

KNOWLEDGE, ATTITUDES AND PRACTICE OF  
CONTRACEPTIVE USE AMONG MAASAI WOMEN  
OF  
REPRODUCTIVE AGE IN BEREGA VILLAGE,  
KILOSA DISTRICT, MOROGORO.

BY

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**A dissertation submitted in partial fulfillment of the requirements for the  
Degree of Master of Medicine in Obstetrics and Gynecology of the  
Muhimbili University of Health and Allied Sciences (MUHAS).**

Muhimbili University of Health and Allied Sciences

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**CERTIFICATION**

The undersigned certifies that he has read and hereby recommend for acceptance by the Muhimbili University of Health and Allied Sciences a dissertation entitle **“Knowledge Attitudes and Practice on contraceptive use among Maasai women of reproductive age in Berega village, Kilosa district, Morogoro, Tanzania”** in partial fulfilment of the requirements for the degree of Master of Medicine in Obstetrics and Gynaecology.



.....  
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I, Dr Vindhya S. Pathirana, hereby 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 a similar or any other degree award.

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**DEDICATION**

This dissertation is dedicated to my late parents, father Ananda Pathirana and mother Pushpa Malalasekera.

## ABSTRACT

**Background:** The Maasai community is a relatively closed/ isolated and exceptionally adherent to their culture and traditions some of which might face conflicts with the modern practice of family planning.

**Objective:** To assess the knowledge, attitudes and practice on contraceptive use among Maasai women of reproductive age at Berega village in Morogoro.

**Methods:** This was a cross-sectional descriptive study done among Maasai women in Berega village from 1<sup>st</sup> September to 14<sup>th</sup> October 2008. A pre tested questionnaire (in English and Swahili) was used to collect data, where necessary translation in Maasai language was done during interview with the help of Maasai interpreter.

**Results:** Majority (83.6%) of Maasai women had heard about modern contraception and that the methods could be obtained from a health facility. Use of modern contraception methods was very low with only 15.5% of women using them and 33.6% women considered using one such method in future. Knowledge on pill use and condom use was 0.9% and 14.5% respectively. The desire for having many children (38.2%) and opposition from the spouse (50%) were the main barriers for non use of contraceptives.

## Conclusion

There is high awareness on modern contraception methods among Maasai women of reproductive age in Berega village. There is however lack of knowledge on the methods available which may be responsible for the lower user rate. Sustained health education will probably help to disentangle them from barriers found in this study.

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**ABBREVIATIONS:**

TDHS	Tanzania Demographic and Health Survey
STI	Sexually Transmitted Infections
CPR	Contraceptive Prevalence Rate
MUHAS	Muhimbili University of Health and Allied Sciences
HIV	Human Immunodeficiency Virus
UNICEF	United Nations Children's Fund
TFR	Total fertility rate

## **DEFINITIONS:**

**Knowledge** means awareness, understanding and problem solving capacity.

Understanding scales involves a quantitative description of a limited number of aspects of a thing or traits of a person, -we judge properties of objects without reference to other smaller objects- these ratings are in the form of "like or dislike", "excellent- good-average, below average-poor". In practice 3 to 7 point scales are generally used. Intemized rating scales (numerical)- It presents a series of statements from which a respondent selects one as best reflecting her evaluation.

**Attitude** refers to inclination to react in certain ways to certain situations or to organize opinions to coherent and interrelated structures.

**Practice** means application of rules and knowledge into action.

**Contraception** refers to decision to delay pregnancy by a known method

## 1.0 INTRODUCTION AND LITERATURE REVIEW

### 1.1 INTRODUCTION

Contraception is used by men and women who want to regulate their fertility. Many KAP studies on contraception have been conducted, some on a wide scale while others on small samples of specific populations. The results from the later usually describe specific characteristics of women in the community in question. Likewise the individual's level of contraception knowledge will inevitably affect the attitude and practice on issues regarding contraception.<sup>1,2</sup>

National surveys in Tanzania reveal that there are regional variations in contraceptive use among women. The survey however may not go into details of elucidating subtle differences and peculiarities pertaining to specific communities. The percentage of sexually active women who are using any one method of family planning is called contraceptive prevalence rate (CPR). The current CPR in Tanzania is 26%, whereby 20% use modern contraceptive methods while the remaining 6% use traditional methods. Current contraceptive use among sexually active unmarried women is higher than the married women at a rate of 41% against 26%. The male condom is commonest choice among sexually active unmarried women being used by 15 % of them. In Morogoro region, proportion of married women using any modern contraceptive method was found to be 29.9% and 1.4% were using traditional methods.<sup>3</sup>

Education has an influence in modern contraception use. In Tanzania, it was found to raise contraceptive acceptance from 13% to 51% when the women's education increased from none to secondary education.<sup>1,3</sup>

The current rate of use of modern contraceptive methods is one of the indicators that can be used in assessing the acceptability and uptake of family planning methods and family planning program activities. It is also a determinant of fertility.<sup>3</sup>



Fertility preferences differ from one community to another. In modern world women are increasingly taking responsibility of their reproductive health choices. In some societies this is not the case, women may not have such a privilege. They are bound by social norms where issues like contraception, fertility regulation or family planning are guided by taboos. The Maasai society is an example, which is both genocratic and patriarchal in structure, and is viewed by many authors as detrimental to women.<sup>4</sup>

Maasai community distribution in Tanzania is not uniform; mostly resided regions include Arusha, Tanga and Morogoro. In recent decades the influence of modernization of traditional economy, formal education, changes in land law and demographic factors have all played a part in shaping current socio-economic transition in Maasai in Kenya and Tanzania.<sup>4</sup> Hence Maasai Clans have migrated to different areas where they can survive in minority groups.

Penetrating social barriers for knowledge may be a challenge, more so if a particular society is a closed one. So far few studies have been done on Maasai women on contraception probably due to in-accessibility to this kind of the community. No study could be found that was done specifically regarding contraceptive knowledge and use among the Maasai community in Tanzania.

The study aimed at elucidating knowledge and practice gaps that are specific to Maasai women regarding contraception. This in return can help to develop suitable strategies specific for Maasai women or twist the existing ones to suite Maasai tradition for the purpose of increasing acceptability and use of contraceptive methods. This will probably bridge the gap and highlight the barriers of fertility control among them.



## 1.2 LITERATURE REVIEW

Contraceptive use has been shown to have an economical advantage to the individual as well as the community at large; however in most societies in the developing countries the practice is still very low.

Some countries for instance India and Sri Lanka have included family planning in their developmental programs. India introduced national family planning program in 1950 - 1952. A recent study from India shows that family planning practice does not mean only "small family norm", it also depends on the acceptance of family limitations, knowledge on birth control methods and availability, psychological and economic costs, and more importantly an environment favorable to practice birth control.<sup>1,2</sup>

Another study in India indicated that literacy in general and female literacy in particular exerted a strong influence on contraceptive use.<sup>5</sup>

Family planning programs were introduced to Africa in 1980s. It was implemented in Southern and East Africa and later on to the other countries in the continent.<sup>6</sup> Compared to Asia, sexual behavior, which has been poorly studied in Africa, has a direct impact on reproductive health. Multiple cultures and religions which characterize the African continent have a bearing on reproductive health choices.<sup>7</sup>

The fertility decline is yet to reach countries of the Sahel. In mid 1990s the total fertility rate still exceeded 6.5 children per women in Burkina Faso and 6.9 in Mali. There were 5% married women using modern contraceptive methods in Mali and 8% any method (Including traditional methods). In sub Saharan Africa even in countries with a high contraceptive practice, the fertility levels are still exceptionally high.<sup>8,9</sup>

Tanzania officially formulated national population policy in 1992 the objective being to reinforce national development through developing available resources in order to improve the quality of life to all the people. In Tanzania there has been a gradual decline

in family size preference over time. The mean ideal number of children has declined by more than one child since 1991-92, from 6.1 to 5 among women and 6.5 to 5.3 among men in the year 2004.<sup>3</sup> A study by Coast, E. in 2001 revealed that in the Maasai society TFR is 8.6 children per woman.<sup>4</sup>

One of the goals in family planning is to strengthen family planning services, to promote the health and welfare of the family, community and the nation and eventually reduce the rate of population growth. Family planning studies in Kenya by Kiragu, K., Zabin, L. S. revealed that there is high acceptability of contraceptive use among high school students.<sup>10, 11</sup>

Recent studies in Tanzania have shown that contraceptive knowledge is higher in urban than rural women of reproductive age. There is a tendency to forget what contraception is, and the decision is most determined by the spouse. In many African communities women are marginalized, hence they have little freedom of choice compared to their husbands.<sup>3, 12</sup>

There are other principal factors other than contraception which affects the women's risk of becoming pregnant. These include marital status, polygamy, sexual activity, lactational amenorrhea, and abstinence from sexual activity.

