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AVAILABILITY AND EFFECTIVENESS IN THE USE OF MODERN CONTRACEPTIVE METHODS FOR FERTILITY CONTROL IN IRINGA MUNICIPALITY

By Abdallah Ahmad kamangu

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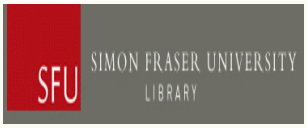



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AVAILABILITY AND EFFECTIVENESS IN THE USE OF MODERN CONTRACEPTIVE METHODS FOR FERTILITY CONTROL IN IRINGA MUNICIPALITY

Abdallah Ahmad

M.A (Demography) Dissertation
University of Dar es Salaam
October, 2012

AVAILABILITY AND EFFECTIVENESS IN THE USE OF MODERN CONTRACEPTIVE METHODS FOR FERTILITY CONTROL IN IRINGA MUNICIPALITY

By

Abdallah Ahmad

A Dissertation Submitted in (Partial) Fulfillment of the Requirement for the Degree of Master of Arts (Demography) of the University of Dar es Salaam

University of Dar es Salaam
October, 2012

CERTIFICATION

The undersigned certifies that he has read and hereby recommend for acceptance by the University of Dar es Salaam a dissertation entitled**: *"Availability and Effectiveness in the use of Modern Contraceptive Methods for Fertility Control in Iringa Municipality",*** in fulfillment of the requirement for the degree of Master of Arts (Demography) of the University of Dar es Salaam.

Prof. S. Maghimbi,

(Supervisor)

Date: ----------

DECLARATION

AND

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I**, Abdallah Ahmad,** declare that this dissertation is my original work and that it has not been presented and will not be presented to any other University for similar or any other degree award.

Signature ----------

ACKNOWLEDGEMENTS

Writing this dissertation has involved numerous people and institutions whose contributions are gratefully acknowledged. I wish to thank all of them for their time and invaluable support. First of all, I owe a very special debt of appreciation and gratitude to my family for the funding of the study. I owe special gratitude to my supervisor Prof. Maghimbi for his intellectual inspiration, guidance and encouragement thus, making the accomplishment of this study a reality. Special thanks to Prof. M.C.Y. Mbago, Prof. M.J. Mbonile, Dr. J. Kivelia, Dr. C. Sokoni for their intellectual support on this work.

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my son Lawrence, who missed their father's love in the whole period of study, is highly appreciated. I owe special gratitude to my lovely wife, Helena Elias Myeya for her encouragement, especially when I was coming to a point of despair. The list of those who assisted me to complete this work is too long and it is not possible to thank everyone individually. I request them all to accept my sincere thanks and appreciation for their invaluable contributions.

DEDICATION

This work is dedicated to my lovely father, the late **Ahmad Kamangu** for his material and moral support for the success of my studies. May the almighty God rest his soul in eternal peace. AMEN

ABSTRACT

This study examined the availability and effectiveness in the use of modern contraceptive methods for fertility control in Kihesa ward, Iringa Municipality. The essence is that Iringa Municipal is one among areas of high fertility in Tanzania associated with high birth rates. Availability and effectiveness in the use of modern contraceptive methods is a vital aspect in limiting fertility. Lack of it translates into high fertility which creates problems of little access to opportunities such as employment and consequently culminates into poverty.

The study dealt with 218 female respondents of reproductive age (18 – 49) from Kihesa and Semtema streets. Five diagnostic tools were employed in data collection including person interviews, focus group discussion, in- depth interview, documentary review and field observation. Statistical Package for Social Sciences (SPSS version 16.0) and Microsoft Excel 2003 were employed in analyzing data. The relationship on variables was tested using Chi- square method. Findings showed that, the overwhelming majorities (94%) of the respondents were aware of the existence of modern contraceptive method and the remaining (6%) were not. Furthermore, 74% of the respondents reported to use modern contraceptive methods and the remaining 26% were not using these methods.

Basing on the availability rates, most of the respondents (98.2%) reported high and medium rates of availability of the methods while the remaining (1.8%) reported low availability rates of these methods. Though users' acknowledged the contribution of modern contraceptive methods in lowering fertility rates, its pace is not significant. It was therefore concluded that, for attaining lower fertility rates in the study area more education is needed to the community on the importance of using permanent modern contraceptive methods rather than temporary ones. There is also a need to restructure the family planning services to involve males so as to expand the utilization of these methods by both men and women. Moreover, expansion of family planning services as well as more training of service providers could be a viable solution to improve availability rates and effective use of modern contraceptive methods in Iringa municipality.

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ABREVIATIONS USED IN THIS STUDY

AIDS	Acquired Immune Deficiency Syndrome
DTU	Demographic Training Unit
FP	Family Planning
FGD	Focus Group Discussion
HIV	Human Immune-deficiency Virus
IRA	Institute of Resource Assessment
IUDs	Intra Uterine Devices
KI	Key Informants
NGOs	Non Governmental Organizations
SPSS	Statistical Packages for Social Sciences
TDHS	Tanzania Demographic and Health Survey
TFR	Total Fertility Rates
UDSM	University of Dar es salaam
UMATI	Uzazi na Malezi bora Tanzania (Family Planning Association of Tanzania)
UNFPA	United Nations Fund for Population Activities
URT	United Republic of Tanzania
VEO	Village Executive Office

CHAPTER ONE

INTRODUCTION

1.1. Overview

This chapter introduces the study on the availability and effectiveness in the use of modern contraceptive methods for fertility control in Iringa Municipal. The chapter is divided into nine sections. Section one covers the background of the research problem, section two presents the statement of the research problem and section three covers the main and specific objectives. Section four presents the research questions, section five presents the justification of the research problem and section six covers the significance of the study. Section seven presents the scope of the study, section eight covers the limitations of the study and section nine presents the concepts and their definitions.

1.2. Background to the Research Problem

The availability and effectiveness in the use of modern contraceptive methods is an important aspect for fertility control. Lack of it translates into high fertility the consequence of which need not to be over emphasized. Worldwide, current population growth is driven by fertility. According to Population Reference Bureau (2010:2), fertility is on the rise both at global and regional level despite the adoption of modern contraceptive methods by several countries of the world. Globally, every second five people are born and two are dying. This result in a net increase of 91 million people per year to the world population of seven billion by October, 2011 to which 81 million of these additional people are born each year in least developed countries (Population Reference Bureau, 2010:2;UNFPA, 2011:5). At this rate, the

world's population will have to double every 40 years; thus, in the year 2040 the earth will have to feed, cloth and house about 10 billion people (Population Reference Bureau, 2010:2).

While fertility is on the rise worldwide, in most countries of the developed world specifically France, Britain, Germany, Luxembourg, Belgium and Denmark together with few Asian countries such as Japan and China is on decline (Bali, 2003:301; Joshua and Maria, 2003: 482). It is recognized that their success on fertility reduction is partly due to high rate of availability and effective use of modern contraceptive methods including method adoption and continuation (Kontula, 2004:17; Frejka, 2008:77). The high rate of use of modern contraceptive methods to both males and females in this part of the world has been attributed by awareness of different existing methods, lack of opposition from husbands, method satisfaction, fearless of side effects and soaring access to family planning services (Frejka, 2008:82).

In Africa, the availability and effectiveness in the use of modern contraceptive methods is still minimal, a factor leading to high fertility. This situation is more pronounced in the Sub-Saharan region when compared to the standards of the rest of the world (Caldwell and Caldwell, 2002:1). Resistant to fertility change in this part of the world is aggravated by a range of reasons which include communal ownership of land in much of the region, the value of child in terms of labour supply enhanced by deference to the elders, strong traditional beliefs in fertility formed in eras of very high child mortality, and poor family planning programs undermined by skepticism

among politicians and bureaucrats about their fitting in with African contexts (Caldwell and Caldwell, 2002:1).

The current Population Reference Bureau Data Sheet, (2010:6) shows only four countries in Sub -Saharan Africa with total fertility rates under three. These countries are Mauritius with 1.5, Seychelles with 2.3, South Africa and Reunion with 2.4 each. The reasons for fertility decline in these countries are partly due to high rate of availability and effectiveness in the use of modern contraceptive methods (Bongaarts, 2005:8). Other motives include sustained economic growth attained by countries like South Africa which led to profit maximization that translates into provision of quality social amenities such as education to privileged majority and health service, particularly reproductive health (Caldwell, 2002:1; Shapiro and Gebreselassie, 2007:8). Furthermore, HIV and AIDS epidemic is said to be another cause for fertility decline in Sub Saharan Africa. This is due to the fact that the disease forces people to use condoms for fearing of being infected. It also reduces the rate of women to conceive as it increases the risk to death for the affected women during and after delivery (Bali, 2003: 302).

Tanzania is characterized as a country with high fertility levels but, with regular trends showing a modest fertility decline during the recent years (World Bank, 2009:447).The 2010 Tanzania Demographic and Health Survey (TDHS) indicates a slightly declining rates of fertility from 5.7 children per woman during childbearing age in 2005 to 5.4 children per woman in 2010 (United Republic of Tanzania and Macro International Inc, 2010:55). Disparities in fertility between rural and urban

areas was noted where it ranges between 6.1 and 3.7 respectively. In zone-wise, fertility is highest in the western zone where there is a TFR of 7.1 births per woman and lowest in the eastern zone where there is a TFR of 3.9 births per woman. Also differences related to education are inversely much wider where women with no education have on average 7.0 children compared to those with primary education with 5.6 while those with secondary and higher education record the rates of 3.2 children. Moreover; fertility varies widely according to household wealth. Women in the highest wealth quintile have 3.8 fewer children than women in the lowest quintile with 7.0 births per woman (United Republic of Tanzania and Macro International Inc, 2010:56).

According to the Population Reference Bureau (2010:4), high fertility with very slow declining rate create problems of inadequacy of basic human needs such as food, housing, access to safe water, health care, proper sanitation and other essential services. Besides, 40% of the Tanzanian who are between the ages of 10 to 24 faces high levels of unemployment, underemployment and few higher educational and vocational training opportunities. Apart from that, they are also vulnerable to sexually transmitted diseases. Furthermore, it creates high dependency ratio to the working population leading to persistent poverty among them.

As a response to high birth rates in Tanzania, various efforts from governmental and non governmental organizations such as UMATI, Engender – Health and Pathfinder have been initiated to facilitate the implementation of the family planning programs aiming at reducing the number of births to women of reproductive age. The

mentioned organizations above have managed to increase the availability and use of modern contraceptive methods among women of reproductive age (15 - 49) in Tanzania. The 2010 Tanzania Demographic and Health Survey (TDHS) shows a gradual and steady increase of the availability and use of modern contraception methods among currently married women by 20% points, from 7% in 1991/92 to 27% in 2010 (United Republic of Tanzania and Macro International Inc, 2010:69). Iringa Region is one among the Regions experiencing high fertility in Tanzania with total fertility rate of 4.3 (United Republic of Tanzania, 2002:99). High fertility rate is also pronounced in Iringa Municipal with population growth rates of 1.6 % despite family planning services to be available as compared to its vicinities.

1.3. Statement of the Research Problem

The availability and effectiveness in the use of modern contraceptive methods is a vital aspect in restraining fertility. Lack of it translates into high fertility which creates problems of inadequacy of basic human needs, source of evils and little access to opportunities such as employment and education which consequently culminates into poverty.

Iringa urban is experiencing high fertility associated with high birth rates. As a response to this situation, there have been increasing efforts from both public and private institutions on awareness creation, supply and expansion of family planning services to slowdown fertility. However, despite these efforts from both governmental and non governmental organizations, fertility is still high. This study

therefore, intends to examine the availability and effectiveness in the use of modern contraceptive methods in controlling fertility in Iringa Municipality.

1.4. Research Objectives

1.4.1. General Objective

The overall objective of this study is to examine the rate of availability and effectiveness in the use of modern contraceptive methods in controlling fertility in Iringa Municipality.

1.4.2. Specific Objectives

The study intends to achieve its main objective above through the following specific research objectives:

1. To identify peoples' perceptions on the use of modern contraceptive methods in the study area.
2. To determine the rate of availability of modern contraceptive methods in Iringa Municipality
3. To examine the role of modern contraceptive methods in controlling fertility rates in the study area.

1.5. Research Questions

For the study to be able to address the mentioned specific objectives, three research questions were explored, namely;

1. What are the peoples' perceptions on the use of modern contraceptive methods in the study area?

2 What is the rate of availability of the modern contraceptive methods in Iringa Municipality?

3. What is the role of modern contraceptive methods use in controlling fertility rates in the study area?

1. 6. Justification of the Research Problem

Among the most challenging problem in Iringa Municipality is high fertility that has been contributed mainly by natural increase. The 2002 census report depicts an increase of population in the Municipal at an annual growth rate of 1.6 percent (United Republic of Tanzania, 2002:99). Efforts to slowdown fertility have been carried out by both public and private institutions by ensuring modern methods of contraception are available and used effectively, yet fertility is on the rise. This study therefore aims at examining the availability and effectiveness of modern contraceptive methods use in controlling fertility rates in the study area.

1.7. Significance of the Study

This research has both basic (academic) and applied (practical) purposes. Basically, the research aims at enabling the researcher to achieve an award of master of arts in demography. Practically, the findings will add literature on the scarce information concerning the rate of availability and effectiveness in the use of modern contraceptive methods in controlling fertility rates in Iringa Region. Moreover, the findings may contribute in understanding problems associated with the accessibility and effectiveness in the use of modern contraceptive methods in Tanzania. Lastly,

the findings may benefit indigenous institutions as well as NGOs to maintain or increase their support on the availability, use and effectiveness of the study matter.

1.8. Scope of the Study

The study was conducted in Iringa Municipality at Kihesa ward specifically, Kihesa and Semtema streets. Content wise, it covered only the rate of availability and effectiveness in the use of modern contraceptive methods in controlling fertility rates. Respondents were women of reproductive age specifically, those with age ranging from (18– 49) years whom were thought to be knowledgeable and users of modern contraceptive methods.

1.9. Concepts and Definitions

Fertility means the natural capability of an (individual or couple) to reproduce offsprings through normal sexual activity if they have intercourse regularly without contraception. It is measured by rates, hence fertility rate- referring to the average number of children that would be born to an imaginary woman who passes through her reproductive lifetime if, first; she is to experience the exact current age specific fertility rate through her life time, second; she is to survive through all her childbearing ages which is 15-49 years.

