

Attitudes and Cultural Norms around Contraceptive Use among Young Adults of Urban Dar es Salaam, Tanzania

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Abstract

Inadequate evidence exists on the challenges facing urban women in accessing and using family planning (FP). The purpose of this study is to identify perceptions, interpersonal and familial attitudes, and sociocultural norms around contraceptive use among young adults (18-25 years) in Dar es Salaam, Tanzania. Twelve focus group discussions (FGDs), each with approximately six participants, were conducted from Dec09-Jan10. The groups were based on whether the participants were men/women, recent migrants/long-term inhabitants of Dar es Salaam, and were married/cohabiting or single. The FGD themes centered on reasons for unmet need, factors affecting interpersonal communication between partners, quality of FP services, and norms around HIV/FP integration. Preliminary analysis shows that knowledge of methods and where to access them is known. Differences in attitudes, challenges facing interpersonal communication, and ability to access FP existed across gender and marital status. Very little variation in responses was noted due to migrant status.

Introduction

Currently, 50% of the world's population resides in urban areas (1). Over the next three decades, virtually all population growth will occur in urban regions, due to continued high fertility and rural-to-urban migration. In Tanzania, the current rural-urban migration rate is 1.3 migrants/1,000 population with an urbanization rate of 4.2% annually (2). With ever expanding populations in urban areas and increasing demands for limited resources, changes in fertility desires are resulting in smaller family size norms. The current fertility rate is 3.6 children per Tanzanian woman, in urban settings (3). However, the desired fertility rate is 3.1 children per woman. Hence, women want fewer children than they currently are having.

The desire for a smaller family size coincides with a growing need for family planning methods. Despite this growing need, the latest Tanzania DHS population survey shows that contraceptive prevalence is low (less than 42% prevalence) in urban settings (3). In urban Tanzania, the unmet need for family planning, that is, the percentage of women who are sexually active, want to delay or avoid a birth and are not using contraception is high (17% prevalence) despite the fact that services are available in urban settings. Little attention has been paid to the fertility needs of the growing urban population in Tanzania. Some studies have tried to determine the reasons for unmet need. Evidence from several African and Asian countries suggests that women's unmet needs stem from trying to fulfill the fertility desires of other members of the family, such as partners, mothers-in-law, and other family members (4-7). A study conducted by Gupta, *et al.* in Uganda showed that the proximity to a private health facility was positively associated with current contraceptive use (8). Another study conducted in Pakistan produced similar results and demonstrated that proximity was associated with a greater overall knowledge of family planning methods (9). Hence, the literature identifies some of the familial and structural factors that can impact contraceptive use. However, evidence is lacking on the challenges women face in accessing and using family planning in urban settings. In particular, there is insufficient evidence around distal determinants impacting reproductive health such as interpersonal communication between spouses, familial attitudes towards contraception, societal norms, and cultural practices and taboos (10-11).

Study Objectives

The purpose of this study is to identify perceptions, interpersonal and familial attitudes, and sociocultural norms around contraceptive use among young adults who are urban inhabitants of Dar es Salaam, Tanzania. This study will also attempt to determine if there is any difference in knowledge, perception and attitudes among inhabitants who have recently migrated to Dar es Salaam when compared to long-term residents.

Methods

This study uses focus group discussions to answer the objectives of the study. Focus groups are a useful and powerful tool in the study of sensitive topics, such as reproductive and sexual health (12). They can be a useful tool for exploring perceptions of norms and attitudes around sensitive behaviors rather than personal narratives. During such group discussions, the dynamic within a focus group can generate discussion of both personal beliefs and experiences as well as perceptions of norms and behaviors in the community (12, 13). Hence, this study attempted to determine perceptions, interpersonal and familial attitudes, and sociocultural norms around contraceptive use among young urban inhabitants of Dar es Salaam.

The study took place in Dar es Salaam, Tanzania. Ethical clearance was received from the IRB at the University of North Carolina, National Institute of Medical Research (NIMR) in Tanzania, and the

Tanzania Commission for Science and Technology (COSTECH). The participants were recruited from across the city with the help of key informants who went into neighborhoods, identified participants eligible for the study and invited them to join. The participants were given a date and time to attend the focus groups. On the appointed day, the key informants visited the participants again as a gentle reminder. The participants were purposefully asked to join different focus groups based on their gender, migration status and marital status (among women). Two male interviewers and one female interviewer, experienced in conducting focus group discussions within the local setting, facilitated the focus groups. The facilitators received training on the requirements of this particular study prior to the discussions and also had the opportunity to go over the interview guide together. The first author, who is fluent in Swahili, was present for all of the focus groups and served as the note taker during the discussions. The focus groups were conducted in a pre-identified quiet and private spot within the communities where participants were recruited. Informed consent was received from all participants prior to each discussion.