Women's average age at first intercourse is 16 years in Tanzania. By age of 15 almost 10% juvenile women have given birth. Rural residents have lower mean age at first birth than their urban counterparts. Among Maasai, woman's, first sexual exposure occurs as early as 8 years of age.<sup>13</sup>

A study on Maasai men's attitude towards family planning in rural Kenya revealed that traditional beliefs are barriers to use of family planning methods. Currently, they are starting to recognize its benefits and now some favor its use.<sup>14</sup>



Attitude towards contraception varies. Condom is a widely publicized barrier method, either for prevention of HIV or as contraceptive or both. In the society, there are misconceptions regarding its use, such as condom involves wastage of sperm. Some populations consider sperms being wasted by the use of condom or coitus-interruptus method, and are harmful to male physical and mental wellbeing. Likewise in India some communities believe that men use condoms to hide impotency. Similar beliefs are reported in other places like in China, Guinea and Sri Lanka. In Bangladesh, sperm is regarded as being important for woman's growth. They refer to sperm as a 'tonic' for women, and frequent condom use is considered to cause impotence.<sup>15, 16, 17, 18, 19</sup>

A study on cultural context of condom use among Maasai in northern Tanzania revealed that there was a complex socio-cultural interplay which differed from one clan to the other and between different groups within the same society. The study found that condom knowledge is poor. It revealed that Maasai community had myths and rumors on condom use; majority believed that good sex is sex without using condom. Many women wanted to have more children, the overwhelming response observed were that prevention of disease was useless, and that 'it is like an elephant in your path', there is nothing to do but wait and see what happens.<sup>4</sup>

A woman gains prestige ultimately by the number of children she bears and the way in which she cares for them, although she never has legal claim to her children. In order to lead a full life as a Maasai, it was shown that it is imperative to marry and beget children, and those who have been blessed by old age and high fertility with children and animals symbolize the image of the 'good life'.<sup>20</sup>

Much ethnography refers to the social rather than biological paternity of Maasai children. Extra marital sex is a very 'open secret'. The openness of extramarital sex is clearly reflected in male jewellery. Only women make jewellery, and a man receives jewellery as a gift from a lover.<sup>20, 21</sup>

It is important to know the perceptions that other tribes have towards Maasai. Perceptions and assumptions about the Maasai are very entrenched, a position reflected both in the literature and in the opinions of key informants. A study quotes 'Maasai are fresh from the bush', noting that the 'bush' is generally associated with freedom from disease.<sup>22</sup>

If a birth interval between two births is considered too short, or if a woman conceives when still breast feeding the preceding child, then both she and her husband will be liable to criticism and livestock fine.<sup>24</sup>



## **2.0 STATEMENT OF THE PROBLEM AND RATIONALE OF THE STUDY**

Traditionally, Maasai are pastoralists, but currently due to economical transition there is reduction in livestock and grazing spaces making young Maasai men and women to migrate into cities and towns searching for jobs. Traditionally most Maasai do not own land. Hence to find other opportunities of survival becomes a necessity. So far few studies have been done on Maasai women regarding contraception.

Due to constantly world changing surroundings and systems with new challenges in health issues, studying how Maasai perceive contraception was thought to be important. <sup>4</sup>

Maasai in Berega village are not an exception. They face progressive socio-cultural changes, struggling to adapt by finding alternative survival means thereby and leaving behind pure pastoralism. The study aims to determine contraception knowledge and practice and study factors that possibly determine the fertility regulation in this relatively unique community.

### **3.0 OBJECTIVES**

#### **3.1 Broad objective**

To assess knowledge, attitudes and practices of contraceptive use among Maasai women of reproductive age in Berega village.

#### **3.2 Specific objectives**

1. To determine the proportion of women who were aware of contraception and where to get the services.
2. To determine the proportion of women with the right concept on menstrual cycle in relation to birth spacing and its role in population in general.
3. To determine the proportion of women with awareness on the different methods of modern contraception and their attitude towards condom use.
4. To determine reasons for not using modern contraceptive methods.

## **4.0 METHODOLOGY**

### **4.1 Study design**

A community based descriptive cross sectional study.

### **4.2 Study area**

The study was conducted at the Maasai community in Berega village, which belongs to Berega Ward, Kilosa district in Morogoro region Tanzania. Berega is a small village about 120 km North-east of Morogoro town. Berega ward has 7 villages including Berega village which has approximately 4615 inhabitants where, majority belongs to Kaguru and Gogo tribes and Maasai as a minority.

Maasai in Berega are mostly confined to the hills and mountains around. They dwell in small huts (Mji) and are basically Pastoralists. In recent years Maasai men travel to towns and cities seeking better jobs. Maasai women do small scale farming and handicrafts. The individual huts are wide apart and scattered on the mountains with barely visible foot paths. There are intermarriages between major tribes and Maasai community.

Berega hospital is a missionary hospital which is of 140 beds, situated in Berega village. ANC for the pregnant mothers and post delivery follow up clinic is carried out twice a week by the midwife in-charge. It is where the women are given free advice on contraceptive methods. The hospital runs a weekly outreach program aiming to reach those who for some reasons have poor access to clinical care.

### **4.3 Study population**

All Maasai women at Berega village in their reproductive age were included in the study.

### **4.4 Eligibility criteria**

The total Maasai women in Berega village were 121. Out of that a total of 113 who were in the age group of 15-49 years were chosen as eligible for the project. 3 women had traveled; hence total number interviewed is 110. All the Maasai women were able to communicate, nobody was found critically ill, hospitalized or handicapped.



#### **4.5 Data collection**

The Maasai community follows command of hierarchy. Maasai leader was approached first, and made to understand concept and the intention of the project. The Maasai leader discussed the issue with the spouses in the community and agreed on women to be approached for interview in their huts. The leader had given prior information regarding our visit, explaining that it was for the benefit of the women and children and the intention was not to cut down their population but to improve their life. A door to door visit was done to collect data. In case a woman was not sure of her age, the voting card was of help. Sometimes extrapolation was done basing on some national events remembered.

The Maasai women were interviewed by the principal investigator with the trained assistant. The Maasai women were assured that no names will be mentioned.

All households in the Maasai village were covered. Any eligible woman missing was reached the following day or later at an appropriate time.

Data was collected using a questionnaire. The original questionnaire was written in English and translated to Swahili and sometimes questions were asked in Maasai. Variables included age, literacy, age at marriage, parity; number of living children, who heard of birth spacing, who know spacing methods, and type of spacing methods, who used a method, who knows where to get a method, and perception on contraceptives and barriers for contraceptive methods. (Appendix III)

#### **4.6 Training of research assistants**

Two Maasai origin women were identified for the purpose they were hospital nursing assistants. One other woman from the Kaguru tribe, a community health care worker was also recruited to help. She was familiar with Maasai customs. They underwent one day training on data collection, were briefed on the study objectives familiarized with the questionnaire.



#### **4.7 Pilot study**

A pilot study was conducted for one day in the Berega hospital ANC. It assessed flow of variables in the questionnaire, and ease of obtaining information together with possible omissions of unnecessary variables.

#### **4.8 Data analysis**

Data were entered and cleaned using Epi Info version 6 computer programs, and then transport to SPSS 10 program for analysis. Frequency distribution and measure of location were used to summarize data.