Fertility control means restriction of the number of offspring by either diminishing or improving fertility by means of contraceptive measures. According to Greenhalgh (1995), if the number of children is higher than the replacement rate (which is usually 2.1 births per woman for most industrialized countries, but ranges from 2.5 to

3.3 in developing countries because of high mortality rates) there will be low rate of contraception use in the given locale hence, the population will increase. However, if it is lower than the replacement rate, then there will be high rate of use of contraception leading to population decline.

Modern contraceptive methods mean the new deliberate methods used by couples to regulate the number and spacing of children in a family. These include the female and male sterilization, the pill, the IUD, injectables, implants, male and female condoms, vasectomy, the diaphragm, foam/jelly and emergency contraception.

The effectiveness in the use of modern contraceptive methods can be determined by methods availability rates, accessibility, community awareness of the methods and readiness of an individual user or couple.

CHAPTER TWO

LITERATURE REVIEW

2.1. Overview

This chapter reviews the existing literature relevant to the problem under study. It is divided into nine sections. Section one examines the global fertility transition, section two presents fertility transition in Sub-Saharan Africa, section three examines prevalence of modern contraceptive methods in Africa, section four deals with categories of modern contraceptive methods, section five focuses on common used modern contraceptive methods and their role in Tanzania, section six identifies problems associated with the use of modern contraceptive methods, section seven describes theories on factors governing the effective use of modern contraceptive methods, section eight presents the research gap that need to be filled by this study and section nine is about the conceptual framework of the study.

2.2. Global Fertility Transition

According to Holger and Sebastian (2010:3), the world is divided into two major fertility transition regimes which are high fertility regime and low fertility regime. Within both regimes (low and high) the average fertility rate declined with a larger absolute decline in the high fertility regime. Over the last 200 years of human history, every successfully developed country experienced a fertility transition, starting at initially high levels of fertility and went down towards low plateau, and sometimes below replacement level (Joshua and Maria, 2003:479).

The Western countries and their Western offshoots (Canada) experienced the transition first around the end of 19th Century. A study done by Holger and

Sebastian, (2010:11) evidenced the change in fertility transition where about 49 countries which were experiencing high fertility rates in 1950s**,** were able to enter the low fertility regime in 2005. The main evidence of this decline is the mean of high-fertility component which declined from 6.47 to 4.39 and that of low fertility regime which declined from 3.14 to 1.89 in, 1985-1990 and some falling below replacement level in 2000 -2005.

In 1950 – 1955 most of the countries in Latin America (except Argentina), Africa and Asia belonged to the high fertility regime. By 2000 – 2005 most of the Latin America countries and East Asia had transitioned into low fertility regime. Africa (except Morocco, Tunisia, Algeria and South Africa), the India subcontinent and the Arabian Peninsula remained in the high fertility regime though showing some signs of reducing fertility rates (Holger and Sebastian, 2010:11).

2.3. Fertility Transition in Sub-Saharan Africa

While most of the Western European countries experienced fertility transition at the end of the 19th century, few countries in Sub Saharan Africa showed so little tendency to declining in fertility. Research results of 1990s-2000 show that 26 countries out of 38 in Africa had shown a decline in fertility in which Zimbabwe, Kenya, Botswana and South Africa were the only countries from Sub Saharan Africa showing a strong evidence of fertility decline (Caldwell and Caldwell, 2002:1).

This part of the continent (Sub Saharan Africa) suffered a great resistance to fertility decline than any other region in the world because of socio-cultural values which

determines the altitudes and behavior in which they are shaped (Shapiro and Gebresalassie, 2008:1). But, recently, fertility decline has been initiated throughout the region where majority of the countries show signs of remarkable fertility decline with variations in the pace of that reduction (Shapiro and Gebresalassie, 2008:2; World Bank, 2010:5).

The decline has been manifested in urban places, prior to being evident in rural areas and has been triggered by changes in education attainment particularly to women of reproductive ages, high per capita incomes at least similar to those of South Asia and some Southeast Asian countries where fertility was already falling (Caldwell and Caldwell, 2002:1). Other reasons include the decline in infant and child mortality rates, increase in the use of modern contraceptive methods in the region and changes in fertility preferences (family size), now low family size is highly preferred due to economic difficulties (Caldwell and Caldwell, 2002:1; Shapiro and Gebresalassie, 2008:7).

2.4. Prevalence of Modern Contraceptive Methods in Africa

The prevalence of modern contraceptive methods in Africa has increased thus, facilitating reduction in fertility levels in some countries. The region is also witnessing changes in the proximate determinants of fertility including the increase in age of marriage and the incidence of induced abortion. The average contraceptive prevalence in 2009 was (22%) less than half (53%) that of South Asia and less than a third (77%) that of East Asia (World Bank, 2009:445). Countries in Southern Africa reported the highest levels of modern contraceptive use followed by countries in East

Africa. With few exceptions, West and Central African countries reported very low rates of family planning use. Some of the lowest modern contraceptive prevalence rates in the world exist in these two sub regions of Africa (World Bank, 2009:445).

In Tanzania, though the prevalence of modern contraceptive methods is still low, there has been a steady increase from 7% in 1991/92 to 27% in 2010 (World Bank, 2009:447; United Republic of Tanzania and Micro International Inc, 2010:69).

2.5. Categories and Factors Governing Choices and use of Modern Contraceptive Methods

Modern contraceptive methods are categorized into temporary and permanent. Temporary methods include condoms, pills, Intra-uterine devices, injectable devices and abortion. Permanent method includes sterilization, the most effective method since it is irreversible, and it has been judged to have the greatest effect on birth rate than any other method (Donaldson, 2002:100). Choice on the method depends on the availability of the method, personal preference, side effects, number of children one have, government policy and affordability. Couples are unlikely to use the permanent method unless they are certain not to have more children (Dang, 1995:2). In India for example, three quarters of contraceptive users use permanent method (Sharma and Rani, (2009:52). This is more than five times the level typical of developing countries. But, Indian women who opted for sterilization already had an average number of four children. The method was also most used in Bangladesh in 1981-1991 (Mehrab et al, 1996:17).

2.6. The Commonly used Modern Contraceptive Methods and their Role in Tanzania

The use of contraceptive methods has been described as the most important proximate determinant of fertility (Ngalinda, 1991:48) where people who use contraception effectively have low fertility levels than non users. The 2010 Tanzania Demographic and Health Survey show that (29%) of all women use a contraceptive method and majority (24%) use a modern method. The most commonly modern methods used include pills, injectables and male condoms (United Republic of Tanzania and Macro International Inc, 2010: 68).

The use of contraceptive methods has brought steady small reductions in the total fertility rate over ten years in Tanzania from 6.5 in 1988 to 5.7 in 1999 to 5.4 in 2010, where the decline is more evidenced in urban areas and mostly to educated women (United Republic of Tanzania and Macro International Inc, 2010:12). Various factors have contributed to such decline in the urban areas of Tanzania including abortion (Justeen et al, 1992:325). Though representative data on abortion are not available in Tanzania as it is illegal unless it is intended to save the mother's life, abortion cases are many especially to young and unmarried women (Justeen et al, 1992:325). It is therefore, to keep in mind that abortion might have a significant fertility inhibiting effect in the country and have played a part in the recent fertility decline.

2.7. Problems Associated with the use of Modern Contraceptive Methods

The problems are of both sides, those caused by contraceptives to users' health and problems associated with accessibility of family planning methods. Lack of

awareness to the availability of a wide range of methods narrow the choice of the methods to users leading to health effects. For example, there has been considerable drop out from contraceptive method use in Kenya since the second half of 1990s due to method side effects which include the health side effect like bleeding, backache and headaches. Again, the attribution of newly born baby abnormalities, the birth of babies with the copper T IUD on their heads appear to have scared some potential users of contraceptive methods from contraceptive use (Cleland et al, 2006:8).

Apart from that, in some places, the use of these methods needs money so as to get services and some lack that amount needed (Easterlin 1975:55). Moreover, there is a tendency of majority of women who use modern contraception to rely heavily on government and local council clinics for family planning services because of the affordability and trustworthy unlike private clinics. Nevertheless, if services are freely accessed as it is in governmental and local clinics, sometimes they are not adequate to meet the demands of the number of those who need the service. For instance in Kenya, contraceptive methods were often missing in some clinic since the mid 1990's and more so from the early 2000's (Cleland, et al, 2006:8). In most government and less established private family planning clinics medical examinations or counseling prior to being given a self selected contraceptive method is rare and the services are dispersed.

According to Cleland et al, (2006:5) problems that may contribute in one way or another to lower the rate of contraception use in Africa particularly, Tanzania includes obstacles that prevent the translation of genuine need into contraceptive

adoption include insufficient knowledge about contraceptive methods and how to use them; fear of social disapproval; fear of side-effects and health concerns; and women's perceptions of husbands' opposition. The fear of side-effects and health concerns among women include the method impairing woman's health like developing cancer, ulcers, stomach pain and increase of blood pressure. Other problems include difficulty in keeping it secret, easy to forget taking i.e. pills, condoms stuck inside, fears of the method failure especially condoms and pills, fear associated with the limitation of future fertility, effects on menstruation cycle experiencing more pain, having more continuous bleeding or total absence of bleeding. All these may contribute in one way or another to lower the rate of contraception users in Africa, particularly, Tanzania.

2.8. Theories on Factors Governing the Effective use of Modern Contraceptive Methods

2.8.1. An Oft-Cited Supply-Demand Theory of Fertility Limitation

Easterlin, (1975:55) and Emens, (2008:4) describe an oft-cited supply-demand theory of fertility limitation which state that, the effect of the supply of and demand for children on fertility limitation behavior is influenced by fertility regulation costs—the real and perceived financial, social, and psychological prices paid for using fertility-limiting methods.

The economic costs of fertility regulation consist of several factors, including monetary and time inputs for obtaining and using a method (Emens, 2008:4). In places where contraceptive use is largely subsidized, the financial costs of

contraceptive use are primarily associated with availability with low costs. Also, the time one takes to travel to a contraceptive method provider, as well as the composition of the actual roads one must take to get there (all weather, seasonal, cart paths, walking trails, etc.) both have significant effects on individuals' contraceptive method use.

In addition to actual costs, perceived costs also influence fertility limitation behavior independent of actual costs (Emens, 2008:4). Perceived costs include beliefs about financial costs as well as psychic costs which Easterlin, (1975:55) defines as "the displeasure associated with the idea or practice of fertility control". This includes beliefs about the benefits and drawbacks of specific contraceptive methods and beliefs about the cultural, religious, and social acceptability of fertility control (Easterin, 1975:55; Emens, 2008:4).

Therefore, ability to measure the perceived costs of fertility regulation is particularly important as it relates to our understanding of unmet need for contraception. Emens, (2008:4) state that, if a couple feels that the costs of contraception are higher than the costs of an additional unwanted child, they may do nothing to prevent childbearing even if they want no more children.

2.8.2. The Theory of Reasoned Action and Planned Behavior

Theory of reasoned action argues that responding favorably or unfavorably to an event is combined with subjective norms (social pressure) to predict intentions. Intentions, in turn, predict behavior. When social pressure to have children is present,

individuals with positive attitudes toward childbearing are more likely to bear children (Dommermuth, et al, 2011: 44). In addition to this theory of reasoned action, Ajzen, (2002:665) and Dommermuth et al, (2009:3) posits the theory of planned behavior in which the concept of behavioral control in contraceptive use is incorporated. According to Ajzen (2002), behavioral control affects the relationship between intentions and behavior in two ways: first, perceived behavioral control, or belief in one's ability to perform a particular behavior, affects intentions toward that behavior, and second, actual behavioral control affects one's ability to carry out one's intentions. Behavioral control plays a role because may lead the individual to believe that she/he will be able to successfully carry out her desire to limit her fertility.

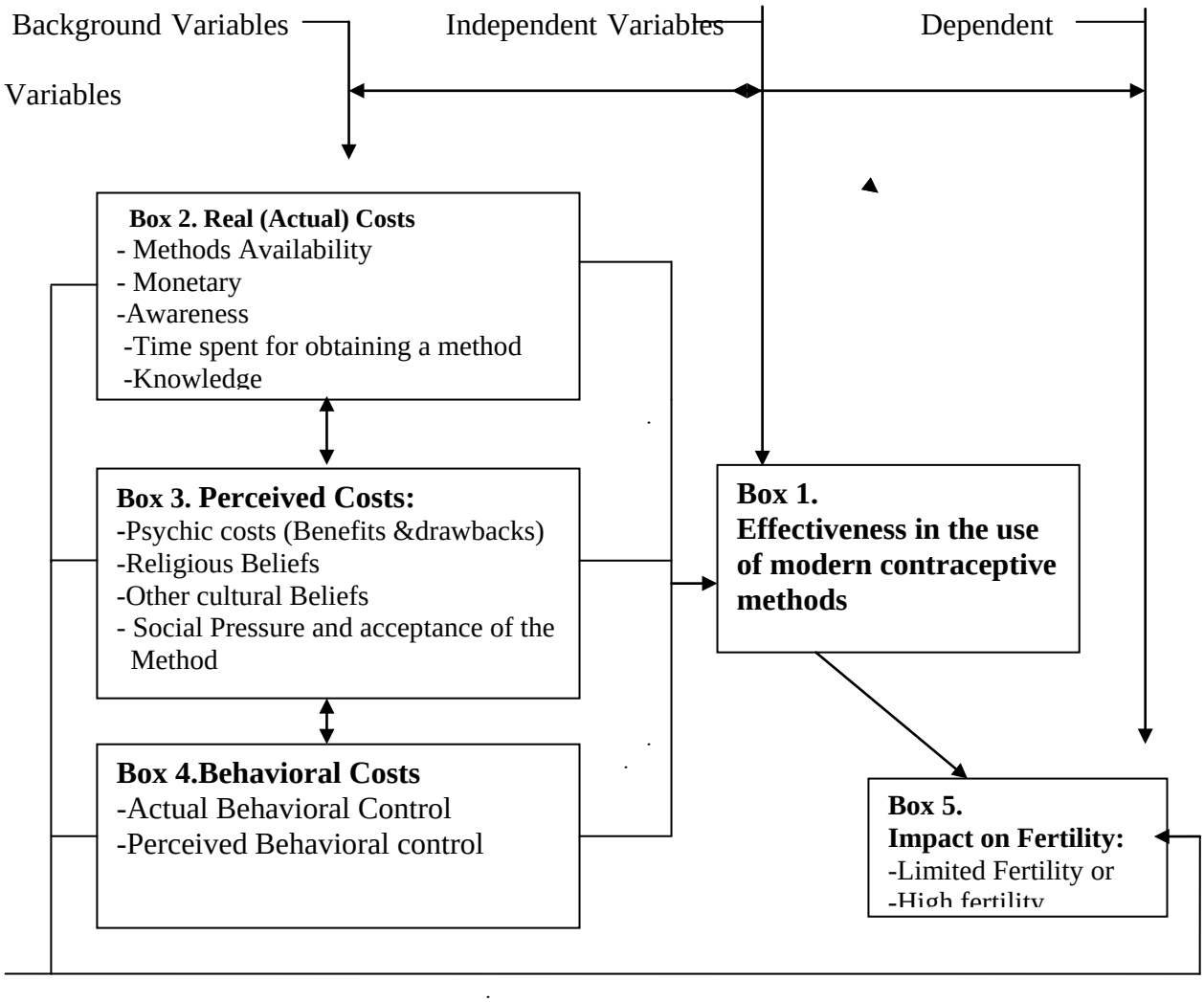
2.9. Research Gap

A lot of studies have been done to examine the effectiveness of modern contraceptive methods worldwide. Few studies have been carried out in Tanzania specifically on the availability and role of modern contraceptive methods. Among of them is a study done by Beegle, (1995) on the quality and availability of family planning services and contraceptive use in Tanzania, another study was done by the United Republic of Tanzania and Macro International Inc, (1996) about Tanzania service available survey and that of Thomas et al, (1999) on the quality, accessibility and contraceptive use in rural Tanzania. Very little has been done to examine the effectiveness of modern contraceptive methods in controlling fertility rates in Tanzania. Nothing has been done to examine the availability and use of these methods in the study area. This study therefore, aims at examining the availability

and effectiveness in the use of modern contraceptive methods in controlling fertility in Iringa Municipal.

