

**PERCEPTIONS OF WOMEN OF REPRODUCTIVE AGE ON  
MODERN FAMILY PLANNING AT WETE DISTRICT, PEMBA**

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**Master of Science (Midwifery and Women's Health) Dissertation  
Muhimbili University of Health and Allied Sciences  
October, 2017**

**MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES  
DEPARTMENT OF COMMUNITY HEALTH NURSING**



**PERCEPTIONS OF WOMEN OF REPRODUCTIVE AGE ON MODERN  
FAMILY PLANNING AT WETE DISTRICT, PEMBA**

**By**

**Suleiman, Sabra Salim.**

**A Dissertation Submitted in (Partial) Fulfillment of the Requirements for the Degree  
of Master of Science (Midwifery and Women's Health) of the**

**Muhimbili University of Health and Allied Sciences.  
October, 201**

## CERTIFICATION

The undersigned certify that she has read and hereby recommend for acceptance by Muhimbili University of Health and Allied Sciences a dissertation entitled. "***Perceptions of women of reproductive Age on Modern Family Planning at Wete District, Pemba,***" in (Partial) fulfillment of the requirements for the degree of Master of Science (Midwifery and Women's Health) of Muhimbili University of Health and Allied Sciences

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Dr. Lilian T. Mselle (PhD. RNM)  
**(Supervisor)**

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**Date**

## DECLARATION AND COPYRIGHT

I, **Sabra Salim Suleiman**, declare that, this **dissertation** is my own 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.

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Date.....

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## ACKNOWLEDGMENTS

I would like to thank all persons who contributed to the success of this work.

First of all, I would like to thank God almighty who granted me good health throughout the study. My special thanks to my Sponsor UNFPA through Ministry of Health Zanzibar, in fact, without their support this course would not have been possible. My sincere appreciation goes to DHMT and District Medical Officer Wete district, Pemba for having allowing me to carry out the study in Wete District.

Special gratitude goes to my supervisor, Dr. Lilian T. Mselle of Muhimbili University of Health and Allied Sciences, who tirelessly provided support, thoughtful critiques, valuable comments and suggestions based on the study. I extend my thanks to the research course co-coordinator Dr. Thecla W. Kohi of MUHAS for orienting me to the world of research. Sincere thanks to my course lecturers and all members of staff of the School of Nursing, MUHAS for their advice, encouragement including assistance they given me during the training program.

I would like also to express my profound gratitude to my colleagues in class to valuable inputs during the proposal development and analysis to come with this useful information of the study.

Sincere gratitude is also extended to my research assistants Ms. Rahima Issa Omar and Ms. Zawadi Khatib Ali for their good work in data collection and all research subject's women of reproductive age (WRA) receiving health services in Wete reproductive and child health clinic (RCH). My appreciation also goes to staff of the RCH clinic for support and assist throughout the data collection process. As I cannot mention each and every person who supported me in one way or another in this work, I am taking this opportunity to thank you all for your valuable contributions in this study.

**DEDICATION**

I dedicate this work to my children Salim, Mohammed, Radhiyyah, Ahmed and Rahiba, my mother Ms. Rahiba S. Salim and my loving husband Mr. Malik S. Msellem for their supported and encouraged in my academic carrier

## ABSTRACT

**BACKGROUND:** Despite the fact that family planning (FP) services are easily accessible at no cost in all levels of health facilities of the Government of Unguja and Pemba islands, the acceptance and utilization of FP services are very low. The Tanzanian Demographic Health Survey (TDHS) of 2015 found that only 11.2% of women in Pemba used family planning and among them only 9.1% used a modern method of family planning. The problems of low utilization of modern family planning cause rapid increase of population in the area of the study.

**AIM:** This study aims to explore perceptions of women of reproductive age on the access, use, social cultural and economic factors associated with the use of modern family planning in Wete District Pemba.

**METHODS:** An exploratory descriptive research design was conducted in Wete District, North region Pemba. Thirty eight (38) participants aged 20-49 years old were conveniently recruited for the study. Four (4) focus group discussions were used to collect data and thematic analysis guided analysis of the data.

**RESULT:** The study revealed that modern family planning is available in all Public Health facilities in this district but unavailable in private facilities. Women had positive and negative perceptions about modern family planning. Women who had positive perceptions, commonly used them and felt that modern family planning were good for limiting number of children and for better health of mother and the child. However, those who had negative perceptions did not use modern family planning, and they were perceived to cause bad side effects. Further, socio-cultural factors such as low decision making power for women on the use of methods and therefore depended on their husband and in laws. Religious beliefs also influenced women on the use of modern family planning.

**CONCLUSION:** Women in Wete District do not use modern family planning methods because of the socio-cultural beliefs. Family planning methods were available in all public health facilities but were unavailable in the private health facilities.

**RECOMMENDATION:** Ministry of Health, Zanzibar through RCH Program to establish programs that would empower women to be able to make own decisions on the use of FP and ensure availability of FP in all health facilities especially private ones.

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## **LIST OF ABBREVIATION**

AIDS	Acquired Immune Deficiency Syndrome
CPR	Contraceptive Prevalence Rate
DHMT	District Health Management Team
FP	Family Planning
FGD	Focus Group Discussion
HMIS	Health Management Information System
HIV	Human Immunodeficiency Virus
IUCD	Intra Uterine Contraceptive Device
MFP	Modern Family Planning
MUHAS	Muhimbili University of Health and Allied Sciences
RCH	Reproductive and Child Health
STIs	Sexually Transmitted Infections
TDHS:	Tanzania Democratic and Health Survey
UNFPA	The United Nation Population Fund.
WRA	Women of Reproductive Age

## **DEFINITION OF TERMS**

### **Perception**

Is the process whereby people translate sensory impressions into a coherent and unified view of the world around them. Though necessarily based on incomplete and unverified (or unreliable) information, perception is equated with reality for most practical purposes and guides human behavior in general (Morris, 2012).

### **Reproductive Age**

Reproductive age is the age between menarche and menopause and in this study; it includes women age 15 years to 49 years.

### **Family Planning**

Family Planning is the decision of an individual or couple to decide when to begin having children, how many children they want, at what interval space and when to stop having children (Hubacher & Trussell, 2015). Additionally, FP refers to the use of various methods of fertility management that help individuals (men or women) and couples to have the number of children they want and when they want them in order to assure the wellbeing of those children and their parents\_(Hubacher & Trussell, 2015).

### **Modern Contraceptive**

Is provision of the product or medical procedure that interferes with reproduction from acts of sexual intercourse. Examples include placement of devices such as intra-uterine contraceptive device or sub-dermal contraceptive implants and acquisition of products such as oral contraceptive pills (Hubacher & Trussell, 2015).

## CHAPTER ONE

### 1.0 INTRODUCTION

#### *1.1 Background to the Problem*

Globally in 2015, 57 per cent of married women or in union used modern methods of Family Planning, constituting 90 per cent of contraceptive users. Further, 18 percent of married or in union women had an unmet need for modern methods (United Nations, Department of Economic and Social Affairs, 2015). Africa has the lowest percentage of women using contraceptives and the highest unmet need in the world (UN, 2015). In Sub Saharan Africa Family Planning services remain low which resulted in high rates of unwanted pregnancies, unsafe abortions and high rates of maternal mortalities (Apanga & Adam, 2015). However, in Tanzania contraceptive prevalence was still low in 2015 with overall contraceptive use at 38% of married women using any method of family planning (TDHS, 2015).

Tanzania has a young population with early child bearing and high rates of fertility continuing throughout reproductive life. These factors contribute to increased population which is thought to increase stressors on health, education systems, availability of food and clean water, natural resources, the environment and also interfere in economic growth and development (Lasway, Harber, Musunga, 2015).

Statistics revealed that there are about 210 million girls and women who get pregnant every year and among them about 135 million experience safe delivery. The others do not survive due to miscarriage, induced abortion and other health problems or remain with lasting morbidity (Asiimwe et al., 2014).

Although family planning methods are useful in improving maternal and child health, some countries have low contraceptive use due to barriers. Studies have identified many of the barriers, which hinder women from accessing and using family planning. These barriers include the following: 1) opposition to the use of family planning by husband, 2) fear of side effects, 3) health concerns, 4) dissatisfaction with sexual sensation, 5) economic status, 6) cultural values, 7) lack of access to information, 8) lack of access to

health services, 9) misconceptions about family planning and 10) religious practices (Akintade, 2010).

Moreover, a study done to identify barriers to family planning and contraception uptake in Sub-Saharan Africa found that cultural and societal pressure on women, socioeconomic status and financial barriers are constraints that make them not use contraception (Haider & Sharma, 2013). Fear of side effects and adverse reactions are the significant barriers among youth preventing use of modern contraceptives as revealed in a study done in Kenya (Ochako et al., 2015).

## **1.2 Problem statement**

Family Planning is critical for preventing unintended pregnancy and unsafe abortions, ultimately contributing to reducing maternal and child mortality. Family Planning also helps to reduce poverty and empowers women and men to choose responsibly the number and spacing of children (Mungure & Owaga, 2014). In Tanzania, Mainland contraceptive prevalence rate (CPR) is low with 38% of the married women using family planning, 32% using modern methods and 6% using traditional methods, which resulted in increasing maternal and neonatal mortality. In 2015, maternal mortality rate was 556 deaths per 100,000 live births and neonatal mortality was 25 per 1000 live birth (TDHS, 2015).

In Zanzibar only 23.4% used any method of family planning and among them only 14% used a modern method of contraception. In Pemba just 11.2% of women used any method of family planning with only 9.1 % using a modern method (TDHS, 2015). The overall unmet need for FP is 22% in Tanzania Mainland and in Zanzibar is 28%. As the unmet need for FP ranges from region to region, in North Pemba the unmet need for FP is higher (37 %) than in any other region of Tanzania (TDHS, 2015).

Although FP services are easily accessible at no cost in all government health facilities in Unguja and Pemba islands, the acceptance and utilization of FP is very low at 9.1%. Previously no study had been done in Wete District to explore women's views and opinions concerning modern FP. Therefore, this work explored the Perceptions of FP in

women of reproductive age in North Pemba at Wete District, especially on modern FP methods, in order to help researchers, policy makers and reproductive health program developers acquire the necessary information that may help to formulate possible strategies to meet the currently unmet need and increase the use of modern FP in Pemba.