#### **4.9 Ethical issues**

Ethical clearance was obtained from MUHAS research committee. The permission letter was used to seek permission from the village chairman and the Village Executive Officer. They informed the Maasai chief, With Maasai chiefs consent the spouses consent obtained. A Maasai woman who is below the age of 15 years, the consent was taken from the husband because her spouse is regarded as her guardian.

Each individual was counseled and a verbal consent was taken before interview. They were clearly informed that participation is not mandatory and that if they wish they could stop the interview at any point and could quit the study and this will not have any effect whatsoever. Further more they were assured that their names will not come out in public.

## 5.0 RESULTS

A total of 110 Maasai women were interviewed.

Majority (83.6%) of Maasai women had heard about birth spacing and knew where to obtain the method of choice (from a hospital). Only 15.5% women were using modern contraceptives as birth spacing method and 33.6% considered contraceptives as birth spacing method in the future.

**Table: 1 Socio-demographic and obstetric characteristics**

CHARACTERISTICS	N= 110	PERCENTAGE
<i>Age</i>		
15- 19	23	20.9
20- 24	21	19.1
25- 29	24	21.8
30- 34	15	13.6
35- 39	8	7.3
40- 49	19	17.3
<i>Marital status</i>		
Single	3	2.7
Married	103	93.6
Divorced	1	0.9
Widowed	3	2.7
<i>Level of education</i>		
Illiterate	104	94.5
Incomplete primary	3	2.7
Primary	3	2.7
<i>Age at marriage</i>		
* Not applicable	3	2.7
8 - 13	18	16.4
14 - 19	89	80.9
<i>Parity</i>		
0	11	10
1 - 3	37	33.6
4 - 6	43	39.1
>7	19	17.3

\* Respondents not married

Majority of the women were illiterate multiparous and had been married off as adolescents or even before adolescence, youngest being 8 years.

**Table: 2 Awareness on birth spacing methods ever used a method and thinking of using contraceptive method in the future.**

N =110

CHARACTERISTICS	N	%
<i>Heard of spacing</i>	92	83.6
<i>Ever used a method</i>	25	22.7
<i>Currently using a method</i>	17	15.5
<i>Thinking of a future Method</i>		
Yes	37	33.6

The majority of respondents had heard about spacing however few ever used a method.



**Table: 3 Awareness on where to obtain a contraceptive method of choice and advice among Maasai women of Berega village.**

N= 110

ITEM	N	%
<i>Where to obtain a method</i>		
Hospital	92	83.6
Relative/Friend	2	1.8
TBA	1	0.9
Other	1	0.9
Don't know	14	12.7
<i>Easy to get a method?</i>		
* Not applicable	3	2.7
Easy(Yes)	73	66.4
Difficult(No)	34	30.9
<i>Where to get advice on spacing</i>		
Hospital	94	85.5
Don't know	16	14.5

\*Did not respond

Majority knew where they could obtain information and methods of contraceptives.

**Table: 4 Knowledge on menstrual cycle and fertile period among Maasai women in Berega Village**

N=110

<i>FERTILE PERIOD</i>	N	%
Right after period	70	63.6
Middle of the cycle	28	25.5
Before her period	4	3.6
Don't know	8	7.3

Most of the respondents had wrong understanding of their fertile period with regard to the time in the menstrual cycle.

After the session each Maasai woman was educated about the menstrual cycle.

**Table: 5 Mode of information delivery about spacing and acceptability of information about spacing from the media to the Maasai women in Berega village.**

SPACING		
	N=110	%
<i>From where did you hear</i>		
Not applicable*	22	20.0
Radio/TV	24	21.8
Village	64	58.2
<i>Acceptability of spacing from media</i>		
Acceptable	101	91.8
Not acceptable	7	6.4
Don't know	2	1.8

\* Respondents who did not hear by any means.

The information about spacing was mostly communicated among women in the village. It implies inter-dependability and trust on personal communication. Interpretation depends on level of individual understanding.

**Table: 6 Awareness of individual birth spacing methods among the Maasai women in Berega village**

N = 110

CONTRACEPTIVE METHOD		
	N	%
<i>Pill</i>	61	55.5
<i>Injection/Depoprovera</i>	88	80.0
<i>IUD</i>	10	9.1
<i>Condoms</i>	70	63.6
<i>Female sterilization</i>	12	10.9
<i>Male sterilization</i>	1	0.9
<i>Calander method</i>	25	22.7

Injections/Depoprovera, condoms and pills were the most common methods the women were aware about.

The knowledge pattern is not specific to Maasai. It shows that they have heard of that particular type of contraceptive, not necessarily mean that they were knowledgeable about each of them.



**Table: 7 Knowledge on the correct use of Pill and Condom among Maasai women in Berega Village.**

N = 110

<i>PILL</i>	N	%
Once a month	1	0.9
Once a day	1	0.9
Before having sex	9	8.2
Don't know	99	90.0
<i>USE OF CONDOM</i>		
Use once only	16	14.5
Twice or more	7	6.5
Don't know	87	79.1

Only one respondent had a correct knowledge on contraceptive pill use. The condom knowledge was better than the pill among them.

**Table: 8 Acceptance of Condom use among Maasai women in Berega Village**

N = 110

CONDOM USE	N	%
Acceptable	12	16.9
Not acceptable	72	65.5
Don't know	26	23.6

Majority of women did not accept condom as a contraceptive method



**Table: 9 Negative beliefs for non use of condoms among Maasai women at Berega Village.**

N = 110

BARRIERS TO CONDOM USE	N	%
Not applicable *	1	0.9
Doesn't feel good	2	1.8
Afraid of getting lost in vagina	32	29.1
Too embarrassing	17	15.5
Husband refuses	3	2.7
Only prostitutes use	1	0.9
Other	25	22.7
Don't know	29	26.4

\* Individual using condom

Many believed that a Condom may get lost in the vagina. There are similar other beliefs 22.7%, (like that the condoms have worms in it, they are harmful to the woman, one gets cancer, only HIV infected use condoms! if not why use it, young women need the semen to become mature)



**Table: 10 Barriers to contraceptive use (in general) among the Maasai women of reproductive age**

CHARACTERISTICS	N = 110	PERCENT
<i>Barriers to contraceptives</i>		
Subfecund/Infecund	12	10.9
Wants many children	42	38.2
Leaving it to nature	16	14.5
* Not applicable	40	36.4
<i>Opposition for contraceptive use</i>		
Herself	14	12.7
Spouse	55	50
Religion/ culture	2	1.8
All the above	15	13.6
* Not applicable	24	21.8
<i>General Knowledge of contraceptive methods</i>		
No knowledge	106	96.4
Have knowledge	4	3.6
<i>Negative contraceptive beliefs in general</i>		
Health will be effected	58	52.7
Fear of side effects	22	20
Access too far	8	7.3
* Not applicable	22	20

\*Inclusive of respondents who had infrequent sex, use any kind of spacing and those who refuse to comment.

The desire to bear more children was the main barrier for the contraceptive use, majority believed that they have inadequate knowledge on contraceptives and many claimed of spouse opposition.

This community needs special family planning educators from their own community.



## 6.0 DISCUSSION

Current use of contraceptive methods is one of the indicators used to assess the success of family planning program activities. It is also widely used as a measure in analyzing the determinants of fertility. Currently contraceptive prevalence rate (CPR) in Tanzania is 26%. In Tanzania married women who currently use modern methods are 20% while the remaining 6% use traditional methods of contraception.<sup>3</sup> Results from this study show that 15.5% is the CPR among Maasai women in Berega.

The high illiteracy rate in this society might be one of the barriers in contraceptive use. Reproductive health surveys in Tanzania, Uganda and Kenya have shown that a women's level of education contributes to the control of fertility rate and acceptance of family planning. According to DHS 2004-2005 Tanzania literacy rates estimated to be 62% for women and 69% for men. According to the UNICEF survey in 2006-2007, adult literacy rate in Tanzania is 72%, and primary school net enrollment/attendance is 73%.<sup>1,2,3,27</sup> In a study done in Northern Tanzania, Maasai women were found to have very low school attendance, 59% had never attended any formal education class; however, this study included both male and female Maasai.<sup>4</sup> At Berega Village none of the Maasai girls were enrolled in school, one reason was that the priority was given to get the domestic work done in the community. The elderly women believed that the knowledge they gave to young Maasai girls to serve their husbands was enough.