2.9.1. The Conceptual Framework of the Study

Figure 2.1: Factors Responsible for Effectiveness in the use of Modern Contraceptive Methods in Controlling Fertility Rates



Source: Adopted and Modified from Emens, (2008:5) and Dommermuth, et al, (2009:4).

The conceptual framework **(Figure 2.1)** explains effectiveness in the use of modern contraceptive methods in controlling fertility **(Box 1).** This depends much on the actual costs **(Box 2)** such as the availability of the methods, awareness and financial cost of the contraceptive methods (Emens, 2008:4). Similarly, the perceived costs of the methods (**Box 3)** such as the benefits and drawbacks of the methods to users have a greater impact toward the use of these methods (Easterin, 1975:55; Emens, 2008:4). Correspondingly, the behavioral control both actual and perceived behaviors act as a hub towards effective use of the method **(Box 4)** in an extent that when followed properly while working interchangeably with the other factors in **(Box 1, 2, and 3),** may possibly lead to limited fertility or vice versa if not effectively followed (**Box 5).**

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Overview

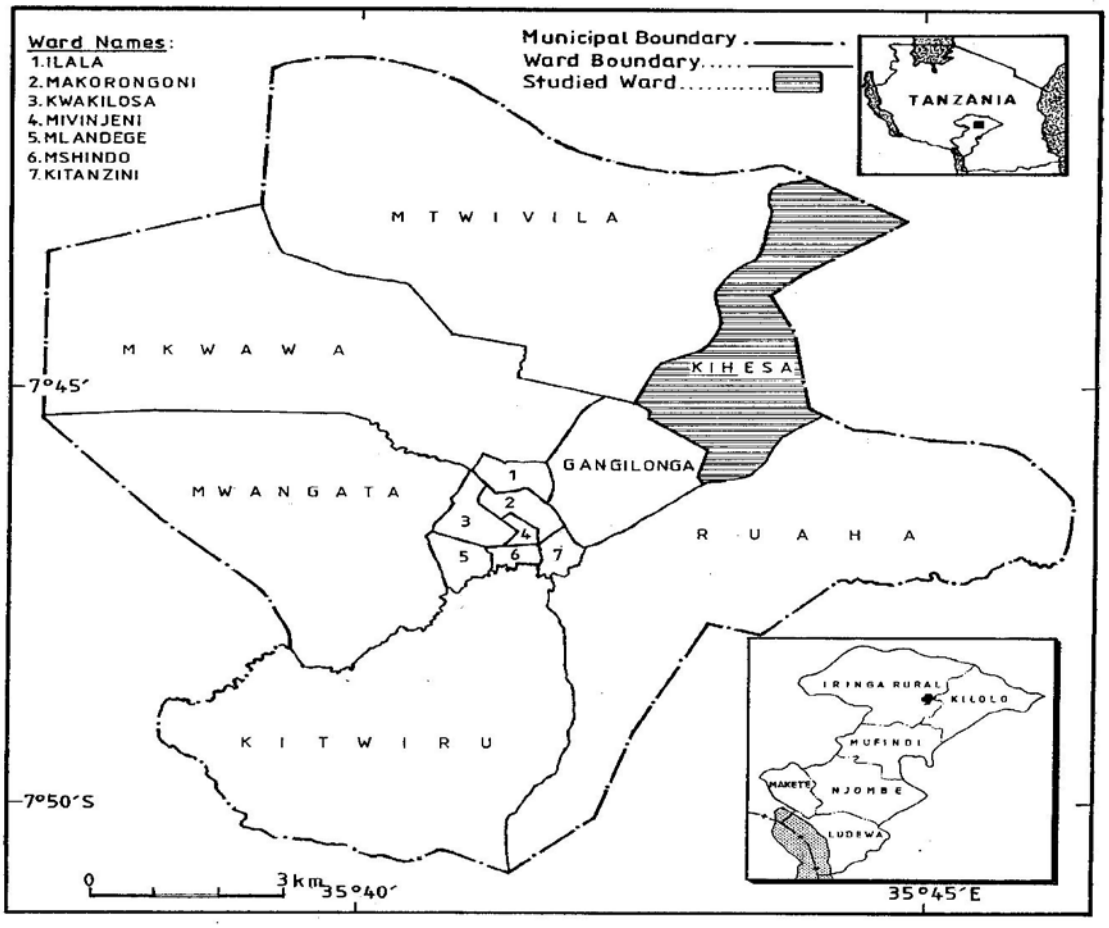
This chapter describes the study area and methods used to get data for this research. The chapter is organized in seven sections. The first section is about the geographical description of the study area. The second section deals with the research design while the third section is about the types and sources of data. The fourth section elaborates on the methods employed in data collection while the fifth section explains data analysis and presentation. The sixth section deals with ethical consideration for the study and the last section elaborates on limitations of the study.

3.2. Geographical Description of the Study Area

Iringa Municipal **(see map 3.1)** is one among the four districts in Iringa Region. Other districts are Kilolo, Iringa Rural and Mufindi. The Municipal extends between latitude 7° 45′ and 7° 50′ South of the equator and longitude 35° 40′ and 35° 45′ East. It stretches along a hilltop overlooking the Ruaha river to the south, and spreads along ridges and valleys to the north. Iringa Municipal is situated on a plateau that ranges from 1,500 metres to 2,500 metres above sea level. Significant geological features include numerous steep, rocky hills that punctuate the landscape and the little Ruaha river that runs through the Municipality. The Municipal covers an area of 162 square kilometres with 14 wards and 162 streets varying in size significantly. The wards are Kihesa, Mkwawa, Mwangata, Kitwiru, Ruaha, Mtwivila, Ilala, Makorongoni, Mivinjeni, Kitanzini, Mshindo, Gangilonga, Kwakilosa and Mlandege.

According to the 2002 census, Iringa Municipal had a population of 146,762 people. The indigenous inhabitants are the Wahehe. However, the current population now consists of people from different districts of the region such as the Wabena, Wakinga, Wapangwa, Wawanji and other people from different regions of Tanzania such as Tabora, Kigoma, Dodoma, Mbeya, Morogoro and Kilimanjaro. The population is increasing at an annual rate of 1.6% with population density of 916 and 34,010 households (United Republic of Tanzania, 2002:99).

Map 3.1. Location of Iringa Municipal showing Kihesa ward



Source: UDSM Geography Department, Cartographic Unit, 2011.

3.3. Research Design

This research employed a cross-sectional research design. The design was used on the grounds that, it allows the collection of data from different groups of respondents at a time. According to Cohen and Morrison (2007:236), a cross-sectional research design has a greater degree of accuracy and precision in social studies than other designs.

3.3.1. Sampling Techniques and Procedures

A variety of sampling procedures and techniques were deployed in this study. Both purposive and simple random sampling techniques were employed to select the study area and sample respondents. The district and Kihesa ward were sampled purposively; while simple random sampling was used to sample the streets, households and respondents.

3. 3.2. Selection of the Study Area

The study was carried out at Kihesa ward which was purposively sampled basing on the following criteria: - Firstly, the ward has a big health center providing family planning services, thus, the researcher found it indispensable to conduct a study so as to examine the rate of availability and effectiveness in the use of modern contraceptive methods in controlling fertility rates in the study area. Secondly, Kihesa is nearby the town therefore, the area is easily accessible in view of limited research funds and time. Lastly, the selected study area is among the areas in the Municipal with high fertility rates thus, the researcher was eager to know the reasons

for high fertility regardless of the existence of Ngome health center providing family planning services.

3.3.3. Selection of the Study Streets

Simple random sampling technique was employed to select the two studied streets out of eight in Kihesa ward. All eight streets in Kihesa ward were written in pieces of paper, mixed up in a box and then one piece after another was picked without replacement. Kihesa and Semtema streets were selected after the exercise. Simple random sampling was employed because it provides an equal chance for any street to be included in the study.

3.3.4. Selection of the Sample Size

The selection of the sample size **(see Table 3.1)** was based on the sampling frame of females of reproductive age raging from (18 – 49) years in the two streets. According to the census report of 2002, Semtema street had a total number of 1128 females aged (18 – 49) out of 2235 females, while Kihesa had 1598 females aged (18 – 49) out of 2935 females (United Republic of Tanzania, 2002:123). According to Boyd et al, (1981) five percent of the study population can suffice as a sample under certain circumstances. Therefore, in order to get the representative sample size, 8% of the sampling frame was calculated and the number of respondents was determined as follows:

8/100x1128 = 90 (Semtema).
8/100x1598 = 128 (Kihesa).

The exercise resulted to a sample of 218 respondents of whom 90 were from Semtema and 128 were from Kihesa. With the help of inventory list given by VEOs,

simple random sampling was employed to get the desired number of respondents in each street, where a list of total 2147 households of the two streets was given and all households had equal chance to be selected. Out of 2147 households, Semtema had 932 and Kihesa had 1215 households. Basing on the household size of 4.4 in Iringa Municipality URT (2002:99), a total of 171 households (8%) were randomly chosen. From the above data it was expected that at least 752 people would be found and the expected 218 respondents would be grasped among them. From 171 households, 74(8%) of all households in Semtema street were randomly chosen and 97(8%) of all households in Kihesa street were also randomly selected. Within the selected households in both streets respondents who were interviewed were only females of the age group (18-49).

Thereafter, key informants (KI) were purposively selected. These comprised two groups; one was that of top officials constituted by the Municipal health officer and two service providers in Ngome health centre. The second category was that of Focus Group Discussion which constituted twenty four females who were the users of modern contraceptive methods. The group was further divided into three sub-groups of eight females each. The selection of respondents who were involved in (FGD) was done with the help of the service providers who showed the researcher clients of family planning services who were there on that day for the services.

Table 3. 1. The Study Sample

Categories of Respondents	Sample size by Streets						Grand Total
	Kihesa		Semtema		Total		
	Males	**Females**	**Males**	**Females**	**Males**	**Females**	
Females of (18-49) years	-	128	-	90	-	218	218
Service Providers	-	-	-	-	-	2	2
Focus group	-	-	-	-	-	24	24
Municipal Health Officer	-	-	-	-	1	-	1
Total	0	128	0	90	1	26	245

3.4. Types and Sources of Data

Both secondary and primary data were collected and analysed. Primary data covered the demographic characteristics of respondents, people's perception on the use of modern contraceptive methods, availability rates, problems encountered the accessibility as well as the role of modern contraceptive methods in controlling fertility in the study area. Secondary data covered issues related to modern contraceptive methods available in the study area. This information was obtained from Ngome health centre files especially those from the modern contraceptive services users.

3.5. Methods of Data Collection

The study employed a multiple of methods to address the objectives and research questions which focused on examining the availability and effectiveness in the use of modern contraceptive methods for controlling fertility rates in Iringa Municipal. Both qualitative and quantitative data were collected. Tools which were employed in data

collection comprised of person to person interviews, field observation, Focus Group Discussions (FGD) and documentary review. The use of multiple methods to study a phenomenon is justified because of the wide nature of issues and sources to obtain the relevant information necessary. The major advantage of triangulation in this aspect is that, comprehensive information on the study theme would be deduced by eliminating over-reliance on one single source of data.

3.5.1. Interviews

This study used both structured and semi-structure interviews. Interviews were done between the researcher and female respondents of reproductive age ranging from 18-49 years. The research used more open ended questionnaires to key informants aiming at accessing more information over the study topic.

3.5.2. Field Observation

Observations of physical availability of modern contraceptives methods, their use and other behaviour related to the use of modern contraception provided important information for this research. Field visits were made at Ngome health centre where respondents get services. The visits helped the researcher to triangulate some of the information obtained during the interviews. It was observed that most of the modern contraceptive methods both temporary and permanent ones were available at the centre. However, a greater number of clients were using impermanent methods.

3.5.3. Focus Group Discussion (FGD)

Focus group discussion was held with twenty four selected females of reproductive age who were the users of the modern contraceptive methods present at the health centre during the visit. The purpose was to get general information on peoples' perceptions regarding the use of modern contraceptive methods, the availability rates, problems encountered on service accessibility, impacts of these methods on users' health and the role played by the methods in controlling fertility.

3.5.4. Documentary Review

Prior to the field work, secondary sources of data from different publications, books, theses and journals from the libraries of UDSM, IRA and DTU, government policy documents and internet sources were reviewed with the aim of gaining an overall picture of the availability and the effectiveness in the use of modern contraceptive methods in controlling fertility rates in different parts of the world. Such information helped in framing the context of the research problem. At the Municipal and ward levels some files were reviewed especially those related to the use of modern contraceptive methods.