### ***1.3 Significance of the Study.***

The result of this study will provide planners and decision makers in the health sector to develop strategies that would promote access and use of modern family planning at Wete District and thus increase uptake of modern family planning in line with national poverty reduction and empowerment of women strategies that foster economic growth. Further, as a baseline for further research on modern family planning.

## **1.4 Research Questions**

- 1.) What are perceptions of women of reproductive age in Wete District on access of modern family planning at Wete District, Pemba?
- 2.) What are women's perceptions on the use of modern family planning methods?
- 3.) What are women's perceptions on cultural, social and economic factors associated with the use of modern family planning in Wete District, Pemba?

## **1.5 OBJECTIVES**

### **1.5.1 Main Objective**

The main objective of this study is to explore the perceptions of women of reproductive age on modern family planning at Wete District Pemba.

### **1.5.2 Specific Objectives**

Specifically, this study was strived to achieve the following objectives:

1. To describe perceptions of women of reproductive age on access to modern family planning in Wete District, Pemba.
2. To describe perceptions of women of reproductive age on the use of modern family planning in Wete District, Pemba.
3. To describe perceptions of women of reproductive age on social cultural and economical factors associated with the use of modern family planning in Wete District, Pemba.

## **1.6 Theoretical framework**

Accessibility, Acceptability, Availability and Quality (AAAQ) of care model

The Accessibility, Acceptability, Availability and Quality (AAAQ) of care model (Yamin, 2009) was used to explore women's perception on the use of modern family planning. The AAAQ concepts assert that if the right to health is to be realized, AAAQ must be ensured at all levels of care. AAAQ requires that adequate health infrastructure and services are available within a geographic area. Health facilities must be accessible physically and economically, especially for members of the most vulnerable and disadvantaged sections of the population, such as women and children. Acceptability requires health facilities to be respectful of medical ethics, culturally appropriate, and gender sensitive. Health care workers need to be aware of local cultural sensitivities in the area where provision of health care is intended. The quality of health care is a decisive factor. Health facilities must be scientifically and medically appropriate, and be of measurably adequate medical and nursing care quality. Failure to ensure AAAQ model in providing FP services in the area of study, this contributed to low utilization of modern family planning methods by women in Wete district, Pemba.

## CHAPTER TWO

### 2. LITERATURE REVIEW

#### *2.1 Overview*

The literature review presented here covers the perceptions of uses, access and social, cultural and economic factors that are associated with use of modern family planning. The literature review is organized along the line of research questions and research objectives. The literature surveys the experience from different countries of the world and those from Tanzania. Useful insights are recalled and any gap in the literature is identified.

#### *2. 2 Perceptions on the use of modern family planning*

There have been various perceptions on use of modern family planning. This part reviews how people in a variety of settings have perceived modern family planning.

In study conducted in Nepal to learn about practices and perceptions about family planning, it was observed that since the country introduced safe abortion policy in 2002, many people gained knowledge about contraception. It was also found that the family planning counselling was acceptable to most people (91%), and thus use modern family planning was also acceptable (Khanal et al., 2011). Another study conducted in Lesotho with 363 undergraduate students aged 18 years and above at National University of Lesotho found that the students had high knowledge about contraceptives and they were aware of various methods used in family planning. The same study found these women were reluctant to use contraceptives due to their limited knowledge. The students felt that they had limited knowledge about modern family planning because there was no sex education among adolescents provided in their communities (Akintade, 2010).

Malalu (2014) conducted a study in Kenya and found that there was high level of awareness (98%) on MFP methods but low use these modern contraceptives due to inadequate information about side effects limiting acceptance of contraception. The few that accepted family planning noted that use helps to maintain their standard of living,

limit family size and reduce expenditures (Malalu, 2014). Studies have indicated that women did not use modern family planning methods because they felt that these methods affect their menstrual, unnatural for their body and therefore undesirable (Verran et al., 2014).

A study in Busia district Uganda, demonstrated slight positive perceptions of the women of reproductive age who were in favour of using modern family planning services due to rumors of massive side effects of the drugs spread by the people in the society (Kayongo, 2013). Other studies have reported that male told their partner not to use modern family planning because could lead to giving birth to a child with disabilities (Ochako et al., 2015; Najafi, 2011). Further, another study in Kenya (Kei et al., 2015) found that lack of agreement on contraceptive use; reproductive intentions and husband's attitude on their role as a decision maker becomes a barrier for the married women to use modern family planning services. However, it was reported that in Sub-Saharan Africa men play greater influential role in women's decision making and lessen women's power on taking their own responsibility on their own health status as a right that associate with family planning decision making and contraceptive use (Do & Kurimoto , 2012).

### ***2. 3 Perceptions on access to modern family planning methods***

This section investigates the perceptions on access to modern family planning. The studies in this area concentrate mainly on barriers that limit access to modern family planning.

A study done in Gulu District Uganda found the perception that MFP services are accessible, beneficial and should be embraced by community members while the principal factor limiting the use of family planning was fear of side effects (Orach et al., 2015). Another study conducted in Baliyana Village, in Ibadan, Nigeria, revealed that women preferred oral contraceptive pills, injectable contraceptives, IUDs, while implants and voluntary surgical contraception which are the safest and longer term methods of modern family planning were not widely accepted or used, the same study found good access to services with availability of long and short term MFP options. It

was also learned that few persons had visited the clinic for family planning counselling (Reshma, 2015).

In a study done in Ethiopia on attitudes towards family planning and reasons for non-use among women with unmet need for FP, it was found that improved access to services of family planning was expanded by choice of available methods and increased knowledge of FP. While both were important for the acceptance of contraception, the study also found that opposition from the husband and/or in-laws along with a desire for at least two sons and a lack of trust of voluntary health workers were obstacles to use of contraception (Korra, 2014).

Research conducted at John Hopkins University with a population of Iraqi refugees found that 58% of pregnancies were unplanned and reasons for this were cost and not knowing where to seek care for MFP methods (Al-Khalidi et al., 2007). In study conducted in rural Malawi found that the availability of modern contraceptives influences women of reproductive age to use them in order to improve standard of living, children's education, and maintain the beauty of the mothers (Chipeta et al., 2010). Further, Health Provider's barriers regarding family planning analysis plays an important role, for choosing or continuing using contraception. Health system barrier for young women, who were seeking contraceptives and negative attitude of health providers toward young women's contraceptive use are inhibiting them from using contraceptives (Najafi, 2012).

## ***2. 4 Perception on social cultural factors associated with the use of modern Family Planning***

This section explores perceived social and cultural factors that influence the use of family planning. The literature in this section presents factors from a variety of countries that influence use or non-use of MFP and contraception uptake in Sub-Saharan Africa. It reveals a generally high level of knowledge of study participants regarding contraceptives with barriers of FP use found to be: provider of the opposite gender, young age of the provider, contraception judged not safe or not effective and women influenced to not use contraception by their partner (Haider & Sharma, 2013).

A study conducted in South Sudan assessed and revealed factors affecting family planning services in post-conflict areas. The study found out that in South Sudan there was a strong rural-urban divide, which influenced the use of modern family planning methods. It was revealed that in rural areas “jelhak”, people preferred to have large families and therefore, prevalence of use of family planning was low. This was influenced by religion, social stigma, taboo, and unavailability of services, lack of knowledge, and economic reasons or poverty. On the other hand, in urban areas, “renk” people were more interested in using family planning methods and were able to access services more easily (Ahmed et al., 2015).

Another study conducted in Pakistan showed evidence that barriers in provision of family planning services included individual level barriers such as gender, education, experience and age. Other barriers included community and family barriers such as religion, geography, cultural attitudes and economic status as well as system and institutional level barriers such as workload, referred clients, and stock out. Decreased contraceptive prevalence was attributed to these barriers (Khan et al., 2012). For example, in Afghanistan study found, any discussion on sex and sex-related subjects is regarded as a religious matter which influenced by taboos and traditional believes which are in place (Osmani et al., 2015). Religious beliefs also played a great role for women not to use modern contraceptives (Ieda, 2012; Mustafa et al., 2015).

In Malaysia in the public university of Putra (UPM) a study revealed that barriers to effective use of modern contraceptive practice included husband’s opposition to the use of family planning, other cultural values, fears of side effects, changes in body weight and menstrual cycles, and reduced sexual sensation (Najafi et al., 2011).

In study supported by USAID in promoting gender equality within family planning program concluded that gender related barrier to contraceptive use are created and perpetuated by social norms that encourage large family size, perpetuated male child preference, prohibit contraceptive use, and require women to rely on men to make all houses hold decision (Knorr, 2016). Another study reported that social cultural norms are among the barriers and that man has predominantly role in family decision making,

including child bearing, because in Africa culture he is the head of the family (Muanda et al., 2016).

The literature review indicates perceptions of women on modern family planning from different countries. Perceptions on the use, barriers and access of modern family planning. However, limited information exists on the factors contributing to low utilization of modern family planning in the islands of Zanzibar and Pemba. People in Zanzibar have different culture and beliefs that may be linked with the low use of modern family planning methods.

## CHAPTER THREE

### **3. METHODOLOGY**

#### ***3.1 Study Design***

This study was guided by exploratory descriptive design. The researcher used this design because is the most direct and appropriate research design for studies that address a subject about which there exists a high level of uncertainty or when the problem or situation is not very well understood (Özgen, 2012).

This design method enabled the researcher to explore in depth and elicit hidden information from women of reproductive age about their perceptions, concepts and opinion towards modern family planning. Exploratory research is defined as the initial research into hypothetical or theoretical idea. It is an appropriate design where a researcher has an idea or has observed something and seeks to understand more about it (Özgen, 2012).

#### ***3.2 Study Setting***

The research was carried out in Wete district, north region Pemba. Zanzibar is comprised of two large islands, Unguja and Pemba. Pemba Island, known as "The Green Island" is an island forming part of the Zanzibar, lying off the east coast of Africa in the Indian Ocean. With a land area of 988 square kilometres (381 sq mi), it is situated about 50 kilometres (31 miles) to the northeast of Unguja. It lies 50 kilometres (31 miles) east of mainland Tanzania (MoHZ, 2015).