Contraceptive use has increased among women of all educational attainment. Use of any method in Tanzania increases from 13% among currently married women with no education to 51% among married women with at least some secondary education. Interestingly use of any traditional method raises with the level of education from 5% of currently married women with no education to 12% of most educated women. Comparing to this study we found Maasai women who had no education is 94.5%. There was only one Maasai woman who had completed primary education and who had courage to use condom as her choice of FP method. Similarly a study done in Turkey indicated when higher the education level achieved, the women's knowledge of contraceptive methods increases, that study further revealed women's source of

knowledge was media which was 89%.<sup>25</sup> In contrast Maasai women mostly got information regarding family planning from peers in the village. The disadvantage is that sometimes, the information carrier may be biased by her own perceptions. The best way to achieve FP practice in Maasai community is to train Maasai women from the same community about the modern FP methods, so that they infiltrate the communication barriers. In Tanzania 44.7% women at the age of 19 years had delivered a child, from that 29% was found in rural areas and 20 % in the urban areas<sup>3</sup>. According to TDHS, adolescents who became pregnant 43% had no education at all. Overall Tanzania women who had no education were 31%. In the study 16.4% Maasai women were married by the age of 13 and majority 94.5% were illiterate and they were all adolescents when they had their first pregnancy.

It was observed that majority of Maasai women are at their reproductive age, and 99% of women had given birth at some point in the age range studied. Even though the women heard about a birth spacing method is 83.6%, illiteracy may contribute to the low contraceptive use. Comparing to the general population, Maasai awareness is low on contraceptive methods and birth spacing. According to TDHS (2004-2005), 96.1% were aware of contraceptive methods in general population.<sup>3</sup>

There was a positive attitude on future use of contraceptives; however inaccessibility of community and lack of permanent residence due to their nature of being nomad pastoralist can hinder accessibility and widen the unmet need.

The awareness of injectable contraceptive was 80% in Maasai women whereas it is 90.1% in general Tanzanian population. Condom awareness was 63.6% in Maasai where as in rest of the population in Tanzania it is 90.4%. Awareness of pill is 55.5% with Maasai, where as in Tanzanian population it is 92.5%. Calander method awareness in Maasai women is 22.7% and in Tanzanian population it is 42.8%. Awareness of female sterilization, Intra uterine contraceptive device, and male sterilization in Maasai women is 10.9%, 9.1%, and 0.9%. In the Tanzanian population in general it is 69.3%, 57.2% and 28.2% respectively. According to TDHS 2004-2005 married women who are using



injectable contraceptives in urban areas are 12.6% and in the rural areas of Tanzania it is 6.9%.

Popularity of injectable (Depo-Provera) in this study population is probably due to secrecy and convenience among women with spouses who are against contraception. In Maasai's of Berega, perceptions toward condoms were very skeptical, none used pill. Many had the idea that condoms are only used by those who are HIV infected and some believed it harbors worms. This knowledge pattern is only found in Berega village Maasai women. It would have been better if we had more information on general Kaguru population's perception of condom use for comparison. But the Kaguru community is more privileged. They attend school, women deliver at hospital, attends antenatal clinic, hence to get the family planning message across is not difficult. It is obvious that their condom knowledge would be higher than Maasai's. The word condom made most Maasai women embarrassed (15.5%) and gave quick negative response. Only 0.9% respondents were using condoms. It is considerably low according to other surveys on condoms use in Morogoro region (2.6%).<sup>3</sup>

The natural family planning methods largely depend on understanding of when during the menstrual cycle a woman is most likely to conceive. An elementary knowledge of reproductive physiology provides background knowledge of fertile period for successful practice of coitus-associated methods such as withdrawal. Such knowledge is especially critical for the practice of periodic abstinence (the calendar method). Elderly Maasai women knew when to send the young wife to the husband even though they deny practicing any type of contraceptive methods. Knowledge of fertile period in all women in Tanzania which is 26.4%.<sup>3</sup> Maasai women's knowledge on fertile period was 25.5%. This suggests that Maasai women are just like other women in Tanzania and the knowledge of fertile period did not contribute to the use of FP methods.

Maasai women are mostly in a polygamous marriage, the first wife decides which one of the wives should be with the husband she has information which wife is in her period, this contributes to the infrequent sex 28.2%, and non use of a method. The concept is



consistent with the Kenyan study where it was found that the polygamy maintains a high reproductive performance. The policies and attitudes toward sexuality operate equally for men and women in Maasai community. A woman achieves high reproductive performance through early marriage, minimal interruption of marriage, non use of contraception within a union, and positive attitude toward high fertility.<sup>26</sup> It is also rare to observe that, two Maasai women married to the same man to be pregnant at the same time. This may be explained by similar findings in other studies on reproductive health behavior, especially where polygamy was followed.<sup>4, 23, 26</sup>

In considering a Maasai girl's reproductive life time, if she gives birth at age of 12 and reproduces every 2 years, she would get the desired 10 children by age of 35 approximately. In the Maasai society polygamy is practiced with strict cultural rules which are not really followed by today's Maasai generation. Example: several times found pregnant Maasai women who had not waited 2 years of Maasai breastfeeding time before conceiving again. The couples were fined by the chief Maasai elders. This is where FP methods come in to play their role in the modern society.

In this study showed the barriers to use of contraceptives as the women's preference to have many children as possible, which contributes to 32.2%. Spouse opposition was 50% which contributed significantly to non use of contraceptives. Even though in this study we never interview men it would have given us a better review of dominance of men and controlling their reproductive functions in relation to gender issues in this community. According to DHS Tanzania in the general population, the opposition for contraceptives by husband was found to be only 7.4%, among reproductive age married women.<sup>3</sup>

Other barriers were mainly due to lack of knowledge on individual methods and their use. It is possible if there is an effective way to convey the message of family planning to the Maasai community, the above mentioned reasons for non use will eventually fade away.

## **7.0 CONCLUSION**

There is high awareness of contraceptive methods among Maasai women of reproductive age and many knew where to get it.

The knowledge of menstrual cycle was almost same as the general population of Tanzania; hence its contribution to FP success is minimal.

It is found that awareness of injectable contraceptive in Maasai community is 80%, and 63.6% of the study group were aware of the condom but their attitude towards the condom was very skeptical. Many feared that it will get lost in the vagina.

There is spouse opposition and a desire to have many children. Many believed that they lacked knowledge on individual contraceptive methods, and there was fear of their health will be affected.

It shows that the information of birth spacing is carried to the community by the peers. Further more there is 33.6% who are thinking of a contraceptive method for the future. This shows the FP message should be carried by a trained fellow Maasai woman to the community, and a more specific FP programme is in need for this unique community.

## **8.0 RECOMMENDATIONS**

1. Village Government should recognize the Maasai as a special community with special needs.
2. Maasai community oriented Family planning, Sexual and Reproductive health programme would be beneficial.
3. Empower Maasai women about their health and School enrollment of Maasai girls.
4. The Possibility of HIV/AIDS in the community due to their high risk behavior, and changing environment gives room for further study of this pastoral community.
5. Encourage male involvement and sensitization in maternal and reproductive health in the Maasai community



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10.0 APPENDIX I



MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES  
DIRECTORATE OF RESEARCH AND PUBLICATIONS, MUHAS  
A SAMPLE OF INFORMED CONSENT FORM

ID-NO

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**Consent to Participate in KAP survey on contraceptive use among Maasai women of reproductive age in Berega ward, Kilosa district, Morogoro**

Greetings! My name is Dr. Vindhya S.Pathirana and I am a resident in OBS/GYNE working on this research project with the objective of investigating the Knowledge attitude and practice on contraceptives among reproductive age Maasai women in Berega.

**Purpose of the Study**

We want to know the currently using birth spacing methods traditional as well as modern. And the preferences among reproductive age Maasai women.

**What Participation Involves**

If you agree to join the study, you will be required give an interview to the investigator to fill a questionnaire.