3.6. Data Analysis and Presentation

3.6.1. Data Analysis

After collection of data, the first stage was to prepare the raw data and transform them into computer readable format. The data were prepared for Ms-Excel Spread Sheets 2003 and SPSS Data Editor (version 16). This involved coding of qualitative

and quantitative data obtained from the field. Photographs were taken by digital camera and directly imported into computer for easy visibility during the analysis.

Data analysis was carried out to establish various statistics and find the association between variables. Several SPSS analysis commands were employed to fulfill this objective. Frequencies were determined to observe the occurrence of the responses from interviewed respondents. Cross-tabulations were done to relate two or more variables and asses the relationship between them. The data obtained from focus group discussion were interpreted according to research questions which they intended to answer. Information from photographs was compared to data collected through focus group discussion and interviews to describe the relationship of information captured by those methods.

3.6.2. Data Presentation

Various techniques were used to present the findings. These techniques included bar graphs, line graphs, pie charts, plates and tables. Some of the qualitative data were presented in the form of quotation boxes and photographs.

3.7. Ethical Consideration of the Study

The research abided to the people's rights and national regulations. The researcher paid attention to the regulations and rules during the process of preparation and conducting the research. Firstly, the researcher asked permission from the Vice Chancellor of University of the Dar es Salaam, then the Regional Administrative Secretary of Iringa Region, Iringa Urban District Administrative Secretary and the

Ward Executive Secretary of the study area. Secondly, during the course of field work, respondents were assured that the information they provided would be confidential, private and be used only for the research purposes.

3.8. Limitations of the Study

This study encountered a number of drawbacks. These included failure of five respondents to reveal reality to some aspects for instance the exact number of children they had and ideal number of children they prospect to have. Three respondents were reluctant to be interviewed as they claimed to waste time. Four respondents were not met in their homes as they were busy with their business. This made the researcher to include other four respondents for interview to fill their gap. Lastly was the financial constraint to thoroughly undertake the research.

CHAPTER FOUR

THE PERCEPTION ON THE USE OF MODERN CONTRACEPTIVE METHODS IN IRINGA MUNICIPAL

4.1. Overview

This chapter is dedicated to presentation and discussion of the findings on peoples' perception on the use of modern contraceptive methods in the study area. It is divided into three major sections. The first section describes the demographic characteristics of the sample population, the second section explores peoples' perception on the use of modern contraceptive methods in the study area and the last section is the chapter summary.

4.2. Demographic Profile of Respondents

This research dealt with a sample of 218 female respondents of reproductive age (18 – 49) years where 128 (58.7%) were from Kihesa street and 90 (41.3%) were from Semtema street. Out of 218 respondents, 161 (74%) were users of modern contraceptive methods and the remaining 57 (26%) were non users of modern contraceptive methods. Four demographic characteristics namely, age composition, marital status, education levels and occupations of respondents in the study area are discussed. This discussion was important because the mentioned variables have a big influence on the perception and use of modern contraceptive methods.

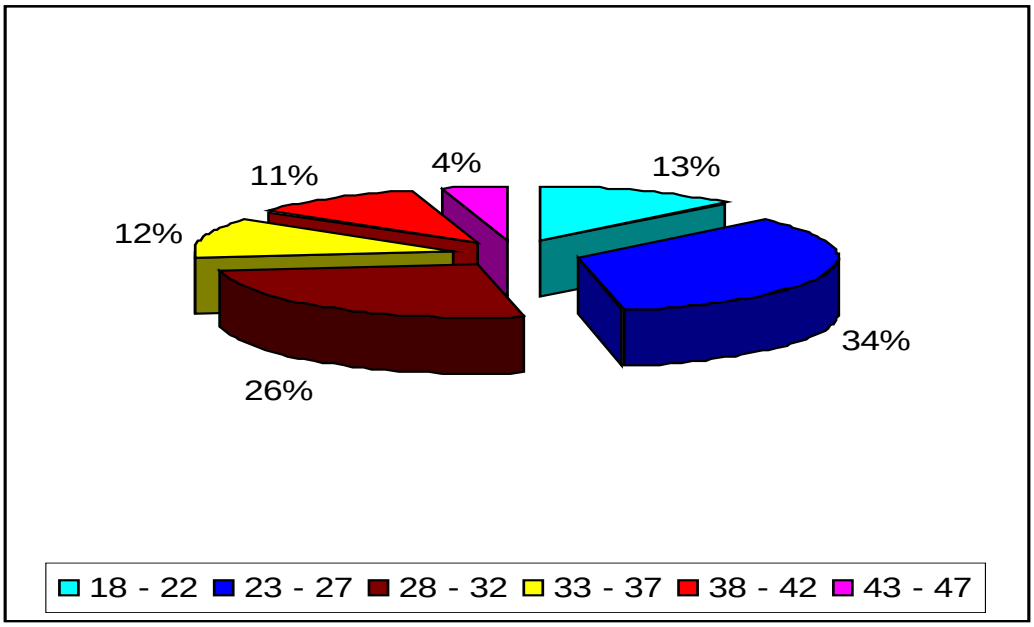
4.2.1. Age Distribution of Respondents

According to Ngalinda (1991:81), age at first birth has long been regarded as one of the determinants of fertility. The age distribution of the sample population **(Figure 4.1)**

showed that majority of the respondents were in the age groups of 23 - 27 years and 28 - 32 years; accounting for approximately 34% and 26% of the sample population respectively. The other age groups belonged to respondents aging between 18 - 22 and 33 - 37 years, accounting for 13% and 12% respectively. The remaining groups were aging between 38 - 42 and 43 - 47 accounting to 11% and 4% respectively.

From this observation one can reasonably argue that, respondents were within reasonable ages for the understanding and analysis of issues regarding to the use of modern contraceptive methods. They are assumed to be adults, matured and sexually active hence, possess the right knowledge and experience regarding the question under study.

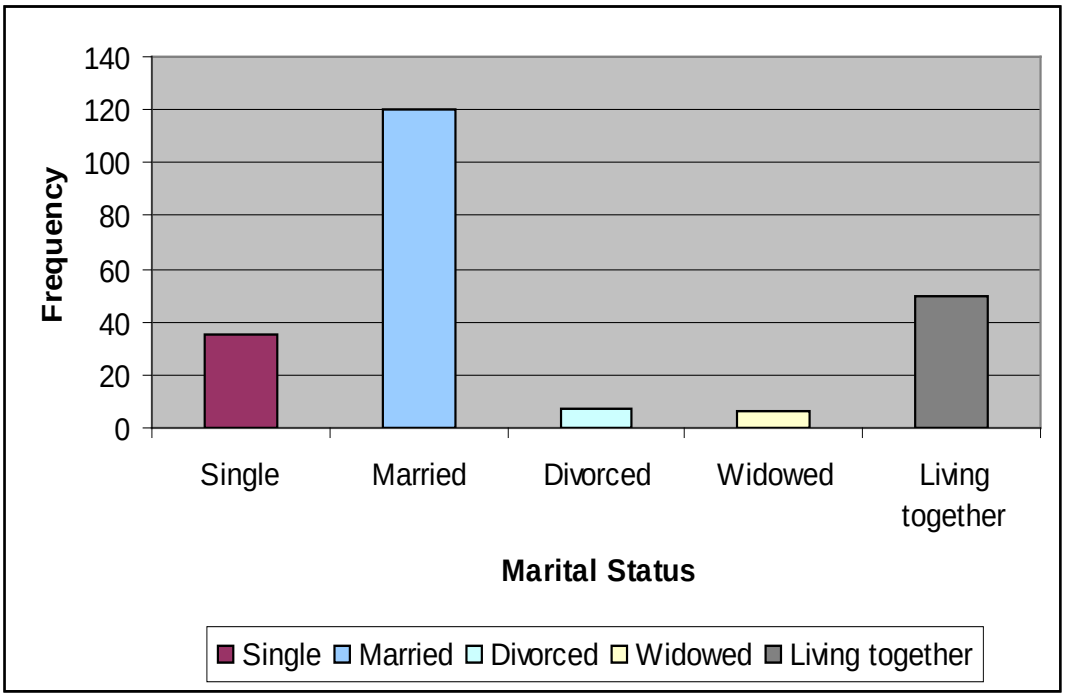
Figure 4.1: Age Composition of Respondents



4.2.2. Marital Status of Respondents

Marital status is very important in determining the use of modern contraceptive methods in many societies (Gavin, 2007:16). The findings in this study **(Figure 4.2)** depicts that 55% of the respondents were married, 23% were living together, 16% were single, 3% were widowed and the remaining 3% were divorced. The results indicated that, majority of the respondents were in union (married and living together). It is assumed that, females who are in unions whether formal or non-formal are more exposed to frequent sexual activities hence exposed to bear more children than other groups. The assumed difference is based on the reality that married females in Africa are culturally supposed to bear more children than other groups.

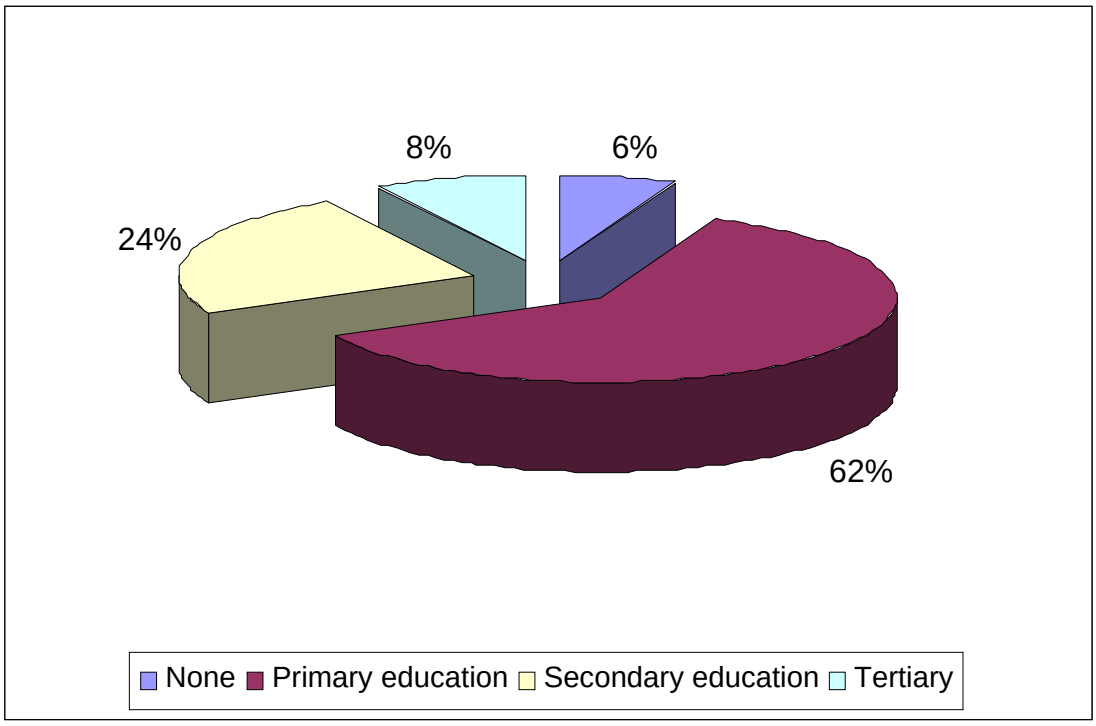
Figure 4.2. Marital Status of Respondents



4.2.3. Education Level of Respondents

According to Kontula, (2004:20) the level of education among women is a strongest predicator of the use of modern contraceptive methods. It also has an influence in determining the size of the family among couples. The education level of the surveyed sample population **(Figure 4.3)** revealed that, majority of the respondents 62% had attained primary education, 24% had secondary education, 8% had tertiary education, and the remaining 6% did not attend formal education. From the above data, one can argue that, majority of respondents in the study area had formal education implying that their level of understanding on the study matter would be reasonable.

Figure 4.3. Education Levels of Respondents



4.2.4. Occupations of Respondents

Occupation and levels of income of an individual may determine the number of children one to have. The sample population surveyed (**Table 4.1**) showed that 48.6% of the respondents were housewives, 26.1% were engaging in small business, 15.6% were government employees and the remaining 9.6% were students. Such information was important in examining the relationship between respondents' occupation and the effectiveness in the use of modern contraceptive methods in fertility control. It also helped to understand respondents' perceptions on the use of modern contraceptive methods in the study area.

Table 4.1. Occupations of Respondents

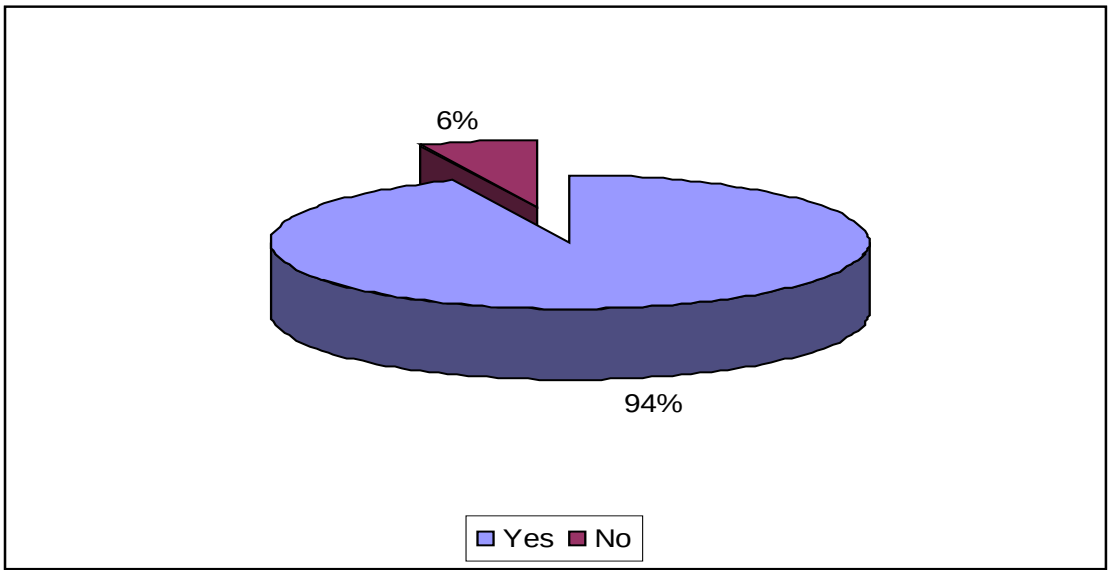
Occupation	Streets				Total (N = 218)	Total %
	Semtema (n = 90)	%	Kihesa (n = 128)	%		
Employed	14	15.6	20	15.6	34	15.6
Business	25	27.8	32	25	57	26.1
Housewives	46	51.1	60	46.9	106	48.6
Students	5	5.5	16	12.5	21	9.6
Total	90	100	128	100	218	100

4.3. Peoples' Knowledge on the Existence of Modern Contraceptive Methods

The researcher was eager to understand respondents' knowledge towards the existence of modern contraceptive methods in the study area. The results **(Figure 4.4)** showed that more than three quarters of respondents (94%) were aware of the existence of either one or more than one of the methods. The remaining (6%) who were respondents with none formal education did not have the knowledge of the existence of modern contraceptive methods in the study area.