This study was conducted specifically in Wete District Hospital. Wete District is located on Pemba Island with borders Konde to the north, south borders Chake Chake District, the Indian Ocean to the east and Kojani Island to the west. It has a population of 113,683 and women of reproductive age of 31,364 (census projection, 2012). This location was selected because statistics show low prevalence rate in use of family planning methods (13%) and because the researcher is familiar with the area. These

factors facilitated access to accurate and meaningful insights contributing to reliable findings.

Wete District Hospital has been providing different services including MFP services at its RCH clinic. In Wete RCH clinic the services provided are family planning, antenatal care, post natal care, PMTCT, PITC, growth monitoring and plotting (GMP), immunization for under five, screening for cervical cancer, management of care for women with gynecological problems and/or sick children. Daily, 40 – 50 women attend clinic and about 1000 persons are attended to per month.

### ***3.3 Study Population.***

The study participants were women of reproductive aged between 15 and 49 years attending RCH clinic in Wete District Hospital Pemba. The study chooses women of reproductive aged from 15- 49 years as research subjects because they are the ones who predominantly use or do not use modern family planning in Wete District.

### ***3.4 Sampling and sampling procedures.***

Convenient sampling strategy was used to recruit women who participated in the study. The researcher identified and selected individual who were available at RCH at Wete District Hospital, who were willing to participate, and were able to communicate in Kiswahili. Therefore, 38 women of reproductive age from age of 20 – 49 years were recruited. The researcher visited the RCH clinical and met the in charges who assisted in the identification of women who met the inclusion criteria. The researcher then explained the purpose of the study and briefed the women about the procedure of data collection. Women, who agreed to take part in the study, signed the consent form and the date and time for FGDs was set. Four (4) FGDs were organized and women agreed that these discussions to take place at the RCH clinic.

The sample size of this study was based on the principle of saturation. Saturation of data is term used in qualitative research, researcher reach a point in their analysis of data that sampling will not need more information related to their research questions. Data saturation is reached when there is sufficient information to replicate the study and when the ability to obtain additional new information has been reached. It is also reached when further coding is no longer feasible (Fusch & Ness, 2015). Therefore the principles of saturation usually guide the sampling process in qualitative study.

### ***3.5 Inclusion Criteria***

The inclusion criteria were women of reproductive age, between 15 and 49, who came to the health facility for RCH services such as FP clinic, antenatal visit, post natal visit, and those who came for management of gynaecological conditions.

### ***3.6 Exclusion Criteria***

Women of the reproductive age who attended RCH clinic with children who were very sick, or women who were unable to participate because of their un well conditions related to pregnancy were not enrolled. Others were those women of reproductive age who came for RCH services but were not residing in Wete district Pemba.

### ***3.7 Data Collection and Procedures***

Four (4) focus group discussions were done with women of reproductive age to obtain in depth information about perceptions on the use of modern family planning. One group was done per day and the groups were organized according to their age due to the sensitive nature of the topic under discussion. The groups ranged from 9 to 10 participants and lasted 40-60 minutes. The group discussions were moderated by the researcher in Kiswahili as this is the native language spoken by all the participants. The discussions were audio-recorded with permission from the women. The discussions were conducted in the convenient, quite room at the RCH clinic. An FGD guide that was prepared by the researcher guided the discussions (Appendices C & D). The pre-prepared questions ensured coverage of issues relevant to access and use of modern family planning. All 38 participants provided written consent to participate after they

were informed of the voluntarily nature of participation in the study (Appendices A & B). The researcher moderated the discussions and the research assistants took notes and took care of the audio recorder. Throughout the discussion, participants were encouraged to participate actively in the discussions.

### ***3.8 Data Quality Control.***

Confidentiality was strictly maintained while recorded voices and notes were assessed by the researcher and the research supervisor. Data was used only for academic purposes. Access to the collected information was protected by password.

### ***3.9 Data Processing and Analysis***

Thematic analytical framework was used to analyze data (Miles & Huberman, 1994). The analysis process has five stages; familiarization, identifying a thematic framework, indexing, charting and mapping, and finally interpretation (Miles & Huberman, 1994).

Audio-recorded focus group discussions were transcribed word-by-word verbatim and translated from Kiswahili to English by the researcher. These transcripts were used for detailed analysis using thematic analysis approach, the researcher read and re-read all of the transcripts several times to be familiar with the data and to identify fixed and emerging themes as planned per objectives. The transcripts were read several times in order to familiarize and make sense of the data when the written transcript was compared with the audio-recorded data. Through reading transcribed data and field notes relevant information in relation to the research questions were identified. Translated transcripts were then identified by code marking by colour where a code word that accurately described the meaning of the text in similar segments had been identified by the researcher. Then from the transcript, themes and categories emerging from the data were identified and verified by three members of research team.

After the coding process, the research team had identified 10 sub themes. Then through observation and interpretation of codes, similarities and differences were considered and sub themes further consolidated resulting in 3 themes as per objectives. Please see table one for an example of this process (Table 1).

**Table 1:** Example of data analysis process

<b>Participants Quotes</b>	<b>Code</b>	<b>Sub Themes</b>	<b>Theme</b>
<i>“..., but after using it, I feel nervous, palpitation then used only one packet...”</i>	Feel sick	Side effect of methods.	Using of modern family planning.
<i>“...because it causes many health problems such as hypertension, diabetic, irregular menstruation, or even cancer due to its complication”.</i>	Causes Hypertension, diabetes, Irregular and much bleeding and cancer	Side effect and misconception	
<i>“My neighbour put stick then conceived with it and then birth the baby with disability”.</i>	Birthed disability child	misconception	
<i>“... Gets irregular bleeding, leaking vaginal fluid, and sometimes swollen abdomen when using injection”.</i>	Feels sick and bleeding	Side effect and misconception	

### ***3.10 Ethical Considerations***

The researcher sought ethical clearance from MUHAS at the Director Senate Research and Publications Committee prior to conducting the study (Appendix E). The permission to conduct the study was obtained from District Medical Officer from District Health Management Team in Wete District (Appendix F). Information related to the purpose of the study was explained and informed consent was obtained from all participants. Strict adherence to confidentiality, consent and anonymity were followed. Anonymity was maintained by not recording the participant's names on the audio tapes or in the transcripts. Participants were informed that participation was voluntary, and that they could withdraw from the study at any time.

### ***3.11 Dissemination Plan***

For dissemination purposes, this report will be shared with;

- Directorate of post graduate studies-MUHAS
- Dean office school of Nursing, MUHAS
- MUHAS library
- Wete District Reproductive and child health coordinator
- Managing director of UNFPA Zanzibar
- Publication of the results will be through midwifery journals, journals of other disciplines, through the university website and library services.

## CHAPTER FOUR

### 4. RESULTS

#### *4.0 Introduction*

This chapter presents the findings from four focus group discussions with thirty-eight participants. The findings on the socio-demographic characteristics are shown in table 2. The themes were predetermined based on the objectives of the study (Appendix E). These are women's perceptions on the use of modern family planning methods, perceptions of women of reproductive age on access of modern family planning and women's perceptions on social, cultural and economic factors associated with the use of modern family planning in Wete district, North Region Pemba

#### **4.1. Socio-demographic characteristics of the study participants**

Thirsty-eight women participated in the four FGDs, these women were in child bearing age, their age ranges from 20 -49 years. Their level of education was madras (only Quran) education, primary, secondary and few in higher educations. Most of the participants were married and were housewives as shown in table 2 below:

**Table 2. Socio-demographic characteristics of respondents N= 38**

<b>Characteristics</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Age</b>		
20 -29	18	47.4%
30 - 39	13	34.2%
40 – 49	7	18.4%
<b>Educational level</b>		
Madras	7	18.4%
Primary	2	5.3%
Secondary	27	71%
University	2	5.3%
<b>Marital status</b>		
Married	37	97.4%
Divorced	1	2.6%
<b>Occupation</b>		
Government employed	8	21.0%
Self employed	9	23.7%
House wives	21	55.3%
<b>Number of children</b>		
1 - 4	21	55 %
5 -8	09	24 %
9 - 12	08	21 %

## 4.2 USING MODERN FAMILY PLANNING

### 4.2.1 Experience in modern family planning use

The study revealed concerning the use of modern contraceptives among women of reproductive age in the Wete District Pemba. The perceptions which women of reproductive age had been explored by participants who had good perception in modern family planning use described according to their experience. In view of modern family planning, many study participants interviewed revealed that they understand that modern family planning is destined to space or limit the number of children and to prevent undesirable maternal complications or death among women of reproductive age.

The majority of participants had experience using modern family planning said that the methods are good to limit the number of children especially in very poor families, to space pregnancies, to keep women and their children healthy.

A woman who is in favors modern family planning expressed her view as:

*“Myself I used modern family planning for a long time ... for me I perceive modern family planning as a good thing to use for the women of reproductive age” (Participant 9, FGD 2).*

A middle aged woman of reproductive age described her own experience in using modern family planning as follows:

*“Myself I am proud of using the modern family planning, now for three years period and things go well. I don’t experience any problem of using them and injections is my preferable method of family planning. My children grow well and my health too”.*

(Participant 4, FGD 3)

In this regard, the participant continues saying that:

*“When I had my third child, I decided to join the modern family planning...”*  
*(Participant 6, FGD4).*

*“As we are the mothers of reproductive age, we use modern family planning as it gives us comfort and relief from unplanned pregnancies”.* (Participant 8, FGD 2)

#### **4.2.2 Decisions in modern family planning use**

During focus group discussion, sessions, in decision of using modern family planning especially for the married women, most explained that usually it is a matter of discussing with the husbands in order to get the go ahead to agree and use modern family planning.

Majority of women who had bad perception in family planning use was evidenced by all FGDs described the final decision maker is the husband while most of the time the husbands are not ready to see their wives engaging in family planning.