**Confidentiality**

All information we collect on forms will be entered into computers with only the study identification number.

**Risks**

We do not expect that any harm will happen to you because it's just a friendly conversation.

**Rights to Withdraw and Alternatives**

Taking part in this study is completely your choice. If you choose not to participate in the study, or if you decide to stop participating in the study. It is your choice! You can stop participating in this study at any time, even if you have already given your consent.



**Benefits**

If you agree to take part in this study, in the end of the study results will make health care providers to have specific programs to suit your community. To have better family planning services. And in return a healthy happy community.

**Who to Contact**

If you ever have questions about this study, you should contact the study Coordinator or the Principal Investigator Dr.Vindhya S. Pathirana...Muhimbili University of Health and Allied Sciences, P.O.Box 65001, Dar es Salaam). If you ever have questions about your rights as a participant, you may call Prof. E. F. Lyamuya, Chairman of the Senate Research and Publications Committee, P.O. Box 65001, Dar es Salaam. Tel: 2150302-6.

**Signature:**

Do you agree? Yes.....  
No.....

I, \_\_\_\_\_ heard and understood the contents in this form.  
My questions have been answered. I agree to participate.

Signature of participant \_\_\_\_\_

Signature of witness (if mother/caretaker cannot read) \_\_\_\_\_

Signature of research assistant \_\_\_\_\_

Date of signed consent \_\_\_\_\_

## 10.1 AP PENDIX II

### CHUO KIKUU CHA AFYA NA SAYANSI YA TIBA CHA HUHIMBILI

#### KURUGENZI YA UTAFITI NA MATANGAZO , MUHAS.

#### KARATASI YA IDHINI YA KUFANYA UTAFITI

NAMBA \_\_\_\_\_

Idhini ya kuomba ushiriki wako katika utafiti unaohusu uelewa ,tabia na utumiaji wa njia za uzazi wa mpango kwa wanawake wa kimasai walio katika umri wakuzaa katika eneo la Berega, wilayani kilosa,Morogoro.

Salaam! Jina langu ni Dr. Vindhiya S.Pathirana,mwanafumzi wa shahada ya pili ya daktari wa magonjwa ya akina mama na uzazi. Nafanya utafiti katika mradi wa kuangalia uelewa,tabia na matumizi ya uzazi wa mpango kwa wanawake kimasai walio katika umri wa kuzaa eneo la Berega.

#### Lengo la utafiti

Tunataka kujua njia za uzazi wa mpango zitumikazo kwa sasa, zikiwa za kienyeji na kisasa na kundi linalotumia katika wanawake wa kimasai walio katika umri wa kuzaa.

#### Mshiriki wa utafiti

Ukikubali kushiriki katika utafiti huu utaulizwa maswali na mtafiti ambapo majibu yatajazwa kwenye dodoso.

#### Usiri

Hutakiwi kutaja /kuandika jina lako katika karatsi hii.Taarifa zitaingizwa kwenye kompyuta kwa kutumia namba.

#### Madhara

Hakuna madhara yoyote katika utafiti huu kwa kuwa utakuwa ni mjadala wa maneno tu.

#### Uhuru wa kujitoa au kutoshiriki

Kushiriki katika utafiti huu ni kwa hiari yako mwenyewe na ukichagua kushiriki au kujitoa katika utafiti huu ni hiari yako hakuna hatua zozote zitakazochukuliwa endapo hutoshiriki au kujitoa .

### **Faida za kushiriki**

Kushiriki kwako kalika utafiti huu kutasaidia watunga sera kuweza kuweka mipango madhubuti ya huduma za afya na ujenzi wa afya bora kwa jamii.

### **Mwasiliano**

Kwa mawasiliano yoyote au swali kuhusu utafiti huu,wasiliana na matafiti mkuu,Dr.Vindhya S.Pathirana MUHAS ,BOX 65001 Dar es salaam.

Kwa maswali kuhusu haki ya ushiriki katika utafiti huu wasiliana na Prof. E.F Lyamuya. Mwenyekiti wa Seneti,Kamati ya utafitinya matangazo, Box 65001 Dar es salaam. Simu 02221503026.

Sahihi

Umekubali kushiriki?

Ndiyo.....

Hapana.....

Mimi .....nimesoma/nimesikia maelezo ya hii fomu na nimeyelewa vizuri. Na nimekubali kushiriki.

Sahili ya mshiriki.....

Sahili ya shahidi (Endapo mama/ mlezi hajui kusoma).....

Sahili ya msaidizi wa utafiti.....

Tarehe.....



10.2 APPENDIX III

QUESTIONNAIRE

Knowledge, Attitudes and Practice (KAP) Survey  
Questionnaire; on contraceptive use on Massai women of  
reproductive age in Berega.

INDIVIDUAL QUESTIONNAIRE

Interview date / /9\_ Reschedule interview:  
(dd/mm/yy)

- 1) Name and Line Number of Woman:
- 2) Interviewer name:
- 3) Village:

SECTION 1: RESPONDENT'S BACKGROUND

Now I would like to ask you some questions about yourself.

- 4) How old are you? AGE ..... \_ \_
- 5) How old were you when you first married? AGE ..... \_ \_
- 6) What was the highest educational level you attained?  
NONE.....  
PRIMARY DOES NOT READ.....  
PRIMARY READS.....  
SECONDARY & HIGHER.....

SECTION 2: REPRODUCTION AND PREGNANCY

Now I would like to ask you about all births you have ever had during your life.

- 7) Have you ever given birth? YES.....  
NO.....
- 8) How many children total have you given birth to?
- 9) How many of the children you gave birth to are currently living? \_
- 10) What is the age of your youngest child? \_  
AGE (in months)..... If more than 5 years old (in years)

11) At the time you last became pregnant; did you want to become pregnant?

YES.....  
NO.....

12) When you were last pregnant, did you consult anyone for antenatal care?

DOCTOR.....  
NURSE .....  
MIDWIFE .....  
TBA.....  
OTHER .....  
NO ONE.....

13) Where did you give birth ?

YOUR HOME.....  
OTHER HOME .....  
HOSPITAL/HEALTH CTR.....  
PRIVATE HOSPITAL/CLINIC.....  
OTHER.....

14) Who assisted with the delivery ?

DOCTOR.....  
NURSE .....  
MIDWIFE .....  
TBA.....  
RELATIVE.....  
OTHER .....  
NO ONE.....

15) Did you breastfeed?

IF YES, for how many months did you breast feed ?

MONTHS .....  
NO.....  
DON'T KNOW .....

16) Are you pregnant now?

YES .....  
NO.....  
DON'T KNOW .....

17) Is it more likely for a woman to become pregnant?

during her period, right after her period, in the middle of her cycle, or before her period?

DURING HER PERIOD.....  
RIGHT AFTER HER PERIOD.....  
MIDDLE OF THE CYCLE .....  
BEFORE HER PERIOD .....  
DON'T KNOW .....



SECTION 3: CONTRACEPTION

Now I would like to talk about birth spacing -the ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about?

INSTRUCTIONS FOR INTERVIEWERS (DO NOT READ ALOUD):  
 CIRCLE CODE 1 IN QUESTION 118 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. IF THE WOMAN RECOGNIZES THE METHOD, FIND OUT IF SHE REALLY KNOWS IT. CIRCLE 2 IF SHE KNOWS THE METHOD. CIRCLE 3 IF SHE DOES NOT KNOW IT. FOR EACH METHOD WITH CODE 1 OR 2, ASK QUESTION 19 and 20.

