than that in Zimbabwe where contraceptive use is higher (Beegle, 1994). Yet, contraceptive use is still as low as 23 percent in Tanzania.

According to the demographic transition theory, most of the conditions necessary and sufficient for the timing of fertility decline exist in Tanzania, as was the case in Western Europe (Cardwell, 1980; Mason, 1985; Beegle, 1994; Goldscheider, 1971) yet, there is an increase in fertility rate which as per Maghimbi (2012), the population increase has risen to 6.7 among rural women and 3.7 among urban women. This shows that there is a problem which has yet to be tackled; namely, the lack of people's desire to use contraceptives, an attitudinal factor which has to do with the cultural norms and values of the people and the low women status. Culture controls women rights and autonomy to use contraceptives as the women status in societies is low. This study therefore tried to establish the effects of customs, beliefs and women status on contraceptive use. The findings were expected to contribute to government efforts in establishing the barriers to women contraceptive use for purpose of reducing total fertility rates hence controlling rapid population growth.

Research Design and Methods

This study was basically cross sectional. The study approach was both qualitative and quantitative. Two regions (Mbeya and Pwani) were the centre of the study whose selection was based on three factors which are fertility levels, accessibility and societal structural differences.

Study Area

The study areas were Mbeya and Pwani regions. Rural and Urban areas were selected in the study from each region. One rural district and urban districts were selected for each region, For Mbeya region, the rural district selected was Tukuyu and Mbeya municipal town while in Pwani, it was Kibaha and Tumbi including its suburban areas of Picha ya Ndege and Maili moja

Study Population and Sample Size

The population for the research was all the Wanyakyusa in Mbeya region and all the Wazaramo in Pwani region. The targeted sample size was 748. The population was all women ranging between the age of 15 and 50 years. The study opted for a larger sample size of 748 for the purpose of minimizing standard error and, hence, achieving closer representation of the population represented. Selection of respondents was based on their level of income, education, gender, and religious affiliation. Permission was sought from regional, district, wards and village/*mitaa* levels. Multi-cluster sampling was used to get the sample. This involved the repetition of two basic steps of listing and sampling.

Data Collection Method

Secondary data was obtained from the population planning unit (PPU), the census office under the bureau of statistics, the national museum, NGO offices such as the Family Planning Association of Tanzania (UMATI); The United Nations Population Fund Office, the Population Council and the Demographic Unit of the University of Dar es Salaam. The primary data was collected through focus group discussion (FGD) done in 26 groups based on age and religious affiliation. A question guide was used to collect data from the groups. The second method used was face to face interview. The face-to-face personal interview was used to obtain information from respondents using an interview schedule.

Analysis

The analysis involved obtaining frequencies, factor analysis to extract fewer factors to represent the many items used to collect information on each variable being investigated by applying principal component and Oblimin or Equamax methods for extraction and rotation; cross-tabulations were run between the factors of each variable (the independent variables) by contraceptive use (the dependent variable); this was run together with the Pearson chi square test to obtain the results of the association of the variables.

The Findings

The data analyzed were derived from a sample of 748 female respondents in two regions, Pwani and Mbeya, wherein two ethnic groups, the Wazaramo and the Wanyakyusa, respectively, were involved. Further, the sample was derived from both rural and urban areas within the regions. The findings were based on questions addressing issues of the effect of customs, beliefs and women status on contraceptive use.

Description of the Respondents

Those interviewed, 49.7% were from rural areas of both Mbeya and Pwani while 50.3% were from urban areas. On education level of the respondents, about 30 percent of the sample had no formal education, 24.7 percent had less than seven years of education, 37.8 percent had seven years of formal education, while 7.3 percent had over seven years of formal education. As regards to income; 73.8 of the respondents got up to Tshs 30,000; 24.15% got between Tshs 30,000 – 60,000; 1.85% got Tshs 60,001-90,0000 while those who got over Tshs 90,000 were 0.2%.

Contraceptive Use

The concern in this study was the low use of contraceptives. Only 23 percent use contraceptives despite a 79.8 percent incidence of knowledge about any contraceptive method and a 77.1 percent

incidence of knowledge about a source of contraceptives as TDHS (1993) and Beegle (1994) have shown. And up to 2009/2010 contraceptive use was still 34.4%. On whether they have ever used any method of birth control, either traditional or modern; it was shown that, 40.6 percent of the sample has ever used a contraceptive method, and 59.4 percent has never used a birth control method.

Customs and Beliefs

The customs analyzed in this study were inheritance and prestige, and the belief variables analyzed were barrenness and religious teachings on contraceptives. These were the only variables the study was able to analyze; but there are other several customs and belief variables.