*“Most of our husband, discussing modern family planning with their partners is a waste of time simply because they are against the use of FP methods. They claim that the use of FP causes a lot of problems to most women. Worst thing is that they want to deliver us morning and evening”.* (Participant 2, FGD 4)

Women in another discussion expressed their view as:

*“Men are very reluctant to discuss FP. They think there is no need to. The husband will tell the wife the number of children they are to have, and that is it. It is the man who decides; the woman doesn’t have any say and cannot oppose anything that has been decided up by the man”.* (Participant 7, FGD 1).

Other women make their own decision on using modern family planning. As expressed in discussions by these participants:

*“I prefer injection because it easy to hide the use from husband and the family. Not only my husband but even my family like father and mother will get angry if they hear that I use modern family planning. She continued say that, injection is in great demand because it is secretive. Your husband and family will not know that you are using any contraceptive methods”.* (Participant 4, FGD 3).

*“If my husband is against me using contraceptives, I have no option but make my own decision, because we females are the ones who conceive, get problems*

*during pregnancy and delivery and also when bringing of children. For some, the method once I have been injected with the contraceptive, I just go home and my husband will never know". (Participant 7, FGD2).*

#### **4.2.3 Misconception/ fear of side effect**

The study revealed that some of the women of reproductive age perceived and experience that side effect as a barrier to contraceptive use. Reluctance to use contraceptives was evidenced by many focus group participants in the area of the study. Through focus group discussion, the issue of side effects of modern contraceptives, many study participants cited inconsistent use and poor continuance. The majority of the women said modern family planning is not acceptable in the area of study because it can cause adverse effects. The most common side effects noted by the respondents were weight changes, bleeding, infertility, cancer, and lack of sexual desire. Leaking of water and sometimes swelling of the abdomen. Some participants describe their view as follows:

*"Modern family planning methods are not good for most of the women because it causes many health problems such as hypertension, diabetic, irregular menstruation, or even cancer due to its complication" (Participant 5, FGD4).*

Another participant in different group discussion added as follows

*"Myself I received my periods like the entire month when using these family planning methods (injection) which I used in secret without saying to my husband and thus make quarries of this prolonged bleeding. Also, my friend who uses Norplant had her periods throughout the month until she had it removed (Participant 4, FDG 1).*

*"..., but after using it, I feel nervous, palpitation then used only one packet and leave it to use any method of modern family planning". (Participant 9, FGD 4).*

*Another participant stated*

*"My neighbor conceived with implant and birthed a baby with disability"*  
*(Participant 2, FGD4)*

Other participant in the same group describes:

*“My neighbor put stick then conceived with it and then birth the baby with disability” (Participant 5, FGD 4).*

Most of the participants in the all group discussions stated:

*“When using MFP, other gets irregular bleeding, leaking vaginal fluid, and sometimes swollen abdomen when using injection” (Participant number 1, FGD 4)*

### **4.3 ACCESSING MODERN FAMILY PLANNING**

#### **4.3.1 Availability of Modern Family Planning**

The availability and effectiveness of the method selected is often the most important consideration when a woman chooses a contraceptive method. If the method is easily accessible and recognized as effective more women of reproductive age can engage and use modern family planning services. In contrast, lack of contraceptive drugs in health facilities, lack of skills in health care workers providing contraceptives and presence of undesirable side effects of the drugs because fewer women can use modern family planning.

This study done in Wete district illustrates that family planning methods are accessible in many health facilities including in all Public Health facilities of Wete district. FGD participants reported that they could access modern family planning services mainly from government health facilities and clinics around the district which are free, Non-paying services but not available in private dispensaries and at pharmacy.

Further discussion on the availability of services revealed that as methods are available in each health facility, no women reported missing the services although sometimes health care providers are too busy to attend them.

*“It is a good thing to see that all government hospital and health centre have many methods available”.* (Participant 3, FGD1)

One woman, age 27 years, said that:

*"There is no any disturbance for availability of family planning services. A health care provider may give information in attractive language compared with other services". (Participant 5, FGD3).*

However, probing highlighted a common major complaint of participants in all focus group discussions of current users of modern contraceptives was the waiting time at the health facilities due to so many activities of health care providers. A large number of clients estimated that they spend three to five hours waiting for services and a few participants noted that on several occasions, they had left without the service even when the methods were available at the facility.

One participant was noted to say:

*I went to the clinic early Thursday but i met the clinic full of people waiting for different services, while Health Care Providers were only two, and waiting for a long period, at last I decided to go back home without any services. Since then I didn't use any modern family planning..." (Participant 6, FGD1).*

#### **4.3.2 Effectiveness of modern family planning**

The effectiveness of the method selected by client is often a very important consideration to the woman choosing a method to control birth spacing. In the all discussions concerning effectiveness of methods, the participants expressed that other woman, they used methods of family planning but still they experience an unplanned pregnancy.

One participant during discussion mentioned:

*"... It offers good interval for our children to grow and resting." (Participant 9, FGD 2)*

A few participants in all discussions complained about effectiveness of methods by describing their view as:

*“My friend used injection in regular interval as directed by nurse but still she realized herself to be pregnant when she is six months’ pregnancy”. (Participant 6, FGD3).*

Another participant in same discussion supported her saying:

*“Yes, me also, my neighbor who inject methods of family planning and doesn’t mistake her date but still she conceived”. (Participant 2, FGD 3).*

However, during discussions in another group one middle-aged participant clashed with other participants on sense of conception accountability in use of method and expressing her view as:

*“In my opinion, its rare or bad luck when using modern family planning and someone gets pregnancy. Maybe someone herself makes a mistake on using it and then said that I used so and so and not succeed because I get pregnancy. Example on using pills given to use daily but she used today and tomorrow not used than blames on using and get pregnancy, but in high percentage when used for planning for those who used it, they said that its works well”. (Participant 4, FGD2).*

Despite the group mentioned on conception while using family planning methods but other groups complained of late returning fertility or secondary infertility after discontinuations of method. This was evidenced by participants in their discussions:

*“Using of modern family planning methods makes us worries, because our friend using Implanon after her first birth but after removing it until today she is searching a baby by every means but till today not yet getting, so her relatives told her, you use family planning and fertility disappeared and search for another baby for different drugs but till now, she doesn’t get and thus makes us worries to use modern family planning”. (Participant 6, FGD 4).*

#### **4.4 SOCIAL-CULTURAL AND ECONOMIC FACTORS**

The researcher was particularly interested to explore socio-cultural factors in relation to modern contraceptive use in the study area. This is very important because social and cultural factors may or may not influence the use of family planning methods among women of reproductive age in the society. Religious variation and social cultural dominations like the power of husband over wife and wealth of having more children may interfere with the use of modern family planning among women of reproductive age.

The study findings through all focus discussions showed that more respondents reported that their husbands were not willing to use any modern contraceptive methods. This shows in that many participants reported never use any type of modern family planning method because of their husband or in-laws' opposition. Also, some respondents expressed that they want to produce more children for the matter of wealth and to be loved by their husbands and their in-laws. Males are so dominant in the marriage that most females cannot play an instrumental role to persuade their husbands on using modern family planning services especially when a husband come to fear of side effects and religious unacceptability of contraceptive use.

##### **4.4.1 Religious beliefs**

The study findings show that participants expressed ambivalence when religion was brought up as a theme. Religion as part of culture brought a different perspective into the discussion and was obviously making people insecure about whether it in fact was right or wrong to use contraceptives. Majority of the participants perceived negatively on modern family planning use because of thought that their religion actually prohibited birth control, or that contraceptive use was accepted but seen in a negative way by religious leaders and religious interpretation of the Quran.

The most common reason mentioned by many participants was that children were gifts from God and people must receive everything God gives them relating taking modern contraceptives to be committing a sin. This view was mostly observed in fundamental Muslim participants during focus group discussion. The majority of these participants

said that they quit taking contraceptives when they began attending religious teachings in madras.

One participant was claiming that:

*“Although many people in the “Community” increasingly allowed the use of contraceptives, but they have to know that their religion did not allow them to do so. God is the only one who decided everything from conception to death, and it is subsequently wrong to interfere in these processes with birth control methods brought to us”* (Participant 4, FGD 3).

The study observed that there are some women of reproductive age who decided to use contraceptives but still felt fear of being punished by God, to be accused by others, or they felt a frustration of acting against religious rules to accomplish what they practice.

One participant during discussion described this as follows:

*“My religion is against modern family planning methods. According to the Muslim faith, fertility is God’s will for Humankind and it is a sin for Human being to go against His wish. Thus, since I have faith in my religion. I use modern family planning just for sake of pressure from my neighbors as I have many children”* (Participant 7, FGD 4).

As religion is a core value of culture, modern family planning could have a negative influence among women of reproductive age in the area of the study. The majority of women of reproductive age in FDG mentioned that children are a gift from God and that all children come with a blessing. Every child is considered to come with special blessings from God who will provide everything for them.

Therefore, there is no need to engage in modern family planning in order to reduce the number of children in the family. Some members also said that having many children no matter whether are male or female, is prestige in a family. Few children bearing in the family will lead to various suspects to the married women to be seen as she is unproductive or is using modern family planning.

One middle aged female participant had this to say:

*"All children are from God and it is offensive to interfere with the will of God. The use of contraception among women of reproductive age is likened to the killing of innocent unborn children and only God should be responsible for limiting births in the family. People are like birds that wake early in the morning very hungry but return to their homes in the evening full stomach. Therefore, women have to produce until the eggs are finished in the womb" (Participant 6, FGD 4).*

A middle-aged woman who teaches nursery school is quoted saying this:

*"Our culture is not permitted to use modern family planning, because God knows and giving us everything, but now we changed, if you already injected or are putting the implant or loop and anytime you can conceive while using any method of family planning, there we have no means to protect against pregnancy, only God has the power to prevent pregnancy alone. We can use methods of family planning but still end up getting a pregnancy". (Participant 4, FGD1).*

A young woman in one of the FGD, who said the following, also supported this concern:

*"I just want to add, more children. We Muslims follow the teaching of Prophet Mohammed who said that we should marry and bear many children for our future benefits, since we are committed Muslims and that our religion does not allow the use of methods of modern family planning, we have to follow what prophet said" (Participant 5, FGD 3).*

#### **4.4.2 Social beliefs**

During focus group discussions, it was observed that polygamous life style which is more prominent in the area of study intrudes on the use of modern family planning. According to the focus group discussion many polygamous wives do not use modern family planning due to jealousy and competition of having more children especially sons. Bearing many children in a family having more than one wife would mean security for the mother on husband's wealth. This makes competition among co-wives who

struggle for societal approval and respect has pushed women into competing for their husbands' love while producing many children. Therefore, women choose to not use modern family planning for fear that their co-wives might have more children than they have produced. One of the focus group discussion participants below reported this:

*"It is quite obvious that most women in polygamous relationship are competing with co wives to have more children..."* (Participants 4, FGD 2).