NO. METHOD	18) Have you ever heard of (METHOD)?	19) Have you ever used (METHOD)?	20) Are you currentl using (METHOD)
IF NO to all 4 go to 26	IF NO to all yes go to 26		
01 PILL	YES/SPONT..... YES/PROBED ..... NO.....	YES..... NO.....	YES..... NO.....
02 INJECTION	YES/SPONT..... YES/PROBED ..... NO.....	YES..... NO.....	YES..... NO.....
03 IUD	YES/SPONT..... YES/PROBED ..... NO.....	YES..... NO.....	YES..... NO.....
04 CONDOM	YES/SPONT..... YES/PROBED ..... NO.....	YES..... NO.....	YES..... NO.....
05 FEMALE STERILIZATION	YES/SPONT..... YES/PROBED ..... NO.....	YES..... NO.....	YES..... NO.....
06 MALE STERILIZATION	YES/SPONT..... YES/PROBED ..... NO.....	YES..... NO.....	YES..... NO.....
07 CALENDAR METHOD	YES/SPONT..... YES/PROBED ..... NO.....	YES..... NO.....	YES..... NO.....
08 WITHDRAWAL	YES/SPONT..... YES/PROBED ..... NO.....	YES..... NO.....	YES..... NO.....
09 OTHER	YES/SPONT..... YES/PROBED ..... NO.....	YES..... NO.....	YES..... NO.....



21 Compare 19&20: if the woman ever used a method she is not using now, ask:  
Why did you stop using (FORMER METHOD)?(multiple answers ; record all Answers)

- WANTED A CHILD.....
- SIDE EFFECTS .....
- SERIOUS COMPLICATION.....
- TOO EXPENSIVE .....
- HUSBAND DID NOT LIKE .....
- HUSBAND ABSENT.....
- MEDICAL ADVICE.....
- PREGNANT .....
- OTHER .....
- DID NOT STOP USING .....

22) If currently using abstinence, calendar method, or withdrawal ?

Where did you obtain (CURRENT METHOD) the last time? If sterilized? Where did the sterilization take place?

- .....
- HOSPITAL.....
- HEALTH CENTER .....
- PRIVATE CLINIC, DOCTOR .....
- PRIVATE CLINIC, NO DOCTOR...
- PHARMACY .....
- MARKET/STORE .....
- RELATIVESIFRIENDS.....
- OTHER.....
- DON'T KNOW.....

23) How much do you pay per month for your current method? .....

24) Do you want to use a birth spacing method in the future? YES.....  
NO.....

25) What is the main reason you do not want to use a method?

- WANTS CHILDREN.....
- LACK OF KNOWLEDGE .....
- HUSBAND OPPOSED.....
- TOO EXPENSIVE .....
- FEAR SIDE EFFECTS.....
- MEDICAL ADVICE.....
- HEALTH CONCERNS.....
- HARD TO GET A METHOD .....
- LEAVE IT TO NATURE .....
- OPPOSES BIRTH SPACING...
- RELIGION .....
- HUSBAND ABSENT .....
- DIFFICULT. GET PREGNANT....
- OTHER.....
- DON'T KNOW.....

26) Do you know where you can obtain a birth spacing method? Where?  
(multiple answers possible; record all answers)

- HOSPITAL
- HEALTH CENTER .....
- PRIVATE CLINIC, DOCTOR .....
- PRIVATE CLINIC, NO DOCTOR...
- PHARMACY.....
- MARKET/STORE.....
- RELATIVES/FRIENDS .....
- OTHER .....
- DON'T KNOW.....

27) Is it easy or difficult for you to get to that place or those places?

- EASY.....
- DIFFICULT.....

28) Do you know where you can obtain advice on birth spacing methods? Where?  
(multiple answers possible; record all answers)

- HOSPITAL
- HEALTH CENTER .....
- PRIVATE CLINIC, DOCTOR .....
- PRIVATE CLINIC, NO DOCTOR...
- PHARMACY.....
- MARKET/STORE.....
- RELATIVES/FRIENDS .....
- OTHER .....
- DON'T KNOW.....

29) In the last month have you heard a message about birth spacing: on the radio?  
on the television? From someone in our village? YES NO

- RADIO ..... .....
- TV..... .....
- VILLAGE ..... .....

30) Is it acceptable or not acceptable to you for birth spacing information to be provided  
on the radio or television?

- ACCEPTABLE.....
- NOT ACCEPTABLE.....
- DON'T KNOW.....

31) Is it acceptable or not acceptable to you for birth spacing information to be provided  
by someone in our village?

- ACCEPTABLE.....
- NOT ACCEPTABLE.....
- DON'T KNOW.....

32) Is it acceptable or not acceptable to you for birth spacing methods (pills and  
condoms) to be sold by someone in our village?

- ACCEPTABLE.....
- NOT ACCEPTABLE.....
- DON'T KNOW.....



SECTION 3A: PILL

Now I have some questions about using birth spacing pills.

33) Check 18 (DO NOT READ), Has the woman ever heard of the pill?

YES.....

NO .....

34) Check 19 (DO NOT READ), has the woman ever used the pill?

YES.....

NO.....

35) At the time you first started using the pill; did you consult a health worker?

YES.....

NO.....

DON'T KNOW.....

36) How often should a woman take the pill?

ONCE A MONTH .....

ONCE A DAY.....

BEFORE HAAVING SEX

OTHER .....

DON'T KNOW

37) What should a woman do when she gets to the end of a pack of pills?

START ANOTHER PACK

IMMEDIATELY .....

WAIT UNTIL THE 5th DAY OF

HER PERIOD .....

OTHER .....

38) What should a woman do if she forgets to take a pill one day?

TAKE 2 THE NEXT DAY.....

STOP TAKING THE PILLS UNTIL

SHE GETS HER PERIOD .....

OTHER .....

DON'T KNOW.....

39) Is it acceptable or unacceptable for someone in your village to talk to you about how to use the pill?

ACCEPTABLE.....

NOT ACCEPTABLE .....

DON'T KNOW.....



SECTION 3B: CONDOM

Now I have some questions about the use of condoms.

40) Is it acceptable or not acceptable for you to use a condom during sexual intercourse?

ACCEPTABLE.....

NOT ACCEPTABLE .....

DON'T KNOW.....

41) What makes condoms unacceptable to you? (multiple answers possible; record all answers)

DOESN'T FEEL GOOD .....

AFRAID WILL GET LOST IN VAG.....

TOO EMBARRASSING.....

HUSBAND REFUSES TO USE .....

ONLY PROSTITUTES USE .....

OTHER.....

DON'T KNOW.....

42) Have you and your husband ever discussed the use of condoms?

YES.....

NO.....

DON'T KNOW.....

43) Do you think your husband is willing to use a condom during sexual intercourse with you?

WILLING.....

NOT WILLING .....

DON'T KNOW.....

44) How many times can you use one condom?

ONCE .....

TWICE OR MORE .....

OTHER .....

DON'T KNOW.....

45) Is it acceptable or unacceptable for someone in your village to talk to you about how to use condoms?

ACCEPTABLE .....

NOT ACCEPTABLE.....

DON'T KNOW.....

I'm going to ask you few questions about future preferences to non use of contraceptive methods?

Fertility related reasons

46) Infrequent sex/ no sex

YES.....

NO.....

47) Menopausal/Had hysterectomy

YES.....

NO.....

DON'T KNOW....

OTHER.....

48) Subfecund/Infecund

YES.....  
NO.....  
DON'T KNOW....  
OTHER.....

49) Wants as many children as possible

YES.....  
NO.....  
DON'T KNOW....  
OTHER.....

Opposition to use

50) Do you appose contraceptives

YES.....  
NO.....  
DON'T KNOW....  
OTHER.....

51) Husband/ partner opposed

YES.....  
NO.....  
DON'T KNOW....  
OTHER.....

52) Religion does not allow

YES.....  
NO.....  
DON'T KNOW....  
OTHER.....

Lack of knowledge

53) Do you know any method

YES.....  
NO.....  
DON'T KNOW....  
OTHER.....

Knows no source ,

YES.....  
NO.....  
DON'T KNOW....  
OTHER.....

Method related reasons

54) Do you think your health will be effected

YES.....  
NO.....  
DON'T KNOW....  
OTHER.....

55) Do you fear contraceptives use would have side effects    YES.....  
NO  
DON'T KNOW....  
OTHER.....

56) Do you get them easily? Access/too far    YES....  
NO.....  
DON'T KNOW....  
OTHER.....

57) Are contraceptive methods expensive?  
YES.....  
NO.....  
DON'T KNOW....  
OTHER.....

58) Are they convenient to use?    YES.....  
NO.....  
DON'T KNOW....  
OTHER.....