Inheritance

Customary law dictates that, only sons can inherit. Therefore, parents will continue to bear children, hoping to get sons for some to survive who later have to inherit family property. Information on this variable was collected by the use of eight items asked to the respondents. Six of the items were on a Likert scale as shown in Table 1.

Table 1: Responses to Items on Inheritance

Statement of the Item	%SD	%D	%A	%SA	Vali#
In absence of sons it is to deny rights to daughters and the widow when the husband dies and a male relative inherits property	34.0	56.0	7.7	2.3	1284
The wife should inherit family property if husband dies	27.7	53.8	13.8	5.0	1280
Many children are needed for inheritance especially sons	12.7	8.1	34.4	44.8	1279
Many children ensures some to survive for inheritance	8.8	17.4	35.8	37.9	1284
Girls can inherit family property if there are no sons	8.7	14.7	53.8	22.8	1284
Females should inherit family property	2.7	5.6	59.7	32.0	1281

The results showed that 81.2 percent disagreed on the view that the wife should inherit family property if the husband dies. On view that “it is to deny rights to daughters and widows when husband dies and a male relative inherits family property”, 90 percent disagreed. And on the view that “many children are needed for inheritance” 79.2 percent supported the statement. A factor analysis was run to extract a few factors that would represent the set of the items. The principal component and the Oblimin methods were used for extraction and rotation, respectively. The factor on “viewpoint that many sons are needed to inherit family property was used as one of the representatives for checking on their significance as seen in Table 2.

Table 2: Contraception by Viewpoint that many Children are needed especially sons to Inherit Family Property

Support	Contraception in %		Total %
	Don't use	Use	
SD	100.0	0.00	0.2
D	58.5	41.5	9.2
A	61.1	38.9	73.8
SA	52.3	47.7	16.8
Total	59.5	40.5	100.0
			N = 1147
Significance p = 0.092			

When contraception was cross-tabulated by the factor while controlling for ethnicity, education, religion, and income, the results indicated a significance of $p = 0.092$. When cross tabulated was made between the two variables while controlling for ethnicity, the results showed a significance of $p = 0.000$ for the Wanyakyusa indicating a strong support for more son for inheritance while the Wazaramo did not show significance relationship as the results was $p = 0.221$ as shown in Table 3. This demonstrates that, if the customary law which dictates only sons should inherit is eroded, then, there won't be pressure to bear more children in need of many sons for inheritance.

Table 3: Contraception by Support for the Viewpoint that many Children are needed especially sons to Inherit Family Property and Ethnicity

Support	Wazaramo of Pwani			Wanyakyusa of Mbeya		
	Contraception in Don't use	Use	Total %	Contraception in use	Use	Total %
SD	-	-	0.0	100.0	0.00	0.4
D	39.3	60.7	4.8	65.4	34.6	13.8
A	52.1	47.9	81.6	72.6	27.4	65.7
SA	58.2	41.8	13.6	48.2	51.8	20.1
Total	52.3	47.7	100.0	66.8	33.2	100.0
			n = 581			n = 566
	Significance p = 0.221			Significance p = 0.000		

Prestige

In societies which esteem large families, respect and status in the community is bestowed to parents with many children. It is because of the strong feeling people have about prestige due to having many children that parents will prefer to continue bearing children rather than go for contraceptives. About 55 percent of the respondents agreed that many children are needed for parents' prestige and recorded a 63.8 percent non use of contraceptives. When contraception was cross-tabulated by prestige, a significance level of $p = 0.014$ was observed as per Pearsons chi square test, as can be seen in Table 4. Prestige as a factor is, thus a powerful barrier to contraceptive use, and it needs to be addressed so as to make it cease to be a barrier.

Table 4: Contraception by Support for the Viewpoint that many Children are needed for Parents' Prestige

Support	Contraception in %		Total %
	Don't use	Use	
SD	25.0	75.0	0.4
D	54.7	45.3	44.2
A	63.8	36.2	48.5
SA	54.3	45.7	6.8
Total	59.0	41.0	100.0
			n = 1024
Significance p = 0.014			

Beliefs

Beliefs can influence the behaviour of a person. This is because it is the beliefs of an individual or family member or a society that shapes their thinking, their way of perceiving things and, hence, their behaviour. Beliefs of an individual or a couple can influence their behaviour, the use of contraceptives. Variable tested on beliefs are impairment of fecundity through contraception, and barrenness.

Contraception Impairs Fecundity

There is a belief among Tanzanians that the use of contraceptives impairs fecundity. Fecundity impairment is of big concern among people in the child-bearing period and the extended family. The proposition is that the belief may make people to refrain from using contraceptives for fear of impairing their fecundity.