Another participant from a different group discussion working in public service mentioned the employer may influence to workers to use family planning to get time for maternity leave while other co-workers complained about her if she delivered too soon as interfered in their work.

*"We in public service employee, if you don't use family planning, the maternity leave will be different from one who breast fed her baby for two years (spaced her children) and who doesn't space as myself, I needed to report to school after 40 days for this child because my first child is only one and two months, and thus the coworkers complained about you not spacing your next child".* (Participant 4, FGD3).

In social beliefs other women perceived that using of modern family planning is not their culture and society including their relatives wants them to deliver many children.

Another two participants with different group discussion had these to say:

*"In our social group, when women use modern family planning, it is interpreted that a woman is imitating the whites living in Europe, something which is against our culture. But also, there are some people who may talk to each other that so and so deliver too frequently like a rat, therefore it is one's perception which will persuade whether to use it or not"*. (Participant 6, FGD 4).

#### **4.4.3 Barrier to using modern family planning**

The study findings through all focus group discussions showed that participants reported not using modern family planning due to being convinced by health care provider and perceived that modern family planning is not good for them. This indicates that health care provider may influence women of this district to use or not use family planning. Health care providers may be biased or uninformed on modern family planning and may allow a cultural barrier to influence woman of this district to not use modern family planning as evidenced in discussions. One participant complained:

*"I will tell you why modern family planning are plenty and easy to access in clinics. We hear people talking in the streets that health care providers convince us to use family planning but themselves do not use them at all, that's why you can see them delivering frequently like rats. This is because they know these methods have problems to the users. Worse enough is that there are some doctors and other health care workers who tell their relatives and friends that modern family planning is generally not good because it has a high percentage has problems. My neighbor was told by her brother who is a doctor that she should never use any kind of modern family planning because they are not safe."*

(Participant 4, FGD 2).

A woman, age 26 years who participated in focus group discussion added that:

*"If we are joining and using modern family planning and getting any problems due to the effects of methods doctors and nurses doesn't consider to your condition until the problem is big and they told us he/she unable to solve this problem to go the other hospital"* (Participant 6, FGD 2).

A 45-year-old woman participating in one of the focus groups advised during discussion:

*"If you want to use any kind of family planning method, you must be thoroughly examined such as your blood, the kidney, uterus and many things to see that the given method matches with your blood. But most of the time in hospital and many*

*of the clinics in the district here clients were not examined anything. They are just verbally advised to use a certain method.” (Participant 1, FGD 4)*

Another woman added on the part of healthcare provider as a barrier modern family planning use in another discussion mentioned that:

*“Myself, my sister told me to not use this modern family planning method soon after I delivered my first child, she is a doctor; she told me not use family planning. She wanted me to look at her, she delivered her children without spacing, and said don’t use the family planning because she knows its effects as she works at hospital. So, it seems that the doctors themselves contribute the women not to use family planning. But they told you if you are your closed relative or friend, they may convince not to use but in their work they convince us to use, and called her person private and tell not to use”. (Participant 2, FGD 6).*

#### **4.4.4 Traditional methods of family planning**

The determination of traditional practices for spacing and limiting births were discussed by some of participants in all FGD’s. Participants mentioned one or two traditional methods of preventing pregnancy and this was most common among females aged 35 - 49 years old. These included the use herbs, black caraway seeds (Haba soda), eating of honey thirty minutes before sex, tying of traditional rope with several knots around the waist to indicate number of years you wish to rest, separation from husband and live in separate room or sent back to parent home for certain period as well as withdrawal method. In addition, almost all focus group discussions mentioned frequent breast-feeding as commonly used method for spacing births practiced by most of elders in the society in the past. It was reported by many study respondents that elderly women who sometimes worked as traditional birth attendants (TBAs) were widely reported to be knowledgeable for cultural and traditional contraceptive practices.

One middle-aged participant quoted as said that:

*“In our society there are many elderly women who are knowledgeable about the traditional methods that can be used to space births. These people are highly*

*respected for their expertise and advice. Many women consult them for the need of traditional methods especially when they experience major side effects of the modern ones. A woman concluded that traditional ones are effective and have no side effects” (Participant 3, FGD 2).*

Another woman mentioned of using traditional herbs as a method of family planning for fearing of their husband on using modern family planning as well as side effects of drugs, and she said:

*“The truth is that, we decided to use traditional means by using drinking water thirty minutes before sex, together with black caraway seeds (haba soda) and mixed with a table spoon of honey and after finished before stand up drink a litre of water”. (Participant 5, FGD 4).*

A woman in other FGD added this:

*“We used traditional methods, because are effective and have no complication”.*

#### **4.4.5 Economic factors**

In consideration of economic factors, the study findings through all focus discussions showed that most women perceived that using of family planning is good for getting time for caring children in better life conditions. However, a few participants disagreed and said that increased or decreased of economical condition depends on God’s will:

*“I joined using family planning after saw other women who used FP her children are in good health, herself in good situation and even their income is good and able to educate their children well. These make me also to decide to join in family planning” (Participant 5, FGD 1)*

Another woman expressed her view as:

*“It’s true you get jealous when you see the children of your neighbor grow well, get time for education, and planned their life. (Participant 3, FGD 1)*

The study found that, there are some women who decided to use contraceptives but they believe increasing of their income and economically condition depends on God.

This view was expressed by the women in three FGDs

*“Using of family planning is good and important, but we must accept that everything is from God and in another part economical conditions are hard, house for rent, eating is difficult and thus makes me to pursuing using family planning”*, (Participant 5, FGD 3).

## **CHAPTER FIVE**

### **5. DISCUSSIONS**

#### **5.0 Introduction**

This chapter discusses the perceptions of women of reproductive age on modern family planning methods. The discussion helps to identify the use, access and socio-cultural factors that hinder modern contraceptive adherence among women of reproductive age in Wete District Pemba leading in developing interventions services.

#### **5.1 Perception of Women of Reproductive Age in use of Modern Family Planning.**

The study has shown that few women of reproductive age who have experience of using modern family planning, and thus support that modern family planning help to space their children, improving their health and babies, and increase their income but also other women who has experience and not experienced but complained of side effect, decision in using of methods, social cultural were obstacles to use modern family planning.

The main reason of using modern family planning on good perception mentioned by participants include child spacing and gives better health of both mothers and children. This consisted with the study done at Kenya which showed that high usage of contraceptives among women of reproductive age has played a major role in regulating family sizes and health of delivery mothers and their children (Orach et al., 2015).

The study found that the majority of participants have no experience of using modern family planning as well as have bad perception as have been describe by discussant in focus group discussion consisted in report of Tanzania Demographic Health Survey noted that married woman in Tanzania Mainland are more likely to use modern contraceptive methods than in Zanzibar (33 percent versus 14 percent). As well as in Unguja are more likely than Pemba (16 % versus 9%) (TDHS, 2015). The finding shows that, the participants who describe their experience were more in young age compared to the old ones. This was expected, as younger women are keener on their fertility

preference. The younger women prefer to use modern family planning than older because they want maintain their health and health of their children, they were self employed or working from somewhere while the older claimed that they have a lot of experience in conducting deliveries. This finding is in agreement with that of a study conducted in Uganda, which revealed that age is a significant predictor of contraceptive use (Kayongo, 2013).

Therefore the main influencing factors for using modern family planning methods were to reduce number of children due to lack of finances to support children and family, experiencing pregnancy or delivery complications in previous pregnancies, the desire to maintain good maternal health and participate in development work, and family problems.

On part of decision making on modern contraceptive use, the study found that gender relations play an important role in decision-making and are an essential aspect of the social context of reproductive health. The study shown that husbands dominated decision making about fertility preference of which is associated with lower use of contraceptives. Majority of male partners were found reluctant to discuss or share ideas on modern family planning services. This is consisted with report of TDHS, 2015 found that women in the Mainland were more likely to discuss with their partners on reproductive issues including family planning compared with women from Zanzibar (19 % versus 11%).

The study found also reluctance of husband to permit their partner to use modern family planning, forces the married women to use contraceptives secretly during the absence of their husbands in homes. This exposes the married women to several risks including emotional and physical violence if discovered by their husbands. The study also revealed that if men discover that their wives are using contraceptives, they are forced to have them to remove.

Consistent to study conducted at Kenya (Kei et al., 2015) found that lack of agreement on contraceptive use, reproductive intentions and husband's attitude on their role as a decision maker become a barrier for the married women to engage in modern family

planning services. Also in line with the study conducted at Malaysia were reported that men had opposed FP use by their spouses because their spouses when making the decisions to use FP (Najafi, 2011) did not consult them.

Women's power on reproductive health services particularly on the use of contraceptive methods is based on gender power relation and women's decision on their own as stated by few participants, they take decision of using modern contraceptive in a secret without permission of their husband. Consisted to study conducted by Do & Kurimoto (2012) found that in Sub-Saharan Africa men play greater influential role in women's decision making and lessen women's power on taking their own responsibility on their own health status as a right that associate with family planning decision making and contraceptive use, similarly in the study results other women describe on using modern contraceptive for their own decision .

The study found during discussion the users and non-users have fear the side effect of modern family planning influenced them not to use or discontinue with methods The study noted that a significant number of participants experienced one or more side effect resulting from the modern contraceptive method they were using. Menstrual problems, weight gain, weight loss, headache, dizziness and leaking of vaginal fluid were among the reported side effect. Menstrual complication such as irregular periods and increased bleeding were in the highest frequency. This is consistent to what was observed to ethnic Chinese women's living in UK where their attitudes and perceptions towards modern contraceptives are mostly un accepted to use because they feel methods affecting the menstrual cycle, unnatural for the body and therefore undesirable (Verran et al., 2014). Also in line with the findings in Busia district, Uganda where the study demonstrated slight positive perceptions of the women of reproductive age who are in favors of using modern family planning services due to rumors of massive side effects of the drugs spread by the people in the society (Kayongo, 2013).