From those results one can reasonably argue that, the surveyed population had a clear understanding of the existence of modern contraceptive methods in the study area. These results were almost similar to those of Aryeetey et al, (2010:28) in Gar East District of Ghana when studying knowledge, perceptions and ever use of modern contraception among women where 99.7% of all the respondents expressed almost universal understanding of at least one family planning method and the rest had heard of more than one modern methods by the time of the study.

Figure 4.4. Respondents' Knowledge on Existence of Modern Contraception Methods

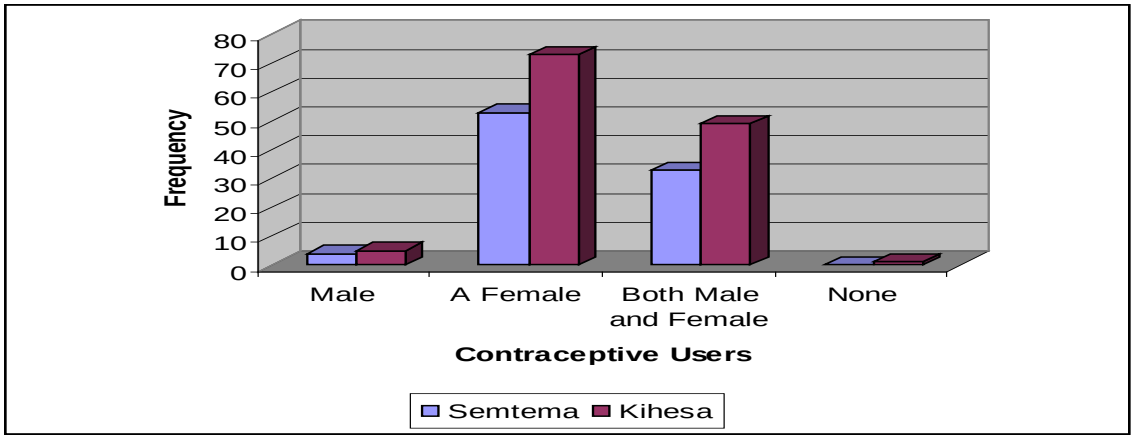


4.3.1. Users of Modern Contraceptive Methods

The researcher wanted to know the level of respondents' understanding on who was supposed to use modern contraceptive methods between males and females. Findings from the study **(Figure 4.5)** showed that, a larger portion of respondents (57.8%)

from both streets claimed females to be the most users, 37.6% portrayed both males and females as users, 4.1% pointed out males as the only users and the remaining 0.5% of the respondents knew nothing on who was supposed to use the methods between males and females.

Figure 4.5. Users of Modern Contraceptive Methods



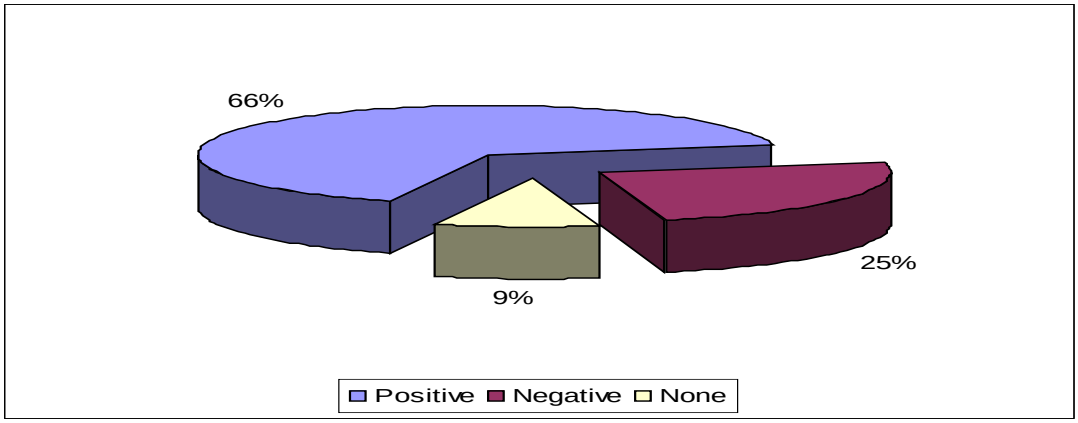
The above findings indicate that, most of the respondents argued females to be most users of modern contraceptives. This argument could be based on their levels of education where the majority had primary education. However, the health services at present in Tanzania are not built up to be male-friendly. Respondents' experience on the methods available in their place of living such as pills, injectables, IUD, emergency contraceptives and implants which are all female-friendly, made them to focus their thinking on women as greater users than men. On other side, those who said both males and females are supposed to use modern contraceptive methods mostly had secondary and tertiary education, thus they were broad minded in terms of thinking.

These results concur with that of Hossain, (2003:6) in Bangladesh who noted women to be greater users of modern contraceptives than men. This based on the fact that most family planning services particularly modern contraceptive methods in the area of study were directed to women and provided a limited opportunity for men to learn about and get involved in the process of family planning.

4.3.2. Society's Perception on the Use of Modern Contraceptive Methods

Having a clear picture on the knowledge, existence and users of modern contraceptive methods in the study area, respondents were asked to explain the society's perception towards the use of modern contraceptive methods. Results from the study **(Figure 4.6)** revealed that majority of the respondents (66.1%) said that, the society view it positively while (24.8%) of the respondents said the society still perceive negatively on the use of modern contraceptive methods and the remaining (9.2%) did not know how the society perceive on the use of modern contraceptive methods in the study area.

Figure 4.6. Society's Perception on the Use of Modern Contraceptive Methods



From these results, one can argue that the level of societal understanding on the use of these methods was high as compared to those who still view it as abominable in the society. Those who argued on the negative side on the use of modern contraceptive methods based on religious belief and other cultural values such as prostitution, and the side effects triggered by the these methods to the health of the users as quoted from respondents **(Box 4.1)** during the FGD.

Box 4.1. Societal Perception on the use Modern Contraceptive Methods

"…Recently, there is no doubt that most of the societal members are aware of the importance of these methods, so they are not puzzled when told that I am using a particular method, what you can expect is a question on the side effect of the method you are using. However, others still perceive a person using methods as prostitute and these are the most elderly people…"

Source: A married female of 39 years old, member of a focus group discussion.

4.3.3. Bivariate Analysis

Basing on the study, it was further found important to analyze perception on the use of modern contraceptives against demographic profile of the respondents so as to determine relationship existing between these variables. Chi-square analysis controlled for demographic variables of age, education, marital status and religion **(Table 4.2)** showed some statistical significant associations with the perception on the use of modern contraceptives in the study area while, with regards to the study sample used in this study, religion had weak association.

Table 4.2.Cross-tabulation on Demographic Characteristics and Perception on the use of Modern Contraceptives

Variables	Distribution of the variable	Respondents' Perception				Total	Total %
		Yes	%	No	%		
Age	18 - 22	18	8	10	5	28	13
	23 - 27	70	32	5	2	75	34
	28 - 32	47	22	9	4	56	26
	33 - 37	20	9	6	3	26	12
	38 - 42	16	7.3	8	3.7	24	11
	43 - 47	2	1	7	3	9	4
Chi-Square = 33.929, df = 5, P- value 0.000							
Marital status	Single	28	13	7	3	35	16
	Married	102	47	18	8	120	55
	Divorced	4	2	3	1	7	3
	Widowed	1	1	5	2	6	3
	Living together	38	17.4	12	5.5	50	23
Chi-Square = 19.189, df = 4, P- value = 0.001							
Education level	None	8	3	6	3	14	6
	primary education	106	48.6	28	13	134	62
	Secondary education	41	19	11	5	52	24
	Tertiary	18	8	0	0	18	8
Chi-Square = 8.913, df = 3, P- value = 0.030							
Religion	Christianity	113	52	29	13	142	65
	Muslim	60	28	16	7	76	35
Chi-Square = .012, df = 1, P- value = 0.913							

Note: df =degree of freedom, P-value = level of significance.

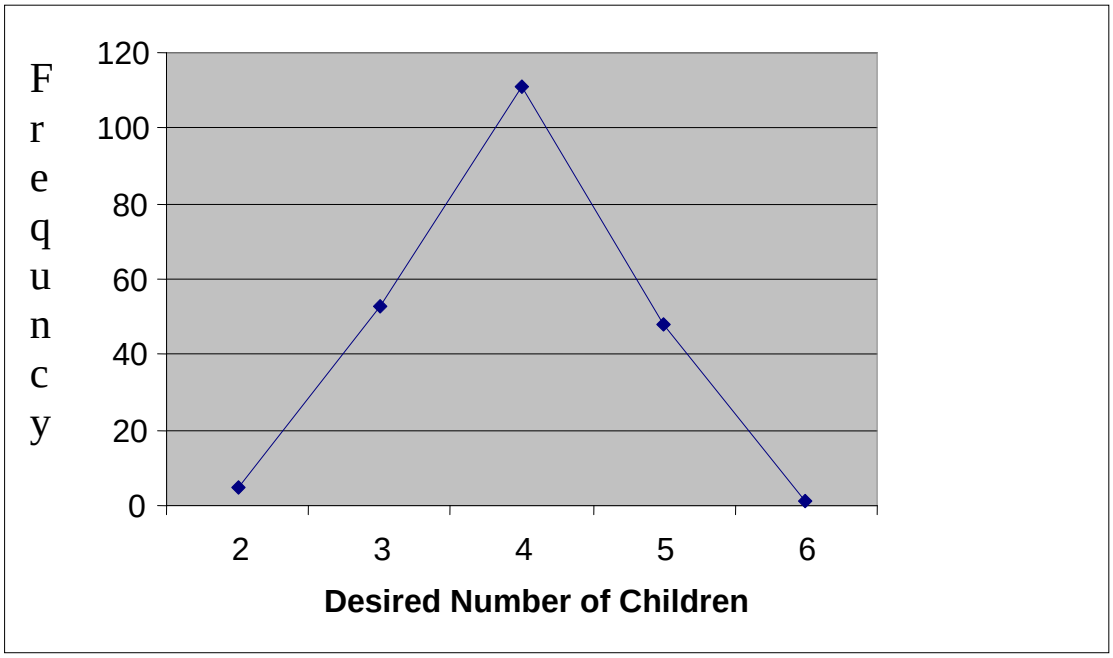
With regards to age (Chi-square 33.929, df = 5, P-value 0.000), marital status (Chi-square 19.189, df = 4, P-value 0.001) and education (Chi-square = 8.913, df = 3, P-value = 0.030) showed statistically significant correlation with the perception on the use of modern contraceptives. In these cases, it was argued that, at 5% level of significant the age, marital status and education could be used to determine the level of perception in the use of modern contraceptives among females in the study area. Basing on the sample size of (218) respondents for this study, religion (Chi-square

0.012, df = 1, P-value 0.913) had no statistical significant correlation with modern contraceptive use in the study area.

4.3.4. Respondents' Perceptions on the Desired number of Children

Respondents were asked on the number of children they desired to have at the end of their reproductive ages **(Figure 4.7).** The findings showed that majority of the respondents (50.9%) desired to have four children, 24.3% had the desire of having three children, 22% of the respondents demanded to have five children, 2.3% needed to have two children and the remaining 0.5% of the respondents had the desire of having six children.

Figure 4.7. Respondents' Desired number of Children



Basing on the above data, one can argue that majority of the respondents desired to have four children. However, there were some respondents who demanded five children and very fewer desired six children. Different motives were given as to why majority of the respondents desired below five and six children. One of the major factor claimed by majority was life hardship as pointed out by one respondent **(Box 4.2)** during the focus group discussion.

Box 4.2. Respondents' Reasons on the Desired number of Children

"Every woman wants a child, thus some who fail to conceive in a normal time and circumstances tend even to go to the witch doctors in search of. Our pressure is to give birth to many children as possible, but with current life situation where everything is money orientated no one can do so. Life has become very tough in a sense that it comes a time we even fail to provide meals to the children we already have. What if we keep on reproducing to the last fertility?"

Source: A married female of 35 years old, member of the focus group discussion

Additionally, using SPSS, a summary report on the desired number of children was commanded in order to get the total number of children desired by all respondents at the end of their reproductive period. Results **(Table 4.3),** showed that, a total of 859 children were desired by all 218 respondents both users and non users of modern contraceptive methods. The average mean for all mounted to be 3.9 children per woman. The minimum number of children required by each woman was two while the maximum was six demanded by only few women.

Table 4.3. Summary Report on Desired number of Children to both users and non users of Modern Contraceptive Methods

Variable	Figure
Sum	859
Mean	3.9
Minimum	2
Maximum	6
Total (N)	**218**

The data above implies that, the demand for children in the study area is still high where no even one respondent who wanted not to have a child and no one demanded less than two children while the highest desired fertility was six children. These results concur with that of the 2010 Tanzania Demographic and Health Survey (URT and Macro International Inc, 2010:55) and World Bank Report, (2010:10) in Uganda, Niger and Chad where high desired fertility was observed to be above five children.