Barrenness

Literature indicates that in African societies in general and Tanzanian societies in particular, barrenness is perceived as a punishment either, from one's ancestors or God or a curse which could have been caused by witchcraft (Meyer, 1993). As such barrenness is a cause for scorn. A barren woman has no respect in the

community. She is denied some social privileges due to her barrenness (Mamdani, 1972). Such a situation is feared by both, couples and individuals, a strong belief and a problem to contraception. An act to prevent childbearing such as the use of contraceptives, therefore, will be avoided for fear of being considered barren. When contraception was cross-tabulated by the viewpoint, those who said 'No' to the viewpoint recorded 64.6 percent non-use of contraceptives, and those who said 'No' and 'Yes' recorded 60.4 percent non-use of contraceptives, while those who said 'Yes' to the viewpoint recorded 47.5 percent of non-use of contraceptives. A significance level of 0.027 was observed in Table 5. This shows that barrenness has an effect on contraceptive use.

Table 5: Contraception by Support for the Viewpoint that People who do not use Contraceptives Fear to be Considered Barren

Support	Contraception in %		Total %
	Don't use	Use	
No	64.6	35.4	46.3
No and Yes	60.4	39.6	47.6
Yes	47.5	52.5	6.1
Total	61.6	38.4	100.0
			n = 1012
Significance p = 0.027			

Women Status Variables

Women status is part of cultural factors. However, the variable was treated separately due to its role which it plays in the lives and welfare of women. To analyze the effect of women status on contraceptive use or non use, the women status indicators had to be identified and used. The indicators used in this study were education, employment, decision making participation, property ownership and financial resources.

Education of Women

Women with higher education are expected to have access to information about contraception and in most cases are employed. They have access to information on their reproductive health and can afford to pay for the costs of contraceptives. They can participate in decision-making especially in matters that involve their reproduction and are autonomous. It is therefore, assumed that women with education are capable of controlling their fertility through the use of contraceptives. Information on education was collected through asking respondents the years of education they have.

When contraception was cross-tabulated by education, the results showed a higher percentage of non-use of contraception among those women with no education (68%). The less than seven years of education recorded 54.2% and the seven years and above recorded 52.4%. A significance level of 0.001 was observed as Table 6 shows. This has an inverse relationship, that is, as education rises, the percentage of non-use drops down.

Table 6: Contraception by Level of Education of Women

Education in Years	Contraception in %		Total %
	Don't Use	Use	
0 years of education	68.0	32.0	37.5
Less than 7 years of education	54.2	45.8	19.4
7 years of education	52.4	47.8	40.0
Over 7 years of education	52.2	47.6	3.1
Total	58.5	41.5	100.0
			n = 675
Significance p = 0.001			

Employment

Employment is one of the indicators of women’s empowerment. Employed women are exposed to new ideas through interactions with people and information networks. The wages they get raise their purchasing power hence, they can afford to meet the costs for contraception services. Their jobs automatically restrict them from bearing children from time to time; hence, they are obliged to contraceptive. Results after factor analysis and cross-tabulation indicated a 61% non use among those who were not employed than any of the other groups. A significance of $p = 0.060$ was observed as is seen in Table 7. This demonstrated that employment has a significant association with contraceptive use.

Table 7: Contraception by Women’s Employment Status

Support	Contraception in %		Total in %
	Don’t Use	Use	
No employment	61.0	39.0	81.0
Self employed	54.2	45.8	14.5
Employed	48.1	51.9	4.5
Total	59.4	40.6	100.0
			n = 675
Significance $p = 0.060$			

Decision-Making

It is believed that when women are able to participate in decision-making on family matters, they can also influence decisions on contraceptive use so as to limit the number of children, maintain their health, have time to concentrate on their careers, and have fewer but higher quality children. Results of factor analysis and cross-tabulation indicated a high level (66.7%) non use of contraceptives among women whose husbands decide on how to spend their money. A significance of 0.056 was observed as Table 8 shows. This showed that, participation in decision-making on money expenditure has a significant association with contraceptive use.

Table 8: Contraception by those who make Decision on Women's Money Expenditure

Decision on Women's Money Expenditure	Contraception in %		Total in %
	Don't use	Use	
Myself	54.6	45.4	46.4
Me and husband	52.0	48.0	35.4
Husband	66.7	33.3	7.1
Parents/In-laws	64.0	36.0	11.1
Total	58.5	41.5	100.0
			n = 675
Significance p = 0.056			

Discussion

Some cultural variables were analyzed in the study together with women status to assess their effect on contraceptive use. The customs and beliefs cultural variables involved in the study were inheritance, prestige, belief and barrenness. The women status variables involved in the study which are indicators of empowerment were education, employment, and participation in decision making. As regards to inheritance variable, customary law dictates that, only sons can inherit. Therefore, parents will continue to bear children, hoping to get sons for some to survive who later have to inherit family property. The proposition was therefore that, women will continue bearing children to get as many sons as possible for inheritance of family property despite knowledge about contraceptives.