Study also found that the women of reproductive age of the study area perceived that when using modern contraception you can birth a child with disability consistent to a study done at Kenya reported that male told their partner not use modern family

planning because could lead to giving birth to a child with disabilities (Ochako et al., 2015).

## **5.2 Perception of Women of Reproductive Age on Access to Modern Family Planning Services**

The study findings showed that availability of modern family planning is good in every health facility and every women of reproductive age can easily access to any kind of contraceptive free of charge. However despite the fact that modern family planning are readily available and easy accessed in the study area, many women reported not using any of these methods consisted to study conducted in Baliyana Village, in Ibadan, Nigeria, revealed that women preferred oral contraceptive pills, injectable contraceptives, IUDs, while implants and voluntary surgical contraception which are the safest and long terms method of modern family planning were not widely accepted or used though the study found good access to services with availability of long and short term method MFP options. In this study it was also found that few persons had visited the clinic for family planning counseling (Reshma, 2015). This is in consisted in study conducted in rural Malawi found that the availability of modern contraceptives influences women of reproductive age to use them in order to improve standard of living, children's education, and maintain the beauty of the mothers (Chipeta et al., 2010). This implies that the availability of the modern family planning methods alone does not determine the use of these services hence other factors influence decisions on whether or not to take up modern family planning methods.

In the part of effectiveness of methods, the study found that few participants reported to conceived while using contraceptives. This correlate with the study in Kenya reported that effectiveness of contraceptives is majority of respondents in the study (97%) that are using contraceptives were effective and show 3 in every 100 women in the study become pregnant while using modern contraceptives ( Kei et al., 2015). Consisted in study conducted in United States of America reported that unintended pregnancy was approximately 3 million pregnancies which are 50% of all pregnancy, which has negative effects on women's health and health of the newborn. Approximate half of the unintended pregnancy result from contraceptive failure, usually owing to incorrect or

inconsistent use of contraception and the remainder are due to non-use (Winner et al., 2012). This supported by few study participants reported that, other women use method and then gets pregnancy and disagreed by other discussant those who are conceived while using method is due inconsistent or incorrect use of methods.

### **5.3 Perceptions of Women of Reproductive Age on Social Cultural and Economical Factors Associated with use of Modern Family Planning**

The results showed that most women of reproductive age in the area of the study were obliged to their religious demands. It found that there was a tendency for women to follow the position of the religions to which they adhered on modern family planning. Many issues like using modern contraceptives is a big sin, doing things against God's will, children are gift from God, doing things against culture and desire to have more children were observed by majority of the focus group participants. This indicates that the use of modern family planning is affected by the domination of social cultural factors including religion which inhibiting many women not to engage on the family planning use. These findings are similar to those found in Afghanistan where in traditional setting, any discussion on sex and sex-related subjects is regarded, as a religious matter which influenced by taboos and traditional believes which are in place (Osmani et al., 2015).

In another study conducted at Ethiopia also, looks the barrier of using modern contraceptives due to religious beliefs where Ethiopian Orthodox Christians or Muslims though their religion prohibited birth control or contraceptive use (Ieda, 2012). Related practice also found in Pakistan that the majority of men do not permit their wives or using their selves to practice to family planning or birth spacing due to religious reasons, they discussing that beneficial or growth of Muslim Ummah ( Mustafa et al., 2015).

The study found that polygamous wives in the study area, makes women competitive in having many children for women struggle for husband's love and respect to the society and thus influence women of this study not using family planning.

Most of the participants saw that use of modern contraceptives is a way to Westernize the way of life of United of States and Europe, to their believes plan and count the

number of children born and unborn, is not the African way, and not the Zanzibar way of life. They strongly believe that children are gifts from God, and like birds, God knows how they will feed in order to enhance their health and standard of living. Correlates with study supported by USAID in promoting gender equality within family planning program which looks social cultural factor on using modern contraception, found that gender related barrier to contraceptive use are created and perpetuated by social norms that encourage large family size, perpetuated male child preference, prohibit contraceptive use, and require women to rely on men to make all houses hold decision (Knorr, 2016).

The desire to have many children is not only associated with the Islamic religious teachings and practices were also mentioned as another social cultural factor in adherence of modern family planning among women of reproductive age. Those women living in polygamy are forefront in having more children especially sons. Furthermore, as far as having many children is concerned, the study also revealed that one's prestige, values and the meaning attached to having many children is regarded as wealth at both the individual and family level for the support in old age.

In study done at Kinshasa Zaire to look for barrier to modern contraceptive use, researcher found that social cultural norms are among the barriers, and male participant in focus group discussion expressed that, the man has predominantly role in family decision-making, including child bearing, because in Africa culture he is the head of the family (Muanda et al., 2016).

The study revealed in area of study with participant in the discussions women of reproductive age reported that they are not using modern Family Planning after advised by their relatives who working in the medical field that modern family planning are not safe and may course effects when someone used it. Similar results found in the study conducted in Malaysia found that Health Provider's barrier regarding family planning analysis plays an important role, for choosing or continuing contraception. It seemed that, health system barrier for young women, who were seeking contraceptives and negative attitude of health providers toward young women's contraceptive use are

inhibiting them from practicing contraception (Najafi, 2012). Furthermore, study also found the women in the area of study are not continue on using after ignored by health care provider when any problem arising after using modern family planning and thus intrude family planning uptake. It is consisted in the study conducted in Ethiopia found that improved access to services of family planning was expanded by choice of available methods and increased knowledge of FP. The study also found that opposition from husband and/or in-laws along with a desire for at least two sons and a lack of trust of voluntary health workers were obstacles to use of contraception (Korra, 2014). Additionally, it is consistent with the study conducted at Western Kenya for women's attitude towards receiving FP services and find the low uptake of family planning revealed that family planning service delivered by health care workers was very low (Juma et al., 2015).

#### **5.4 Traditional methods of family Planning**

The study found that some of the participants reported not using modern contraception due to concerns of side effects or social beliefs hence engage in natural family planning available in the community. Women in the area of study use traditional family planning not only for the sake of avoiding adverse effects from modern contraceptives but also through the initiation of traditional birth attendants and elders who are knowledgeable on the traditional medicine in the community. This also practiced in North Eastern of Nigeria for female prevents their pregnancy by using prolonged breast-feeding, ornaments in various form and shapes, spiritual invocation and dried herbs. Their reasons for not using modern family planning were those of husband's opposition, fear of delay in return to fertility and damage to the reproductive system (Garba et al., 2012).

#### **5.5 Trustworthiness of the study**

The trustworthiness was ensured using Lincoln & Guba, in transferability, dependability, credibility and conformability (Shenton, 2004). To ensure credibility researcher follow firm criterion during data collection as well as analysis of data by ensured participants trust by creating rapport in the opening session. Self-introduction and purpose of the study were clarified. Purposeful sampling was done to ensure that research participants had characteristics, which were very directly related to the research objectives. Study

participants were ensured that all information provided will be treated as confidential. This was done to make participants relaxed and feel free to share their idea and experiences. Kiswahili language was used that facilitated free expression of information, Kiswahili is the National language that each participant was comfortable with.

Data collection was done in convenient room at RCH side room, which was free from distractions and interference from staff and other clients. The analytical framework guided analysis of data and the sample the analysis are provided for the reader to determine credibility of the analysis. Furthermore, through the research process, there was involvement of supervisor to guide the research process.

Concerning transferability researcher's finding emanated from four group discussions. The study can be applied to the some other setting for ensuring dependability and in ensuring conformability used Swahili language and comfortable interaction. Findings were emerged from the data and quotes from participants are provided.

### **5.6 Study limitation**

The main limitations of this study were missing of women of reproductive age of an age below 20 years during the time of data collection, and therefore missing of information from adolescent. Collecting information from the facility may not generalize the result; therefore researcher recommend further study will be needed at the community to generalize the result and explore the perceptions from the married male and adolescent.

## CHAPTER SIX

### 6. CONCLUSION AND RECOMMENDATIONS

#### 6.1 CONCLUSION

This study was an endeavor to investigate perceptions of women of reproductive age on modern family planning at Wete district, Pemba. The study revealed that the perceptions of women of reproductive age were good (positive) for some and bad (negative) perceptions for others. Also the study found that Modern family planning methods are available in most of Public Health facilities and district hospital in the area of the study, but not available in Private facilities.

Although modern family planning is available, majority of women of reproductive age in Wete district has negative perceptions on use due to perceived fear of side effect, social beliefs such as male domination over female, decision on use depend on husband, value attached to more children and religious belief shows the influence over use of family planning. In addition, the study revealed some of Health care provider influenced women not to use modern family planning.

## 6.2 RECOMMENDATIONS

Based on the study findings the following are recommended:

- Ministry of Health of Zanzibar through Reproductive and Child Health Program could develop a policy requiring Health Care Workers to provide enough knowledge concerning family planning; it's important and explains on side effect to minimize worries of women on side effect.
- Health Care Workers may provide awareness on family planning to the community and inviting male to become more knowledgeable about reproductive Health and their family's decision making.
- Women could empower by community and thus may help them to make decision on using modern family planning.
- Researchers could conduct compressive research on Health Care Workers to explore their perceptions and practice concerning Family Planning services.
- There is also need for further research of exploring perceptions of male and adolescents on family planning use.

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## Appendix A : Informed Consent in English Version

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES (MUHAS).



Consent to participate in a study titled Perceptions of women of reproductive age on modern family planning at Wete District, Pemba.

ID NO HD/MUH/T.323/2015

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Greetings! My name is SULEIMAN, SABRA SALIM. Currently, I am a student at Muhimbili University of Health & Allied Sciences pursuing MSc in MWH. I am conducting a research on the title Perceptions of Women of Reproductive Age on Modern Family Planning at Wete District, Pemba.