59) Do you think contraceptives interfere with body's normal process?  
YES.....  
NO.....  
DON'T KNOW....  
OTHER.....

#### SECTION 4: FERTILITY PREFERENCES

Check 15: IF PREGNANT ? go to 61

Check 19: IF STERILIZED ? go to 66

Now I have some questions about the future.

60) Would you like to have your next child as soon as possible, rest longer before having your next child or stop having children?

AS SOON AS POSSIBLE .....  
REST LONGER.....  
STOP.....

61) How long would you like to wait from now before the birth of another child?

MONTHS.....  
YEARS.....



62) Do you think your husband approves or disapproves of couples using a method to avoid pregnancy?

- APPROVES.....
- DISAPPROVES .....
- DON'T KNOW.....

63) How often have you talked to your husband about birth spacing in the past year?

- NEVER.....
- ONCE OR TWICE .....
- THREE OR MORE TIME.....

64) Have you and your husband ever discussed the number of children you would like to have?

- YES.....
- NO.....

65) If you could choose exactly the number of children to have in your whole life, how many would that be?

NUMBER OF CHILDREN ---

66) Do you think your husband wants the same number of children that you want, more than you want, or fewer than you want?

- SAME NUMBER .....
- MORE CHILDREN .....
- FEWER CHILDREN .....
- DON'T KNOW.....

67) How long should a couple wait before starting sexual intercourse after the birth of a baby?

- DAYS.....
- MONTHS.....
- YEARS.....
- OTHER .....
- DON'T KNOW.....

68) Should a mother wait until she has stopped breastfeeding before starting to have sexual relations again, or doesn't it matter?

- WAIT.....
- DOES NOT MATTER .....
- DON'T KNOW.....

69) In general, do you approve or disapprove of couples using a method to avoid getting pregnant?

- APPROVES.....
- DISAPPROVES .....
- DON'T KNOW.....

## 10.2 APPENDIX IV

### DODOSO

#### UTAFITI KUHUSU UELEWA, MTIZAMO NA MATUNIZI YA UZAZI WA MPANGO

#### KWA AKINA MAMA WA KIMASAI WALIO KATIKA UMRI WA KUZAA ENEO LA BREGA.

DODOSO LA MTU MMOJA MMOJA  
TAREHE .....

1. Jina ..... Namba ya mshiriki.....
2. Jina la muulizaji.....
3. Kijiji.....

#### SEHEMU YA KWANZA; ASILI YA MSHIRIKI

Naomba uniruhusu nikuulize baadhi ya maswali

4. Una umri gani?.....
5. Ulipoolewa ulikuwa na umri gani?.....
6. Kiwango chako cha elimu?

Sijasoma  
Shule ya msingi  
Sekondari na zaidi

#### SEHEMU YA PILI; UZAZI NA MIMBA

Naomba nikuulize kuhusu historia yako ya uzazi

7. Je umeshawahi kuzaa? Ndiyo  
Hapana
8. Una watoto wangapi?.....
9. Watoto wangapi wapo hai?.....
10. Mtoto wako wa mwisho ana umri gani?.....(miezi)
11. Ulipokuwa mjamzito kwa mara ya mwisho ulikuwa umepanga hivyo?  
Ndiyo..... Hapana.....
12. Nani alikuhudumia kliniki wakati wa ujauzito wako wa mwiso?  
Dakitari.....  
Nesi.....  
Mkunga.....  
Mkunga wa jadi.....  
Wengineo.....  
Hakuna.....
13. Ulijifungulia wapi? Nyumbani.....  
Nyumba nyingine.....  
Hospitali/kituo cha afya.....  
Kwingineko.....



14. Ulisaidiwa na nani wakati wa kujifunguwa?

Dakitari.....

Nesi.....

Mkunga wa jadi.....

Ndugu.....

Mwingine.....

Hakuna.....

15. Je ulinyonyesha?

Ndiyo.....

Hapana.....

16. Je kwasasa una mimba?

Ndiyo.....

Hapana....

Sijui.....

17. Ni wakati gani mwanamke anweza kushika mimba kwa urahisi?

Wakati wa siku zake

Mara baada ya siku zake

Kabla ya kuona siku zake

Katikati ya mzunguko wa siku zake

Sijui

Napenda kuongelea kuhusu uzazi wa mpango

Maswali yataulizwa kwa aina ya uzazi wa mpango unaoujua. Aina zitakazotajwa na muulizaji zitazungushiwa duara. Kama mama atakuwa anajua jaribu kudodosa ukweli na ufahamu wake kuhusu njia hiyo ya uzazi wa mpango.

Njia ya uzazi Wa mpango	(18) ulishawahi kusikia njia hii	(19) Ulishawahi kutumia njia hii	(20) kwa sasa unatumia njia hii
01. vidonge	Ndiyo Ndiyo Hapana	Ndiyo Hapana	Ndiyo Hapana
02. Sindano	Ndiyo Ndiyo Hapana	Ndiyo Hapana	Ndiyo Hapana
03. Kitanzi	Ndiyo Ndiyo Hapana	Ndiyo Hapana	Ndiyo Hapana
04. kifunga kizazi kwa mwamamke	Ndiyo Ndiyo Hapana	Ndiyo Hapana	Ndiyo Hapana
05. kufunga mirija ya uzazi kwa mwanaume	Ndiyo Ndiyo Hapana	Ndiyo Hapana	Ndiyo Hapana
06. Kalenda	Ndiyo Ndiyo Hapana	Ndiyo Hapana	Ndiyo Hapana



- |  |  |                 |                 |
|--|--|-----------------|-----------------|
| 07.Njia ya mwanaume kumwaga shahawa nje ya uke                                   | Ndiyo<br>Ndiyo<br>Hapana   | Ndiyo<br>Hapana | Ndiyo<br>Hapana |
| 08.kondomu   | Ndiyo<br>Ndiyo<br>Hapana   | Ndiyo<br>Hapana | Ndiyo<br>Hapana |
| 09.Njia nyingine   | Ndiyo<br>Ndiyo<br>Hapana   | Ndiyo<br>Hapana | Ndiyo<br>Hapana |
| 21.Kama mama alikuwa anatumia njia mojawapo na kuiacha,muulize kwa nini aliacha? | Kutaka kupata mtoto.....<br>Madhara ya dawa.....<br>Ghali sana.....<br>Mume alikataa.....<br>Kutokuwepo kwa mume.....<br>Ushauri wa kimatibabu.....<br>Mimba.....<br>Mengineyo.....<br>Bado anatumia.....  |                 |                 |
| 22.Huduma ya njia unayo tumia sasa ulipata wapi?                                 | Hospitali.....<br>Kituo cha afya.....<br>Daktari wa kliniki binafsi.....<br>Kliniki binafsi bila daktari.....<br>Duka la dawa.....<br>Sokoni.....<br>Jamaa na marafiki.....<br>Kwinigineko.....<br>Sijui.....                                      |                 |                 |
| 23.Njia unayotumia inakugharimia shilingi ngapi kwa mwezi.....                   |  |                 |                 |
| 24.Je unapenda kutumia uzazi wa mpango baadaye ?                                 | Ndiyo<br>Hapana  |                 |                 |
| 25.Ni sababu gani kubwa inakufanya usitumie uzazi wa mpango/                     | Nataka watoto.....<br>Sina ufahamu.....<br>Mume alikataa.....<br>Ghali sana.....<br>Woga wa madhara.....<br>Ushauri wa daktari.....<br>Matatizoya kiafya.....<br>Vigumu kupatikana.....<br>Hali halisi.....<br>Anapinga upangiliaji wa watoto..... |                 |                 |