The results indicated a strong relationship on the proposition on contraceptive use. Showing that, inheritance is a barrier to contraceptive use. This is in line with what theories advanced by Becker (1960), Easterlin (1966, 1968, 1975, 1978, 1980), have indicated on rationality, family morality and value of children based on their studies. The results are also in line with what Da Vanzo and Rahman (1993) found out in their study in Matlab, Bangladesh. However, the

wazaramo results of no association of inheritance with contraceptives use demonstrated the fact that, when the customary law which dictates that only sons should inherit family property is removed, the need for many sons for inheritance won't be there.

On prestige variable likewise, the proposition is that, societies esteem large families, due to respect and status in the community which is bestowed to parents with many children. It is because of the strong feeling people have about prestige due to having many children that parents will prefer to continue bearing children rather than go for contraceptives. The results indicated that, prestige has a strong association with contraceptive non use. Therefore prestige is a barrier to contraceptive use. The results are in line with what Anold (1973, 1975); Hoffman (1973) and Knodel (1992) theorized; that positive benefits of children may render to prospective parents to have more children...These positive values for children forms a net worth or value for a couple. The net value of children, therefore, has a direct effect on the couple's decision on the supply of and demand for children. The higher the net value of children, the more likely a couple is to have another child.

Regarding the belief behind barrenness, African societies including Tanzanians perceive barrenness as a punishment either, from one's ancestors or God or a curse which could have been caused by witchcraft (Meyer, 1993). As such barrenness is a cause for scorn. A barren woman has no respect in the community (Mamdani, 1972). An act to prevent childbearing such as the use of contraceptives, therefore, will be avoided for fear of being considered barren. The results indicated a strong association with contraceptive non use. Therefore the belief associated with barrenness is a barrier to contraceptive use. This tallies also with what Caldwell and Caldwell (1992) theorized on the belief that, African ancestral religion advocated high fertility, disapproves of limiting fecundity, and regards children as God's gifts and barrenness as God's punishment or a curse by ancestors hence, the taboo that fecundity of those who use contraceptives is impaired and the fear that barrenness is a

punishment from God or a curse from ancestors. Education as an indicator of women status also showed a strong association with contraceptive non use although it indicated an inverse association. This is in line with what Caldwell (1980); Mason (1985) and Eberstadt (1981) had theorized, that education of women raises their status and can have an influence on fertility. The other indicators of women status analyzed such as employment and participation of women in decision making showed strong association with contraceptive use. The results tallied with Mason (1985) and Eberstadt (1981) conclusions they made emphasizing on the importance of women's education which they said leads to their empowerment in terms of employment, decision-making, autonomy and property ownership. This facilitates access to information, acquisition of new ideas, and change of attitudes and tastes about family size; hence, it influences the level of supply and demand for children.

Conclusion and Recommendations

Conclusion

This study has demonstrated how important customs and beliefs of people are in addressing birth control methods while struggling to control population through the use of contraceptives. It has likewise demonstrated the roles played by indicators of women status in ensuring they use contraceptives for the purpose of controlling child bearing and hence reduce rapid population growth for country development. Customs and beliefs analyzed in the study are inheritance, prestige and barrenness. Each of these variables went through a process of factor analysis and cross tabulation with Pearsons chi square tests. They all demonstrated to have a close relationship with contraceptives. That is, the variables are a barrier to contraceptive use by the women. These customs and beliefs have to be eroded so as to stop being barriers to contraceptive use. Women status indicators were also analyzed. These included women education, decision making participation, employment, income, financial resources and property ownership. The results indicated that, education, decision making and employment have a close

relationship with contraceptives. That is, when women are empowered with education, they can make decision about their lives and can be employed, they can take contraceptives to control child bearing.

Recommendation

The findings of the study have proved that, customs and beliefs and women status play a big role in contraceptive use and non use. Inheritance, prestige and barrenness need to be addressed so that they no longer become barriers to contraceptive use. Women status also has to be raised in order to be able to control fertility through contraceptive use.

The government together with other stakeholders should strive to erode customary and belief norms and values so as to ensure the barriers are eroded. Women should be helped to get higher education and ensure they are all empowered through various strategies so that they participate fully in national development activities after being released from child bearing burdens.

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