### **Purpose of the study**

The aim of this study is to explore Perceptions of Women of Reproductive Age on Modern Family Planning at Wete District Hospital. Findings of this study will help to improve utilization of modern family planning in this district

**Sponsor:** This study is sponsored by UNFPA through Ministry of Health. Zanzibar

**Involved Participation:** If you agree to participate in this study I will request you to answer the question relation to your perceptions through focus group discussion. The discussion will take about 30- 45 minutes.

**Confidentiality :** The information that will share in the focus group discussion will be treated as strictly confidential and will be used only for research purpose only and not for other reasons. Your name will not be used for identification during data analysis and report development, the instead number will be used.

**Risks:** The researcher anticipates no harm will happen to you as you participate in this study.

**Benefits:** There will be no direct financial benefits to you; however; participation in this research has the potential for explore the perception of WRA on modern family planning; through your recommendations that will be used by Ministry of Health and policy makers for improve utilization of modern family planning and thus reduce maternal and child morbidity and mortality. Rights to Withdraw and Alternatives.

You are free to choose whether to participate or not or withdraw in this study at any time. Refusal to participate or withdraw will not imply any effect to your service or treatment. However, we would like you to participate in this study because your views are very important in this study.

**Whom to Contact:** In case of any emergence concern you may contact the researcher through the following address: Sabra S. Suleiman.

School of Nursing, MUHAS.

P. O. BOX 65004, Dar es Salaam. Email address: [sabsasule\\_70@yahoo.com](mailto:sabsasule_70@yahoo.com)

Mobile phone number 0777 434349 / 0658 434349

If you have a serious matter about this research related to violation of your rights, you are free to contact Dr. Joyce Masalu, Directorate of Research and Publications,

MUHAS, P.O. Box 65001, Dar es Salaam, Telephone number 2150302-6.

**Agreement of participation:**

I \_\_\_\_\_, identification number \_\_\_\_\_,  
Aged \_\_\_\_ years, I am willing to participate in this study

Participant's Signature \_\_\_\_\_ Researcher's Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your participation

## Appendix B: Ridhaa ya mshiriki (swahili version)

### **CHUO KIKUU CHA AFYA NA SAYANSI SHIRIKISHI MUHIMBILI (MUHAS).**



Kushiriki kwenye utafiti: Mitazamo ya akina mama wenyе umri wa kuzaa kuhus njas za kisasa za uzazi wa mpango kwenye Hospital ya Wilaya ya Wete.

ID NO			
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Habari, Jina langu ni Sabra S. Suleiman. Ni mwanafunzi wa mwaka wa pili wa shahada ya uzamili wa ukunga na afya ya akina mama katika Chuo Kikuu cha Afya na Sayansi Shirikishi Muhimbili (MUHAS).

Nafanya utafiti kuja Mitazamo ya akina mama kuhusu njia za kisasa za uzazi wa mpango kwenye hospitali ya wilaya ya Wete.

**Lengo la utafiti:** Kusudio la utafiti huu unaangalia kwa kina zaidi mtazamo wa wanawake wenyе umri wa kuzaa katika hospitali ya wilaya ya Wete. Matokeo ya utafiti huu yatasaidia kuboresha utumiaji wa njia za kisasa za uzazi wa mpango katika wilaya hii.

**Mdhamini:** Mdhamini wa utafiti huu ni shirika la UNFPA kupitia wizara ya Afya . Zanzibar

**Kwa wale watakaoshiriki:** Ikiwa utakubali kushiriki katika utafiti huu, nakuomba ushiriki kwa kina katika majadiliano kuhusu njia za kisasa za uzazi wa mpango. Mahojiano yetu yatachukua dakika 30- 45 tu.

**Usiri:** Majibu utakayoyatoa katika mahojiano yatabaki kuwa siri na hayataonyeshwa popote na hayatatumika kwa shuguli nyingine yeyote.Taarifa utakazozitoa zitatumika kwa ajili ya lengo la utafiti tu au kitu chochote cha kukutambulisha kitaonekana kwenye ripoti na namba zitatumika badala ya jina lako.

**Madhara:** Hatutegemei kwamba kutatokea madhara yeyote kwa kushiriki kwako katika utafiti huu.

**Faida:** Hakuna faida ya moja kwa moja utakayoipata katika utafiti huu , lakin kushiriki kwako katika utafiti huu ni muhimu katika kutoa mtazamo wako kwa wanawake wanye umri wa kuzaa . kwa kuitia maoni yako yatatumika na wizara ya afya pamoja na watunga sera kwa ajili ya kuboresha utumiaji wa njia za kisasa za uzazi wa mpango.

#### **Haki ya kujitoa au vinginevyo:**

Ushiriki katika utafiti huu ni wa hiari. Uko huru kushiriki au kutokishiriki, kukataa au kusitisha katika utafiti huu hakutakuwa na athari yeyote .Hata hivyo tungependa ushiriki wako katika utafiti huu kwa sababu maoni yako ni muhimu sana katika huu utafiti huu.

**Watu wakuwasiliana nao:** Kama utakuwa na maswali katika utafiti huu unaweza kuwasiliana na mtafiti mkuu,

Sabra S. Suleiman

School of Nursing, MUHAS.

P. O. BOX 65004, Dar es Salaam. Email address: [sabsasule\\_70@yahoo.com](mailto:sabsasule_70@yahoo.com)

Simu ya kiganjani namba 0777 434349 / 0658 434349

Ikiwa kutakuwa na tatizo lolote linaloweza kuhatarisha usalama na haki zako kuhusiana na utafiti huu, uko huru kuwasiliana na Dr. Joyce Masalu, Kurugenzi ya Utafiti na Uchapishaji. (MUHAS), P.O. BOX 65001, Dar es Salaam. Nambari ya simu 2150302- 6

**Ukubali wa mshiriki:** Mimi ..... Umri.....Nakubali kushiriki katika utafiti huu.

Sahihi ya mshiriki.....Tarehe .....

Sahihi ya mtafiti/mtafiti msaidizi.....

Ahsante kwa ushirikiano wako

### **Appendix C: FGD Guide (English Version).**

Introduction: My name is SULEIMAN, SABRA SALIM Currently I am a student at Muhimbili University of Health & Allied Sciences pursuing MSc in Midwifery and women's health. I am conducting a research with the title Perceptions of Women of Reproductive Age on Modern Family Planning at Wete District, Pemba. I am currently registered as MSc. student at Muhimbili University of Health & Allied Sciences

I would like to hear more views from you and permission to tape you. I will use a high – quality audio clip record to ensure data accuracy.

I anticipate your participation in this study through focus group discussion will enable you to give your perceptions on modern family planning methods. The information given will generate a research report that will be used by Ministry of Health, Pemba, Wete Hospital management and Reproductive and Child Health Programme and other stake holders to give suggestions that can improve to increase the uptake of modern family planning users , and thus to reduce maternal and child health.

Kindly please feel free to share your Perceptions of Women of Reproductive Age on Modern Family Planning at Wete Hospital. Your views are highly respected and all will be kept confidentially.

Interview ID No ..... Date of interview .....

### **PART A: PARTICIPANT DEMOGRAPHIC INFORMATION**

1. Age (years).....
2. Educational level.....
3. Occupation .....
4. Age of first marriage.....
5. Number of children.....
6. Religion .....
- 7.) Marital status.....

## **PART B QUESTIONS**

### **B. Perceptions on uses of modern family planning**

- 1.) What do you understand on modern family planning?
- 2.) What is the perception of women of reproductive age of this district on modern family planning?
- 3). How is modern family planning accepted in this District?
- 4) What is the perception of married women in relation to use modern family planning?

### **C.) Perception on access of modern family planning**

**1**Please explain, what is the perception of women of this district on availability of modern family planning?

- 2.) What are perceptions of Women on effectiveness of modern family planning?
- 3.) Please explain, how women of this district obtain modern family planning method?

### **D.) Perception on social cultural factors that is associated with the use of modern family planning?**

- 1.) Please explain, What are cultural factors in this community associate with use or not use modern family planning?
- 2.) Please explain, what are the economical factors that associated with use or not use modern family planning in this district?
- 3.) Please explain, What are social factors that associate with use or not use of modern family planning in this district?
- 4.) Is there anything else you would like to say about women of this district and uses of family planning?

Thank you for your participation

## **Appendix D : Muongozo wa Majadiliano**

**Utangulizi :** Jina langu naitwa Sabra Salim Suleiman. Kwa sasa ni mwanafunzi Mkunga wa shahada ya uzamili wa ukunga na afya za akina mama, katika chuo kikuu cha Afya na sayansi shirikishi Muhimbili (MUHAS) . Ninafanya utafiti wa kuangalia mtazamo ya akina mama wenyе umri wa kuzaa (15 – 49) kuhusu njia za kisasa za uzazi wa mpango . Ninapenda kusikia mitazamo yenu na pia nitatumia chombo cha kerikodia sauti ili kukusanya taarifa zenu kwa vizuri . Ninategemea mashirikiano yenu katika utafiti hu kwa kupitia njia ya majadiliano mbayo yatakupa wewe nafasi ya kutoa mitazamo kuhusu njia za kisasa za uzazi wa mpango.

Taarifa zenu zitatupatia ripoti nitakayoiwasilisha Wizara ya Afya, Zanzibar, uongozi wa hospitali ya Wete na kitengo cha Afya ya uzazi na mtoto na wadau wengine kwa kutoa mapendekezo yatakayosaidia kuongeza akina mama kutumia njia za kisasa za uzazi wa mpango na hivyo kupunguza vifo vya mama na mtoto.

Tafadhali jisikie huru kuchangia mtazamo wako kuhusu mtazamo wa wanawake wenyе umri wa kuzaa na njia za kisasa za uzazi wa mpango katika Wilaya ya Wete, Pemba.

Michango yenu inathaminiwa kwa kiasi kikubwa na yatatunzwa kwa usiri sana.

Muhojiwa namba..... tarehe ya mahojiano.....