- Dini.....  
Mume hayupo.....  
Napata mimba kwashida.....  
Mengineo.....  
Sijui.....
- 26.Unafahamu sehemu ambayounaweza kupewa huduma ya uzazi wa mpango?  
Hospitali.....  
Kituo cha afya.....  
Kliniki binafisi bila daktari.....  
Daktari wa kliniki binafisi.....  
Dukala dawa.....  
Sokoni.....  
Ndugu/rafiki.....  
Kwingineko.....  
Sijui.....
- 27.Kuna ugumu au matatizo ya kufika eneo la kupata huduma hii?  
Rahisi.....  
Vigumu.....
- 28.Je unajua sehemu unayoweza kupata maelezo ya uzazi wa mpango?  
Hospitali.....  
Kituo cha afya.....  
Kliniki binafisi bila daktari.....  
Daktari wa kliniki binafisi.....  
Duka la dawa.....  
Sokoni.....  
Ndugu/rafiki.....  
Kwengine.....  
Sijui.....
- 29.Kwa kipindi cha mwezi 1 uliopita umeshapata taarifa yoyote kuhusu uzazi wa mpango  
(Radio,luninga mtu yeyote)  
Radio.....  
Luminga.....  
Kwa watu.....
- 30.Je inakubalika kupata habari za uzazi wa mpango kutoka kwenye radio na luminga?  
Inakubalika.....  
Haikubaliki.....  
Sijui.....
- 31.Inakubalika mwana kijiji yeyote kuleta habari za uzazi wa mpango?  
Inakubalika.....  
Haikubaliki.....  
Sijui.....
- 32.Inakubalika mwanakijiji au mtu yeyote kuuza kondomu au dawa za majira hapa  
kijijini?  
Inakubalika.....  
Haikubaliki.....  
Sijui.....



**SEHEMU 3A : VIDONGE VYA UZAZI WA MPANGO**

33. Je unafahamu kuhusu vidonge vya uzazi wa mpango?  
Ndiyo.....  
Hapana .....
34. Umeshawahia kutumia vidonge vya uzazi wa mpango?  
Ndiyo.....  
Hapana .....
35. Ulipotumia kwa mara ya kwanza ulipata ushauri wa mtaalam wa afya?  
Ndiyo.....  
Hapana .....
36. Hivi vidonge vya uzazi wa mpango vinatumikaje?  
Mara moja kwa mwezi.....  
Mara moja kwa siku.....  
Kabla ya kujamiiana.....  
Mengineyo.....  
Sijui.....
37. Unatakiwa kufanya nini unapokaribia kumaliza pakiti moja la dawa?  
Naanza lingine maramoja.....  
Nasubiri mpaka siku ya 5 baada ya kuanza siku zangu.....  
Mengineyo.....
38. Unatakiwa kufanya jambo gani endapo umesahau kutumia kidonge siku moja?  
Kumeza viwili siku inayofuata.....  
Kuacha kutumia vidonge mpaka damu za mwezi zitakapotoka  
Mengineyo.....  
Sijui.....
39. Inakubalika kupata habari kuhusu kumeza vidonge vya uzazi kutoka kwa mwanakijiji au mtu yeyote?  
Inakubalika.....  
Haikubaliki.....  
Sijui.....

**SEHEMU :3B**

40. Inakubalika kutumia kondom wakati wa kujamiiana?  
Inakubalika.....  
Haikubaliki.....  
Sijui.....
41. kwa nini hupendi kutumia kondomu?  
Sijisikii vizuri.....  
Naogopa itapotelea ukeni.....  
Inavunja heshima.....  
Mume hapendi kutumia.....  
Hizo ni za malaya.....  
Mengineyo.....  
Sijui.....
42. Ulishawahi kuongea na mume wako kuhusu habari za kondomu?  
Ndiyo .....
- Hapana.....
- Sijui.....



43. Je unadhani mume wako atakubaliana nawe kutumia kondomu wakati wa kijamiiiana?  
 Atakubaliana.....  
 Hatakubaliana.....  
 Sijui.....
44. Kondomu inaweza kutumika mara ngapi?  
 Mara moja.....  
 Mara mbili au zaidi.....  
 Sijui.....
45. Inakubalika kwa mwanakijiji au mtu yeyote kuongelea kuruhusu matumizi ya kondomu?  
 Inakubalika.....  
 Haikubaliki.....  
 Sijui.....

**KWA NINI NJIA ZA UZAZI WA MPANGO HAZITUMIKI**

46. kutojamiiiana mara kwa mara/ kutojamiiiana kabisa  
 Ndiyo.....  
 Hapana.....
47. Kuisha muda wa kuona hedhi / kizazi kiliisha tolewa  
 Ndiyo.....  
 Hapana.....  
 Sijui.....  
 Mengineyo.....
48. Kuna matatizoya kushika ujauzito?  
 Ndiyo.....  
 Hapana.....  
 Sijui.....  
 Mengineyo.....
49. Nataka watoto wengi iwezekanavyo  
 Ndiyo.....  
 Hapana.....  
 Sijui.....  
 Mengineyo.....

**SABABU ZA KUPINGA MATUMIZI YA UZAZI WA MPANGO**

50. Hupendi uzazi wa mpango?  
 Ndiyo.....  
 Hapana.....  
 Sijui.....  
 Mengineyo.....
51. mwenzI /mume hataki. Ndiyo.....  
 Hapana.....  
 Sijui.....  
 Mengineyo.....
52. Dini hairuhusu Ndiyo.....  
 Hapana.....  
 Sijui.....  
 Mengineyo.....

**UKOSEFU WA UFAHAMU**

53. Unafahamu aina yeyote ya uzazi wa mpango.

Ndiyo.....

Hapana.....

Sijui.....

Mengineyo.....

54. Unafahamu tarifa za uzazi wa mpango zinako patikana?

Ndiyo.....

Hapana.....

Sijui.....

Mengineyo.....

**SABABU ZITOKANAZO NA AINA YA UZAZI WA MPANGO**

55. Je unadhani afya yako itaathiriwa na matumizi ya uzazi wa mpango?

Ndiyo.....

Hapana.....

Sijui.....

Mengineyo.....

56. Unafikiri uzazi wa mpango una madhara?

Ndiyo.....

Hapana.....

Sijui.....

Mengineyo.....

57. Huduma za uzazi wa mpango zinapatikana kiurahisi?

Ndiyo.....

Hapana.....

Sijui.....

Mengineyo.....

58. Huduma za uzazi wa mpango zinahitaji gharama ya pesa?

Ndiyo.....

Hapana.....

Sijui.....

Mengineyo.....

59. Aina za uzazi wa mpango nirahisi kutumia?

Ndiyo.....

Hapana.....

Sijui.....

Mengineyo.....

60. Je unafikiri uzazi wa mpango unahitilafiana na kazi nyingine za mwili?

Ndiyo.....

Hapana.....

Sijui.....

Mengineyo.....

#### SEHEMU 4: KIPAUMBELE CHA UZAZI

61. Je ungependa kupata mtoto mwingine kipindi kifupi kijacho?  
Muda mfupi ujao.....  
Muda mrefu.....  
Nimeacha.....
62. Unafikiri mumeo anakubaliana na matumizi ya uzazi wa mpango?  
Anakubaliana.....  
Hakubaliana.....  
Sijui.....
63. Ni mara ngapi unaongea na mume wako kuhusu uzazi wa mpango?  
Sijawahi.....  
Mara moja / mbili.....  
Mara tatu / zaidi.....
64. Umeshawahi kuzungumza na mume wako kuhusu idadi ya watoto mnaotoka kwa nao?  
Ndiyo.....  
Hapana.....
65. Wewe ulipenda kuwa na idadi ya watotowangapi kama ungepewa uhuru waku chagua? Idadi.....
66. Unadhani mume / mwenzi wako anahitaji idadi sawa ya watoto kama unayotaka wewe?  
Idadi hiyo hiyo.....  
Idadi zaidi.....  
Wachache zaidi.....  
Sijui.....
67. Mume na mke wanatakiwa kusubiri muda gani kabla ya kujamiana toka muda wa kujifungua?  
Siku kadhaa.....  
Miezi.....  
Miaka.....  
Nyingine.....  
Sijui.....
68. Kuna ulazima wa mama kusubiri mpaka amwachishe mtoto ziwa kabla ya kuanza tendo la kujamiiana? Asubiri.....  
Hakuna tatizo.....  
Sijui.....
69. Je unakubaliana / hakubaliani na wanatumia njia za uzazi wa mpango?  
Nakubaliana.....  
Sikubaliani.....  
Sijui.....

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