4.4. Chapter Summary

This chapter dealt with peoples' perceptions on the use of modern contraceptive methods in Iringa Municipality. The results showed that an overwhelming majority of the respondents (94%) were knowledgeable on the existence of modern contraceptive methods in the study area while small minorities (6%) who were respondents without formal education were not. At the same time, respondents reported different views on societal perception on the use of modern contraceptive methods where 66% said the society perceive it positive, 24.8% of the respondents still perceive the use of modern contraceptive methods negatively basing on the

effects posed by these methods to users, religious beliefs, and other cultural factors such as prostitution. Other respondents (9.2%) reported to know nothing.

The chi-square carried on perception in relation to demographic variables of age, marital status, education and religion showed that age (chi-square 33.929, df = 5, P-value 0.000), marital status (chi-square 19.189, df = 4 P- value 0.001) and education (chi- square 8.913, df = 3, P- value 0.030) had statistical significant correlation with the perception on the use of modern contraceptives. However, basing on the sample size (of 218 respondents) used in this study, religion (chi- square 0.012, df = 1, P – value 0.913) implying that there was no statistical correlation in the sense that religion does not influence perception on the use of modern contraceptives in the study area.

CHAPTER FIVE

AVAILABILITY RATES OF MODERN CONTRACEPTIVE METHODS IN IRINGA MUNICIPALITY

5.1 Overview

This chapter is devoted to presentation and discussion of the findings on the availability rates of modern contraceptive methods in Iringa Municipal. It is divided into four sections, where the first section presents on the availability rates, the second section speculates the problems associated with the accessibility of modern contraceptive methods in the study area, the third section explains the setback claimed by service providers against clients' using modern contraception methods and the last section is the chapter summary.

5.2. Methods Available and used by the Respondents in the Study Area

There are varieties of modern contraceptive methods in Tanzania. The researcher was eager to know which methods were available and commonly used by respondents in the study area. The results **(Table 5.1)** showed that out of 161 respondents who were using modern contraceptive methods 39.7% were using injectables, 22.5% implants, 18.6% pills, 15.5% condoms, 3.1% loops and the remaining 0.6% female sterilization.

Table 5.1. Methods Available and used in the Study Area

Methods	Frequency (n)	Percentage (%)
Injectables	64	39.7
Implants	36	22.5
Pills	30	18.6
Male Condom	25	15.5
Loop	5	3.1
Female Sterilization	1	0.6
Diaphragm	0	0
Intrauterine Device (IUD)	0	0
Total	161	100

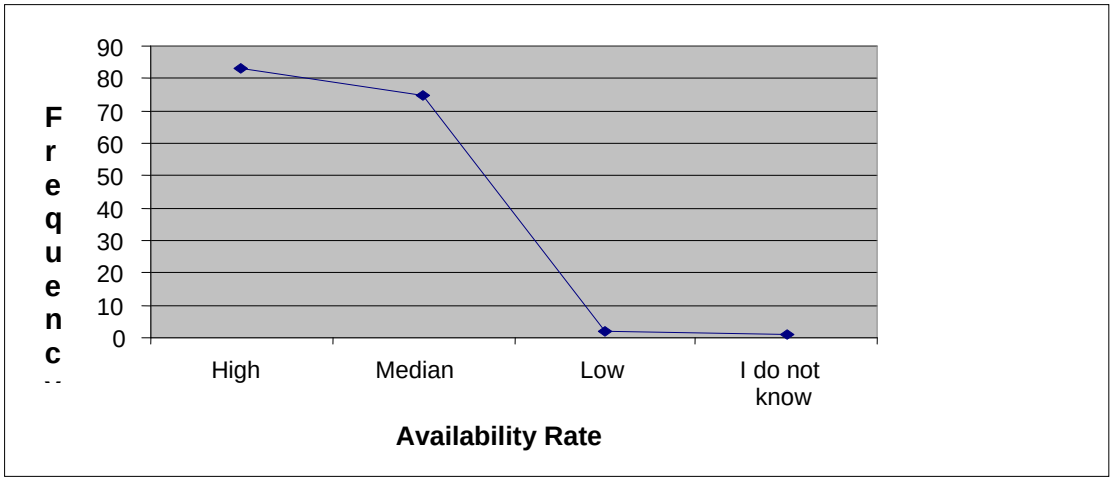
The above findings indicate that injectables were more preferred than other methods due to the high number of users while female sterilization was the least preferred. High preference for injectables was due to more assurance on prevention to conceive than pills. Also with injectables, users' frequencies in attending to the clinic for the service were reduced as compared to pills. Female sterilization was the least preferred due to its permanency in nature where those who opted for it were no longer in need for more children.

From the above information one can comment that, the methods commonly used in the study area were temporary namely; injectables, implants, pills and the male condom which aimed at spacing rather than limiting hence high fertility in the study area. This finding resembles to that of United Republic of Tanzania and Macro International Inc, (2010:14) Demographic and Health Survey and that of Tsedeke et al, (2006:1) in Ethiopia who noted injectables, pills and male condoms to be commonly used.

5.2.1. Availability rates of Modern Contraceptive Methods

According to Frejka (2008:81) and Armstrong (2000:111), the major advancement in modern contraceptives and their relatively easy and widespread availability have a profound impact on fertility levels and trends in a given place. Respondents' were asked to state the rate of availability of modern contraceptive methods in a study area. Results **(Figure 5.1)** showed that, 51.6% of those who were using modern contraceptive methods reported high availability of the methods, 46.6% reported medium availability of the methods, others 1.2% reported low and the remaining 0.6% reported not to know the categorization.

Figure 5.1. Availability rates of Modern Contraceptive Methods



At the same time, all respondents who were the users of these methods reported to get these services freely, throughout all the working days. This information made the researcher to visit the placard situated outside Ngome Health Centre for validation. The results **(Figure 5.2)** showed that, services were available from 7.30 am to 3.30 pm from Monday to Friday.

Figure 5.2. Time and Services offered at Ngome Health Centre

Note: Placard Translation

(Swahili versions)		**(English versions)**
KITUO CHA AFYA NGOME	–	Ngome Health Centre
HUDUMA ZINAZOTOLEWA KITUONI	–	Services provided at the Centre
HUDUMA ZA MATIBABU	–	Treatment services
HUDUMA ZA MAABARA	–	Laboratory services
HUDUMA ZA MAMA BABA NA MTOTO	–	Mother, Father and Child services
HUDMA ZA WAGONJWA NYUMBANI	–	Out-patient services
HUDUMA ZA RAFIKI KWA KIJANA	-	Youth services
HUDUMA YA TOHARA KWA WANAUME	–	Male circumcision services
HUDUMA YA AFYA YA UZAZI	–	Reproductive health services
HUDUMA YA C.T.C	-	C.T.C Services
HUDUMA YA USHAURI NASAHA	–	Counseling services

MUDA WA KAZI: OPD-SAA 24 - WORKING TIME: OPD – 24 HOURS

CLINIC – 1.30 - 9.30 MCHANA - CLINIC – 7.30 – 3.30 PM

JUMATATU – IJUMAA - MONDAY - FRIDAY

MUDA WA KONA WAGONJWA: ASUBUHI - VISITING PATIENTS:

ASUBUHI 12.30 – 1.30 - MORNING 6.30 – 7.30 AM

MCHANA 6.30 – 7.15 - AFTERNOON 12.30 – 1.15 PM

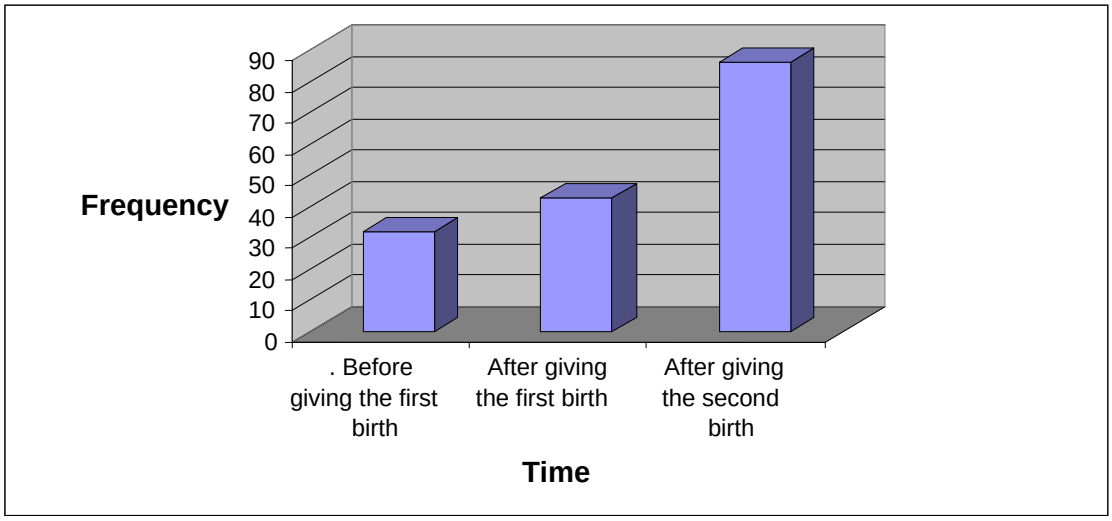
JIONI 10 – 11.30 - EVENING 4.00 – 5.30PM

NA SIKU KUU - HOLIDAYS TOO.

5.2.2. Time to start using Modern Contraceptive Methods in the Study Area

According to Ngalinda, (1991:36) time at first use of modern contraceptives methods has an influence on the number of children one can bear throughout the lifetime. The findings from this study **(Figure 5.3)** showed that majority of the respondents (53%) in the study area started using modern contraceptive methods after giving the second birth and more, the other 27% reported to start using those methods after giving their first births while the remaining 20% reported to use them before giving their first births.

Figure 5.3. Time to Start Using Modern Contraceptive Methods in the Study Area



The data above implies that, majority of the respondents in the study area started using modern contraceptive methods after giving birth mostly the second birth as seen on the picture **(Figure 5.4)**.

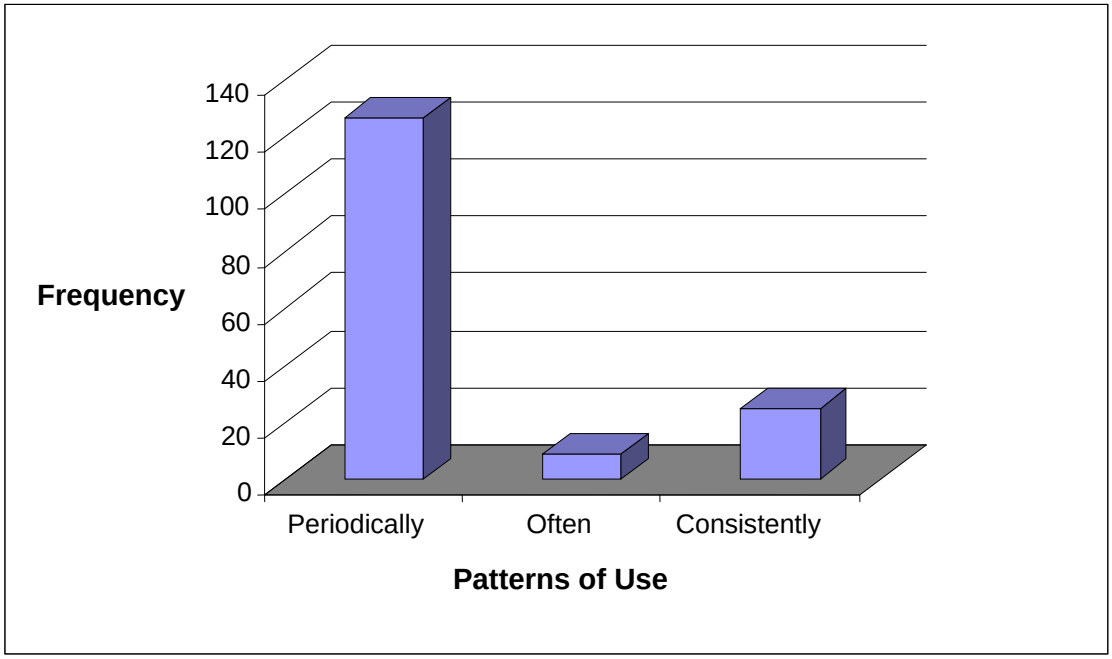
Figure 5.4. A Woman Seeking FP Service After Given her second Birth

Many respondents use modern contraceptives after giving birth especially after having two children and above because of the fear of side effects associated with the use of these methods including infertility. Such views were expressed even by educated participants in the study area and this has also been reported elsewhere. A study by Oyedokun (2007:12) in Nigeria noted many fears on the use of modern contraceptive methods among women of reproductive age. Among those include the fear for a method impairing a woman's health like developing cancer, ulcers, stomach pain and increase of blood pressure. Others include difficulty in keeping it secret, easy to forget taking like pills, condoms stuck inside, fears of the method failure especially condoms and pills. Furthermore, other effects include problems on the menstruation circle and fear associated with the limitation of future fertility. All these contribute in one way or another to lower the rate of contraception use in the study area.

5.2.3. Patterns of use of Modern Contraceptive Methods

The researcher was eager to know the patterns of modern contraceptive method use among respondents. The results **(Figure 5.5)** showed that, out of 161 respondents who were using these methods, 78% reported to use them periodically, 16% reported to use them consistently and the remaining 6% reported to use them often.

Figure 5.5. Patterns of Modern Contraceptive use among Respondents



From the above pattern of use, one can argue that, majority of the respondents used these methods only when they were breast feeding and for a short period of time. Once their babies reached two to three years, they had to stop using these methods and conceive again. The small number reported to use these methods often, especially those who used condoms, whereas few others used the methods consistently.

These results concur with that of Glasier (2006:7) in Britain who noted that most men and women who use temporary methods of contraception such as pills and condoms in Britain find it hard to use them consistently and correctly even though contraception is accessible and cheap. Discontinuation rates of all methods are disappointingly high and many women stop using their contraceptive because of side effects, misplaced concerns about health risks and/or simple inertia. Therefore, with these patterns of use where the overwhelming majority are periodic users and the nature of the methods been used (temporary methods) was not promising to lower fertility rates in the study area.

5.3. Problems Associated with the Accessibility of Modern Contraceptive Methods in the Study Area

Respondents who were using modern contraceptive methods were asked if they faced problems in accessing the services. The findings from this study revealed that more than a half (67.7%) of the respondents reported not to experience any problem in accessing the services. The reason behind was that services were greatly available and were found nearby, it needed nobody to travel a long distance in search of it. Other (32.3%) respondents reported to encounter different problems.