### **Sehemu 1: Taarifa ya mshiriki**

- |                          |                                 |
|--------------------------|---------------------------------|
| 1.) Umri .....           | 2.) Elimu .....                 |
| 3.) kazi .....           | 4.) Umri wa ndoa ya mwanzo..... |
| 5.) Idadi ya watoto..... | 6.) Dini.....                   |
| 7.) Hali ya ndoa         |                                 |

### **Sehemu 2**

#### **A) Mtazamo kuhusu utumiaji wa njia za kisasa za uzazi wa mpango**

- 1.) Unafahamu nini kuhusu njia za kisasa za uzazi wa mpango?
- 2.) Wana mtazamo gani kina mama wa Wilaya hii kuhusiana na njia za kisasa za uzazi

wa mpango?

3.) Zinakubalika vipi njia za kisasa za uzazi wa mpango katika Wilaya hii?

4.) Nini mtazamo wa kinamama wenyenye ndoa kuhusiana na kutumia njia za kisasa za uzazi wa mpango ?

**B: Mtazamo kuhusu upatikanaji wa huduma za uzazi wa mpango.**

1) Tafadhali nieleze, kina mama wa wilaya hii wana mtazamo gani kuhusu upatikanaji wa huduma za uzazi wa mpango

2. Kina mama wana mitazamo gani kuhusu ufanisi wa njia za kisasa za uzazi wa mpango ?

3.) Tafadhali nieleze , kina mama wa wilaya hii wanapata vipi njia za kisasa za uzazi wa mpango ?

**C: Mtazamo wa vichocheo vya kiutamaduni na kijamii vinavyochangia utumiaji/ kutotumia njia za kisasa za uzazi wa mpango.**

1.) Tafadhali nieleze, ni vichocheo gani vya kiutamaduni vinavyochangia utumiaji / kutotumia njia za kisasa za uzazi wa mpango?

2. Tafadhali nieleze, ni vichocheo gani vya kiuchumi vinavyochangia utumiaji / kutotumia njia za kisasa za uzazi wa mpango?

3.)Tafadhali nieleze ni vichocheo gani vya kijamii vinavyochangia utumiaji / kutotumia njia za kisasa za uzazi wa mpango?

4.) Una jambo lolote ambalo ungelipenda kuniambia kuhusu kina mama wa wilaya hii na matumizi ya njia za uzazi wa mpango ?

Ahsante sana kwa mashirikiano yako.

## **Appendix E: Emerging themes for perceptions of women of reproductive age on modern family planning**

### 1.) Theme: Use of modern family planning

<b>Sub themes</b>	<b>code</b>	<b>Participant's quotes</b>
Experience in using modern family planning.	<i>Accepted on use modern family planning.</i>	<p><i>"Myself I used modern family planning for a long time ... for me I perceive modern family planning as a good thing to use for the women of reproductive age"</i></p> <p><i>"When I had my third child, I decided to join the modern family planning..."</i></p> <p><i>"As we are the mothers of reproductive age, we use modern family planning for gives us comfort and relief from unplanned pregnancies."</i></p> <p><i>"After reaching 30 years I went to the clinic and given oral pills after instruction from nurse..."</i></p>
Decision in use of modern Family planning	<i>Acceptable by husband and family member.</i>	<i>"Most of our husband, discussing modern family planning with their partners is a waste of time simply because they are against the use of FP"</i>

	<p><i>Ability to use or not use.</i></p>	<p><i>methods. They claim that the use of FP causes a lot of problems to most women. Worst thing is that they want to deliver us morning and evening”.</i></p> <p><i>“I prefer injection because it easy to hide the use from husband and the family. Not only my husband but even my family like father and mother will get angry if they hear that I use modern family planning. She continued say that, injection is in great demand because it is secretive. Your husband and family will not know that you are using any contraceptive methods”.</i></p>
Misconception / fear of side effects	<p>Getting problems.</p> <p>Unacceptable to use by the society</p> <p>Causing disability to the</p>	<p><i>“..., but after using it , I feel nervous, palpitation then used only one packet and leave it to use any method of modern family planning ”</i></p> <p><i>“Modern family planning methods are not good for most of the women because it causes many health problems such as hypertension, diabetic,</i></p>

	fetus.	<i>irregular menstruation, or even cancer due to its complication".</i>  <i>"My neighbour put stick then conceived with it and then birth the baby with disability".</i>  <i>"When using MFP, other gets irregular bleeding, leaking vaginal fluid, and sometimes swollen abdomen when using injection".</i>
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## 2.) Themes: Access of modern family planning services.

Sub themes	code	Participant's quotes
Availability of modern family planning	Free service  service is good	<i>"It is a good thing to see that all Government hospital and health centre have many methods available".</i>  <i>"There is no any disturbance for availability of family planning services. Health care provider may give in attractive language compared with other services".</i>

	shortage of Health workers	<p><i>“... I went to the clinic Thursday morning but I met the clinic full of people waiting for the services...while health care providers were only two... When I hear that, At last I decided to go back home without any service. Since then I didn’t use modern family planning ...”</i></p>
Effectiveness of modern family planning method	Getting pregnancy  its gives good Health	<p><i>“My neighbour used injection in regular interval as directed by nurse but she realized to be six months pregnancy”.</i></p> <p><i>“... It offers good interval for our children to grow and resting...”</i></p> <p><i>“In my opinion its rarely or in a bad luck when someone using family planning methods and then gets pregnancy but may be herself get mistakes on using it and then said I used so and so and not</i></p>

		<p><i>succeed because I get pregnancy while using FP methods..”.</i></p> <p><i>“Using of family planning makes us worries, because our friend using implanon after her first delivery, but after removed it until today she searched for another child by every means but until today not yet getting, and thus makes us worries to use modern family planning”.</i></p>
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**3.) Theme: Social cultural and economical factors associated with use of modern family planning.**

Sub Themes	Code	Participant's quotes
Religious beliefs.	Committing sin	<i>“All children are from God and that it is offensive to interfere with the will of God. Only God should be responsible for limiting births in the family...”</i>
	It is not our culture	<i>“our culture are not</i>

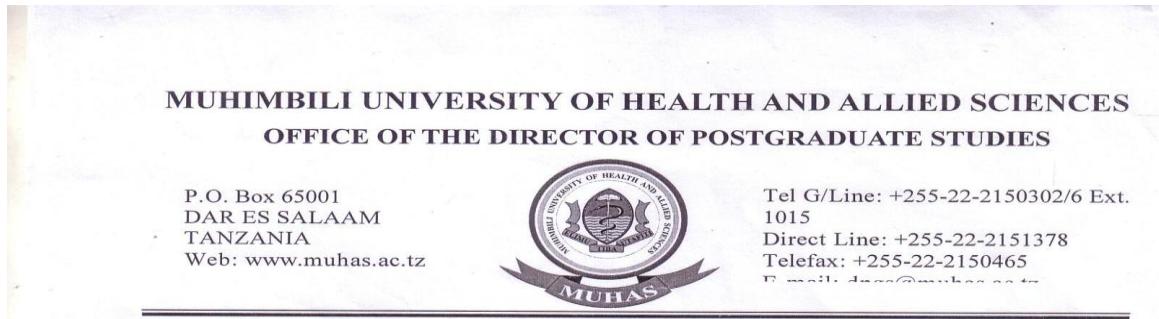
	Being pregnant is power of God	<i>permitted to use modern family planning, because God knows and giving us everything, ... ”,</i>  <i>“Only God have the power to prevent pregnancy alone. We can use methods of family planning but still getting pregnancy”.</i>
Social beliefs	Deviating from culture	<i>“It is quite obvious that most women in polygamous relationships are competing with their co-wives to have more children”.</i>  <i>“We as a public services employed if you don’t use family planning... myself needed to report school after 40 days for this child because my first child is only one year and two months, and thus the co workers complained about you on un spaced your</i>

		<i>child.</i>
Barrier for using modern family planning for women.	Quality of care	<p><i>“..So it seems that the doctor themselves contribute the women not to use family planning. Because they told us if you are your closed relative or friend, they may convince not to use...”</i></p> <p><i>“If we are joining and using modern family planning and getting any problems due to the effects of methods doctors and nurses doesn’t consider to your condition until the problem is big and they told us he/she unable to solve this problem to go the other hospital”</i></p>
Use of traditional methods of family planning.	Traditional/Natural family planning	<i>“In our society there are many elderly women who are knowledgeable about the traditional methods that can be used to space births”.</i>

		<p><i>"The truth is that, we decided to use traditional means by using drinking water thirty minutes before sex, together with black seed and mixed with a table spoon of honey and after finished before stand up drink a liter of water for preventing pregnancy".</i></p> <p><i>"We used traditional methods, because are effective and have no complication".</i></p>
Economical factors	<i>Improved economical status</i>	<p><i>"I joined using family planning after saw other women who used FP her children are in good health, herself in good situation and even their income is good and able to educate their children well. These make me also to decide to join in family planning".</i></p>

		<p><i>“Using of family planning is good and important to increase income and economical status...”</i></p> <p><i>“Economical condition is hard, house for rent, eating is difficult and thus makes me to pursuing on using family planning”.</i></p>
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## Appendix F: Ethical Approval



Ref. No. MU/PGS/SAEC/Vol. IX

12<sup>nd</sup> April, 2017

Ms. Sabra Salim Suleiman  
MSc. Midwifery and Women's Health  
**MUHAS.**

**RE: APPROVAL OF ETHICAL CLEARANCE FOR A STUDY TITLED  
"PERCEPTIONS OF WOMEN OF REPRODUCTIVE AGE ON MODERN  
FAMILY PLANNING AT WETE DISTRICT, PEMBA."**

Reference is made to the above heading.

I am pleased to inform you that, the Chairman has, on behalf of the Senate, approved ethical clearance for the above-mentioned study. Hence you may proceed with the planned study.

The ethical clearance is valid for one year only, from 13<sup>rd</sup> April, 2017 to 12<sup>nd</sup> April, 2018. In case you do not complete data analysis and dissertation report writing by 12<sup>nd</sup> April 2018, you will have to apply for renewal of ethical clearance prior to the expiry date.

Please liaise with the Directorate of Finance to get your research funds.

  
Prof. Andrea B. Pembe  
**DIRECTOR OF POSTGRADUATE STUDIES**

cc: Director of Research and Publication  
cc: Dean, School of Nursing