Two major problems were reported by those who said they faced problems while accessing the services. The first one was the shortage of personnel vis-à-vis high number of clients leading to more time spent while accessing the services. This resulted to tiredness of service providers before the time hence less or nothing was done to inquire clients in term of health status something that could determine the

appropriate method to her as it was reported by one respondent **(Box 5.1)** during FGD.

Box 5.1. Respondents' Claims over Shortage of Service Providers

" There is no time for questions, service providers are occupied and no conversation between service providers and clients about clear information on the use or side effects is given, even the health checkup is not done, what exist is which method do you want, you mention it, if it is implant they will implant you and off you go."

Source: A female of 33 year old, member of the focus group discussion.

The second problem was deficit in some of the available and used methods. It was reported by users that deficit was seen in some of the available and used methods in the study area. This was reported by clients who were using implants that, the method was sometime inadequate in the place where services were provided (Ngome Health Centre) hence; it led to inconsistency in the use something which was dangerous towards their health. As remarked hereunder by one respondent **(Box 5.2)**.

Box 5.2 Respondent Claims on the Deficit in some of the Available and used Methods

"The centre is endowed with the wide range of methods, however, some methods such as implants finishes up early compared to other methods. Most clients like the implants as they offer a wide range of time (three years) before one can come back for the second time service, so as they finishes it take time to have the service back. A thing which force us either to change the method or wait."

Source: A female of 29 years old, during the focus group discussion

5.4. Setbacks Claimed by Service Providers on Clients

The researcher wanted to know from the service providers if there were problems caused by clients on the use of services provided. Response from the service providers in the study area reported three major problems which were lack of joint decisions among couples whether to use or not to, inappropriate use of the methods and lack of clients' openness on their health problems as quoted from one service provider **(Box 5.3)**.

Box 5.3. Service Provider's Claims on Lack of Joint Decisions on Contraceptive use among Couples

"Lack of joint decisions on the use of modern contraceptive methods among couples is one of the major problems we encounter while providing the services. I personally faced this challenge when I offered a service of implant to one client who came back with her husband after four days claiming to get it removed and I did so. Remember implants are very expensive, a single piece costs forty thousands Tanzanian shillings, giving it to a person and in just within few days removing it, it's unbecoming".

Source: A female service provider of 42 years old during the interview

These findings concur with that of Gisele (1994:6) in Peru, Rinko (2003:12) in Malawi, Hossain (2003:7) in Bangladesh, Tsedeke et al, (2006:5) in Hosanna town in Southern Ethiopia, and Aryeetery et al, (2010:31) in Ghana who reported that, a limiting influence of male spouses on female partner prevent most women from using modern contraceptive methods hence limit the effectiveness.

5.5 Chapter Summary

This chapter dealt with presentation and discussion of the findings on the availability rates of modern contraceptive methods in Iringa Municipal. The findings revealed that 51.6% of the respondents reported high availability rates of the modern contraceptive methods in the study area, 46.6% reported medium availability rates, 1.2% reported low rate and the remaining 0.6% reported to know nothing. Generally, the results show that there is high rate of availability of modern contraceptive methods in the study area.

Contraceptive methods which were reported to be available in the study area include injectables, condoms, pills, implants, loop, Intra Uterine Devices and female

sterilization. But, the commonly used methods by respondents in rank of preference include injectables (39.7%), implants (22.5%), pills (18.6%), condoms (15.5%), and loops 3.1%) and remaining 0.6% used female sterilization. Injectables were more preferred than other methods due to more assurance on prevention as compared to other methods available in the study area while female sterilization was least preferred due to its permanent prevention of conception.

Although services were reported to be available at high rate, some respondents (32.3%) reported to encounter some problems when accessing those services. Major problems reported include shortage of service providers and deficit of some methods in the health center. On other side, service providers reported to face some problems while providing contraceptive services including lack of joint decisions among couples, inappropriate use of the methods and lack of openness on client's health.

CHAPTER SIX

THE ROLE OF MODERN CONTRACEPTIVE METHODS USE IN IRINGA MUNICIPAL

6.1 Overview

This chapter is committed to presentation and discussion of the findings on the role of modern contraceptive methods in Iringa Municipal. It is divided into four sections. The first section elaborates on the role which positively affect fertility rates in the study area, the second section covers on the negative role that affects user's health, the third section presents on the advises to the government given by respondents on the use of modern contraceptive methods in the study area and the fourth section is the chapter summary.

6.2. Advantages of using Modern Contraceptive Methods on Fertility

The researcher was interested to know if respondents who were using modern contraceptive methods were aware of the benefits of these methods in controlling fertility in the study area. The findings from this study **(Table 6.1)** depicted that 52.8% of the respondents pointed out that the methods helped them in spacing children, 26.7% said that the methods helped them in reducing unintended pregnancy and 20.5%% acknowledged the methods to help them in limiting births.

Table 6.1. Advantages of using Modern Contraceptive Methods

Advantage	Frequency (n)	Percentage (%)
Helps in spacing	85	52.8
Reduces unintended pregnancies	43	26.7
Limiting births	33	20.5
Total	161	100

From these results one can argue that most users of modern contraceptives in the study area use the methods for spacing rather than limiting births. As it was discussed earlier that, in a place where the overwhelmingly majority of the respondents use contraceptives methods for spacing, the area is more likely to experience high fertility. Similar results were observed by Aryeetey et al, (2010:29) in Ghana where majority of the respondents (57%) said they used modern contraceptives methods for spacing births rather than for limiting births.

6.2.1. Actual Number of Children to Users of Modern Contraceptive Methods

Respondents were asked to give out the exact number of children **(Table 6.2)** they had during the time of the study. Findings from the study depicted that majority of respondents who used modern contraceptive methods, 31.7% and 28.6% had 2 and 3 children respectively. Others 18.0% and 10.5% had 1 and 4 children respectively. The remaining 7.5% and 3.7% had 0 and 5 children respectively.

Table 6.2 Actual Number of Children to Users of Modern Contraceptive Methods

	Number of children Having						Total
	0	1	2	3	4	5	
Respondents	12	29	51	46	17	6	161
Percentages	7.5	18	31.7	28.6	10.5	3.7	100

From these data one can argue that majority of respondents who were using modern contraceptive methods had two and three children and there was no respondent with more than five children. But, looking at their ages where majority were ranging at 22-35, and at the same time using (temporary) methods of contraception one can predict an increase of fertility in future because respondents were not ready to opt for the permanent methods regardless of having two up to three children during the time of study. These results harmonize with that of Oyedokun (2007:12) in Nigeria who noted that women with three or more children were more likely to use modern contraceptives with significantly lower failure rate such as injectables, implants and IUD than those who had fewer children.

6.2.2. Actual Number of Children to Non users of Modern Contraceptives Methods

Respondents who were not using modern contraceptive methods were also asked to give the actual number of children they had in order to compare the results with users of these methods. Findings from the survey **(Table 6.3)** showed that majority of respondents 29.8% and 21.0% had 4 and 2 children respectively; other groups 17.6%, 15.8% and 7% had 3, 5 and 0 children respectively and the remaining 7% and 1.8% had 1 and 6 children respectively.

Table 6.3. Actual Number of Children to Non users of Modern Contraceptive Methods

	Number of children Having							Total
	0	1	2	3	4	5	6	
Respondents	4	4	12	10	17	9	1	57
Percentages	7	7	21	17.6	29.8	15.8	1.8	100

The data above indicates that, majority of the respondents who were not using contraceptive methods had four children and some respondents had more than five children. This trend implies an increase in fertility in the future among women who did not use contraceptives, if the culture of contraceptives use will not be adhered among them.

6.2.3. Summary Report on Actual Number of Children to both Users and Non users of Modern Contraceptive Methods

By using SPSS, the summary report was run to get the total number of children to all respondents (users and non users) which mounted to 762 children. The average number of children per woman was 3.5.

Table 6.4. Summary Report on Actual Number of Children to both Users and Non users of Modern Contraceptive Methods

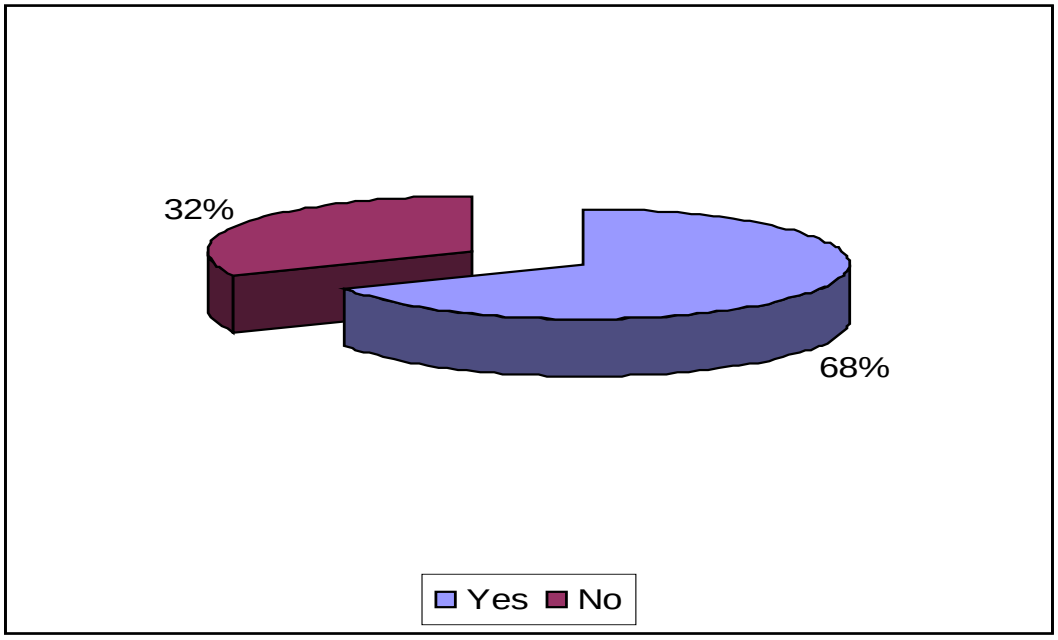
Variable	Figure
Sum	762
Mean	3.5
Minimum	1
Maximum	6
Total (N)	218

The information above indicates that, the current mean number of children per woman in the study area is 3.5. This implies that, if awareness of the most effective contraceptive methods and expansion of services on family planning methods including mass education that could make informed choices on the need to control birth rate accompanied with other factors will not be made, fertility rate in the study area will remain high.

6.3. Problems Associated with the use of Modern Contraceptive Methods to users

Several problems associated with the use of modern contraceptive methods on the health of the users were reported. Findings from the study area **(Figure 6.1)** showed that the overwhelming majority (68%) reported to face health problems and the remaining (32%) reported not to face any health problem.

Figure 6.1. Problems Facing users of Modern Contraceptive Methods



The data above implies that, majority users of modern contraceptive methods faced problems. Among the problems reported by many include lack or prolonged bleeding, thinness or weight gains, stomachache and headache as quoted from one respondent **(Box 6.1a)**

Box 6.1a. Effects of Modern Contraceptive Methods on Health

"I was a user of pills for about ten years. Initially the pills made me fat than I was before. As time went on, in 2009 I started suffering from serious stomachache that forced me to go to the hospital for check up. It was found that there was bulge in the stomach associated with pills taking. So, I was operated. Since then I decided not to use these methods again in all over my life"

Source: A female aged 32 years old, previous user of modern contraception during the interview

Furthermore, other respondent **(Box 6.1b)** admonished that;

"I was the user of injectables, and I was using a three month injection service, when it was administered to me at the first time, I didn't notice any severe impact. All started when I went for the second service, where after being attended, I did not see my menstrual period for almost seven years. I really tried hard to find a child at that time but couldn't. Thanks God today I have a child and no one can tell me to use these methods again".

Source: A female of 36 years old, former client of contraceptive methods during the interview

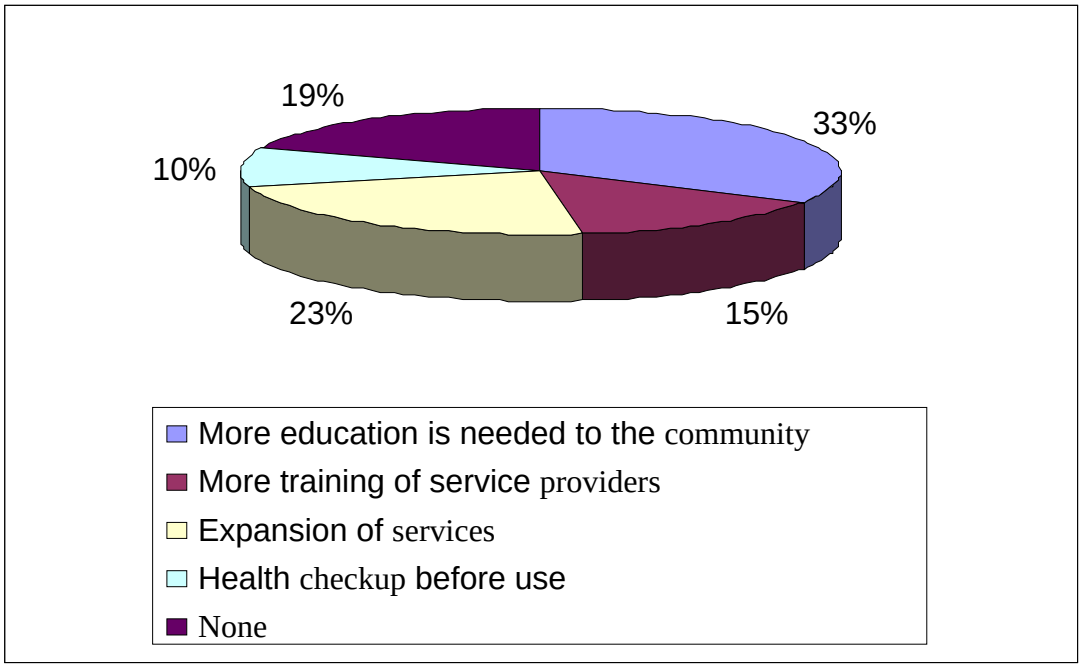
From the above findings one can interpret that, the side effects of modern contraceptive methods as being witnessed and felt directly among users towards their health, have reduced the effectiveness of using them, a factor leading to a phenomenon of high fertility to be pervasive in the study area. These findings concur to that of Gisele (1994:6) in Peru and that of Konje and Oladipo (1999:287) in developing countries who noted the side effects of these methods to be the major obstacle towards effective use of modern contraceptives in their study areas.

6.4 Advises Given by Respondents on the use of Modern Contraceptive Methods

Respondents were given a chance to give out their suggestions on what should be done so as to ensure the effectiveness in the use of modern contraceptives methods in

the study area. Results **(Figure 6.2)** show that 33% of the respondents advised on the increase of education on the importance and how to use contraceptive methods so as to increase the number of users among parents of reproductive age. Others 23% of the respondents demanded more expansion of services so as to reduce the time spent waiting for family planning services. Meanwhile, 19% of the respondents reported to have no advice and 15% of the respondents advised on more training of service providers so as to be more knowledgeable on these methods. The remaining 10% advised on health checkup among users of these services so as to reduce side effects which are sometimes caused by lack of correct information on the health of the client.

Figure 6.2. Advises Given by Respondents



The above advises were supplemented by those of service providers who also asserted on the need for expansion of family planning services, more training of service providers so as to match with the number of clients as well as more education to the community is needed on the need of using modern contraceptive methods so as to reduce the high fertility rates.

6.5 Chapter Summary

This chapter dealt with the role of modern contraceptive methods use in controlling fertility in Iringa Municipality. The results indicates that 52.8% of respondents who were users of contraceptives said they were using the methods for spacing, 26.7% said they used the methods to reduce unintended pregnancies and the remaining 20.5% said they used the methods for limiting births. Though these methods are said to be useful, on other side they are claimed to have negative effects especially on users' health. The overwhelming majority (68%) of the respondents reported to face health problems and the remaining (32%) reported not to face any health problem. Among those problems include those related to menstrual (lack or prolonged breeding), change of the body size (fatness or thinness), stomach and headache.

CHAPTER SEVEN

CONCLUSIONS AND RECOMMENDATIONS

7.1. Overview

This chapter centres round three major themes; a summary of the research study, the conclusion and recommendations. The summary gives a brief description on the availability rates and use of modern contraceptive methods in controlling fertility. It also covers objectives of the study, methods of data collection and results of the study. The conclusion partly centres on the deduction drawn from the results, the recommendation give suggestions based on the results obtained from the study area.

7.2. Summary of the Study

This study attempted to examine the availability and effectiveness in the use of modern contraceptive methods for fertility control in Iringa Municipality. The study dealt with 218 female respondents of reproductive age (18 – 49) years from Kihesa ward. Various approaches were employed to generate the necessary data from both primary and secondary sources. The main methods of acquiring the primary data included interviews, focus group discussion and field observation. Secondary data comprised of National Census Report of 2002, Demographic and Health Surveys of 2005 and 2010 and, other published and unpublished documents.

The findings revealed that, the overwhelming majorities (94%) of respondents were aware of the existence of modern contraceptive methods, 74% of all respondents reported to use modern contraceptive methods and 51.6% of the users reported high rate of availability of these methods. However, 78% of the users of these methods

used them periodically and 68% of all users reported to face health problems which include those related to menstrual (lack or prolonged bleeding), change of the body size (fatness or thinness), stomach and headache and, to all users, no even a single respondent who was using permanent method.

7.3. Conclusions

Modern contraceptive methods are available and used in Iringa Municipality. These methods are available at high rate in areas where family planning services are given. However, majority of respondents who were using these methods opted for temporary methods rather than permanent since awareness of the most effective contraceptive methods is low. This situation affects the effectiveness of these methods in controlling fertility rates since they are used more for spacing rather than limiting births. Though users' acknowledged the contribution of modern contraceptive methods in lowering fertility rates, its pace is not significant. Additionally, peoples' perception on the use of modern contraceptive methods was very high in the study area, but the desire for many children among respondents was also noted. This situation in one way or another may have a negative impact in lowering fertility rates in the study area since many respondents were not willing to opt for permanent methods even though they had three children.

7.4. Recommendations

The availability and effectiveness in the use of modern contraceptive methods have a role to play in fertility turndown in Iringa Municipality. This call for an integrated approach from policy makers, programme makers and the local community to

amalgamate efforts in insuring these methods particularly, the permanent ones are available, accessible and effectively used.

7.4.1 Policy Makers

There should be good policies as regards to the availability and effective use of modern contraceptive methods in Tanzania. National plans and policies should put family planning programmes into its broader social and economic agenda and incorporate all sectors, groups and other development partners that can support services availability and ensure effective use of these methods in the study area. For instance, training of more service providers in the study area is highly needed so as to match with the number of clients. This will help to reduce time spent while accessing the services.

7.4.2 Programme Makers

There should be launched various programmes pertaining to the use of modern contraceptive methods in the study area. This will make people to be more conscious on issues related to availability, accessibility and effective use of different methods of modern contraception as regular sensitization will be on hand. Moreover, clear information on the use, benefits and drawbacks of different methods will be revealed hence, it may lift up the uptake of the methods among women in particular, the permanent ones. Furthermore, the programme makers should restructure the family planning services to include males so as to expand utilization of these methods by both men and women since the current available services are more female centered.

Lastly, more expansion of family planning services is needed so as to cope up with the demand of services in order to reduce time spent while accessing services.

7.4.3 Community Level

The community members should participate fully in all matters relating to family planning. This will help to acquire more education and knowledge on the importance of using permanent modern contraceptive methods so as to lower fertility rates in the Municipality. Through education, members of the community would be able to encounter the negative perceptions embraced among them on the use of modern contraceptive methods. Moreover, education would help challenging inaccurate beliefs and cultural norms around fertility at the community level hence, could increase the uptake of these methods to a greater number of women.

7.5. Areas for Further Studies

The study dealt with the availability and effectiveness in the use of modern contraceptive methods for fertility control in Iringa Municipal. It is therefore, suggested that further studies should be carried out on role of males as decision makers at household level in promoting the effective use of modern contraceptive methods so as to lower fertility rates.

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APPENDICES

RESPONDENT QUESTIONNAIRE

THE AVAILABILITY AND EFFECTIVENESS IN THE USE OF MODERN CONTRACEPTIVE METHODS IN CONTROLLING FERTILITY RATES IN IRINGA MUNICIPALITY).

Interview date ☐ District ☐

Region ☐ Ward ☐

SECTION A: BACKGROUND INFORMATION OF THE RESPONDENT

1.Sex of the respondents	01.Male 02.Female ( )
2.Age of the respondent	…….. years old
3 a).Marital status of the respondent	01. Single 02. Married 03. Divorced 04. Separated ( ) 05. Widowed 06. Living together
4.Level of education of the respondents	01. None 02. Primary education: (i).Standard one (ii).Standard two (iii).Standard three (iv).Standard four (v). Standard five (vi).Standard Six (vii).Standard Seven ( ) 03.Secondary education (i). Ordinary Level (a). Form One (b). Form Two (c). Form Three (d). Form Four ( ) (ii) Advanced level (a). Form Five (b). Form Six ( ) 04. Tertiary (i). Diploma (ii). Degree ( )
5.Occupation of the respondents	01.Peasant 02.Formal employment 03.Student 04.Businessman/woman 05. Other (specify)…… ( )
7.Religion	01. None 02. Christianity 03. Muslim ( )

8 a). Total number of children have ……

8 b). If God wishes how many children would you like to have? ……..

Why?.....
.....
.....

SECTION B: PEOPLES PERCEPTION ON THE USE OF MODERN CONTRACEPTIVE METHODS

Put a (√) in **Yes** column and (x) in the **No** column.

1a).Do you understand on modern contraceptive methods?

01. Yes ( ) 02. No ( )

1b).If **yes** how?

……
……
……

1c). If **No** why?

.....
.....
.....

2a). The following are the modern contraceptive methods used country-wise. Identify which ones do you know by putting (√) in Yes column and (x) in the No column.

No		Yes	No
1	Males and Female Condoms		
2	Pills		
3	Intra Uterine Devices (IUD)		
4	Injectables		
5	Diaphragm		
6	Female and Male sterilization		
7	Implants		
8	Foam/jelly		

2b). Mention any other modern contraceptive method(s) that you know and is/are not indicated above.

……
……
……

3. Who is supposed to use modern contraceptive methods? Write the correct number

01. Male 02. Female 03.Both Male and female ( )

4a). Who determines on the use of modern contraceptive methods among couples?

Male 02. Female03. Both Male and Female ( )

4b).Why?.....
.....
.....

5a). How does your community perceives on the use of modern contraceptive methods?
01. Positively ( ) 02.Negatively ( )
5b).Why……
……
……..

SECTION C: THE RATE OF AVAILABILITY AND PROBLEMS ENCOUNTER THE ACCESSIBILITY

Tick (√) to the **yes** and (x) to the **no** answer
1a). The following are some of the modern contraceptive methods available in Iringa. Identify which ones exist in Iringa municipal (√) in Yes column and (x) in the No column.

No		Yes	No
1	Males Condoms		
2	Female Condoms		
3	Pills		
4	Intra Uterine Devices (IUD)		
5	Injectables		
6	Diaphragm		
7	Female and Male sterilization		
7	Implants		
8	Loops		

1b). Mention any other modern contraceptive methods that you know which are available in Iringa municipal and is not indicated above
……
……
…….

2a). From the list above, which method do you use and why?

(ii) Specific methods used by the respondent	(ii) Reasons on the use of the method
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

2b). To what extent is the method you are using available? 01. High 02. Media 03. Low 04. Other (specify)……. ( )

3a).When did you start using it? Put (√) to the most correct answer
01. Before giving the first birth 02. After giving the first birth

03. After giving the second birth 04. After giving the third birth and more ( )
07. Other time (specify) …….....

3b). Was it your first method to use? 01. Yes ( ) 02. No ( )
3c). If **No** what was your first method to use? Why?
……
……

3d). How long have you used the method? Put (√) to the most correct answer
01. Less than a year 02. A year 03. Two to five years
04. Six to ten years 05. Eleven to fifteen years 06. Sixteen to twenty years ( )
07. Others (specify)……

3e). How do you use it? Tick (√) to the most correct answer
01. Periodically 02. Often ( )
03. Consistently 04. Others (specify)……

3f).Give reasons to the pattern on the use of the method you have chosen
……
……
……

4a).. How is the service given? 01. Free 02. Cost sharing 03. Fully payment ( )

4b). In which days of the week is the service provided/available?
01. Every day 02. Twice per week 03. Once per week 04. Once per month ( )
05. Twice per month 06. Others (specify) ……

5a). Does this situation have any impacts to the method you use?
01. Yes ( ) 02. No ( )
5b). If the answer is **yes**, how?
……
……
……

5c).If the answer is **No** why?
.....
.....
.....

6a). Is there any problem(s) do you face in acquiring the services?
01. Ye ( ) 02. No ( )

6b).If Yes, what problems do you encounter in acquiring the services?
……
……
……

7a). Do you think those problems have contribution on the poor use of the methods you are using? 01. Yes ( ) 02. No ( )
7b). If yes how?
.....
.....
.....7 c). If No why?
.....
.....
.....
8 a). Is there any complain from your service provider on your use of the method?
01. Yes ( ) 02. No ( )
8 b). If yes what complains are being pressed by the service provider on your use of the method?
.....
.....
.....

SECTION C: THE IMPACT OF MODERN CONTRACEPTIVE METHODS USE IN CONTROLLING FERTILITY RATES

Put (√) to the **yes** and (x) to the **no** answer
1a). Do you think the use of modern contraceptive methods have played a role in controlling your fertility rates?
01. Yes ( ) 02. No ( )

1b).If yes how?
.....
.....
.....
1c). If No why?
.....
.....
.....
2a). Are there any problems you have noted on your health while using these methods?
01. Yes ( ) 02. No ( )

2b). If yes, mention the problems you face from the method you are using
01……..02……
…..
03……..04……
……
05……..06……
…..

10a). With those problems, are you still using the same method? Tick (√) to the yes and put (x) to the no answer

01. Yes ( ) 02. No ( )

10b). If yes, why?
.....
.....
.....
.....
10c). If No, what measure have you taken to prevent you from unplanned pregnancy?
01……02……
….
03……04……
.

12. What do you advice your government on the use of modern contraceptive methods in controlling fertility?

APPENDIX 3: QUESTIONNARE FOR FOCUS GROUP DISCUSSION

1. Many societies have adopted modern contraceptive methods use as the way of reducing the number of children to be born. Does your community have such methods?
……
……
……
……
2. How does your community perceive on the use of modern contraceptive methods?
3.Why?……
……
……
……
4. What are the common methods of modern contraception used in your community? Why are they common?
.....
.....
.....
.....
.....
5. To what extent are the methods available, and where do you get the services?
……
……
……
……
……
6. What problems encounter its/ their availability of modern contraception in your community?
.....
.....

.....
.....
.....

7. What are the impact of modern contraceptive use basing on adoption period and age?

……
……
……
……
……

8. What do you advice your government on the use of modern contraceptive methods in controlling fertility?

……
……
……
…….....

APPENDIX 4: QUESTIONNAIRE FOR KEY INFORMANTS

1. How long have you been working as a (doctor, nurse, etc.)? How long have you been working at this (hospital, clinic, NGO)? How many women do you see in a day that comes for services attendance? What age are they? Is the number pleading in relation to number of women of reproductive age available in the Iringa Municipal? Why?

2. There are several modern contraceptive methods used worldwide. Basing on your place of work what are the available methods? Which ones are highly preferred by the clients? Why?

3. On your experience, how does your community perceive on the use of modern contraceptive methods? Why?

4. Basing on your perception do you think the use of modern contraceptive methods have any role to play in controlling fertility rates in your area of work?

5. The use of modern contraceptive methods in Tanzania is increasing from year to year from 1990s to 2010. Does this apply even in your area? If yes how do you relate fertility rates of 1990s and that of 2010 in relation to use of modern contraceptive methods? If the answer is No why there is no progress in terms of the increase in number of contraceptive methods users in this area.

6. As a service provider, which problems do you encounter in providing modern contraceptive services to your clients? Do you think those problems have contributed to the poor delivery of services as required?

7. Is there any complain from your clients on the side effects brought by the use of modern contraceptive methods?

8. In which term are you serving your clients? What schedule are those services being provided? Does this situation have any impacts to the users?

9. What do you advice your government on the use of modern contraceptive methods in controlling fertility rates?

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