The inclusion criteria for this study included men and women, aged 18-25 years, who had at least one sexual encounter within the past 6 months, and fell into one of the following categories of contraceptive use: never users, past users or current users of contraception. Pregnant women were not included in the study because they were not a user (or potential user) of contraception, which is the focus of this study.

Twelve focus group discussions were conducted between December 2009 and January 2010. Each group had an average of six participants for a total study population of 72 and lasted about an hour. The participants were divided across the groups based on their gender, migrant status and certain union status (only among the female groups). A recent migrant was someone who had moved to Dar es Salaam from a rural location within the past six months. A long-term resident of Dar es Salaam was an individual who had lived in the city continuously for the past five or more years. Women who were married or cohabiting were grouped together. On the other hand, women were considered single if they were currently not living with a sexual partner; they could be living with relatives or living alone. Two focus groups were comprised of women who were married/living with a partner and were recent migrants; another two comprised of women currently single, i.e., not living with a partner, and who were recent migrants; another two groups included women who were married/ living with a partner and were long-term residents of Dar es Salaam; while two other groups included women who were currently not living with a partner and were long-term residents of Dar es Salaam; the next two groups included young men who were recent migrants; and the final two groups comprised of men who were long-term residents of Dar es Salaam. The female interviewer and one male interviewer, who was a trained nurse, conducted the eight focus groups with women. The two male interviewers conducted the male focus groups. The interview guide included eight open-ended questions to guide the facilitator in the discussion of pre-identified topics. Several probes were also included under each question to assist in the discussion. The discussions were conducted in Swahili, the primary language spoken by all in Tanzania. The conversations were tape recorded, later transcribed and then translated into English. The first author monitored this process closely to ensure that a high quality of translation was maintained across all the groups.

At this stage, the data analysis process has just commenced. Hence, the results will describe only the preliminary findings and impressions of the data. In the near future, the data will be coded and analyzed carefully with the aid of Atlas.ti, a qualitative software program. Some of the steps of the analysis will include the writing of memos to help document key findings, the preparation of analytic summaries for each focus group, development of deductive and/or inductive descriptive codes based on themes identified in the transcripts, and matrices to display the data.

Each focus group discussion centered on a few pertinent themes related to perceptions and attitudes towards contraceptive knowledge and use. The themes used the basis of the Theory of Planned Behavior in explaining how subjective norms and behavioral control translated into actual use of contraception. Participants were asked to cite reasons for why some young people with similar characteristics were not using contraception even if they wanted to avoid getting pregnant. Participants were then asked about their knowledge and understanding of interpersonal communication between sexual partners with regards to contraception. In addition, they were asked to describe the impact of other relatives on this decision-making process. Another theme focused on the availability and accessibility of family planning services within the community. Further probing focused around the quality of services available to young adults in the city. The final theme centered on the willingness of young people to accept the integration of HIV voluntary counseling and testing in centers where family planning services were already being provided.

Results

Participants in all of the groups were able to cite most of the major methods of contraception available. Women across all groups cited traditional methods of contraception, including the use of traditional herbs and potions. The first theme focused around determining reasons for an unmet need for contraception among young urban adults. Participants mentioned that many young people could not afford contraceptives either due to the cost of the method itself or the opportunity costs involved in leaving work. Many of the female focus groups cited that lack of cooperation from their spouse/partner was a major factor for non-use.

The second pre-identified theme focused around recognizing the people who influenced a couple's decision to use family planning. All the female participant groups cited that the husband's willingness to use family planning played a major role in their decision to use contraception. The married/cohabiting women stated that some spouses considered contraception as a sign of infidelity. While others said that husbands/cohabiting partners were less likely to accept the use of condoms than single men. A female married long-term resident gave her own example of how for the past 3-4 years she had been secretly visiting the health care center to receive her three-monthly Depo injections. She preferred this method to the contraceptive pill as the pill required daily intervention and the packet of pills could always be discovered at home. All the male groups generally stated that contraception was the responsibility of women.

On further probing, married women said that positive support from sister-in-laws as well as mother-in-laws played a great influence on their use of contraceptives. In addition, every group almost unanimously stated that they received no information or support for family planning from their religious leaders. On the other hand, the leaders did occasionally mention the importance of using condoms to protect against HIV infection.

The third theme addressed perceived access to family planning. All the focus groups of married women were able to cite various sources of access to contraceptive methods. They however did complain of long waiting periods at the public facilities. A few women shared personal anecdotes and accounts of their friends, describing how paying the health care providers extra money had enabled them to receive timely treatment. Three unmarried women recounted incidents where they were returned from the public family planning clinics without any contraceptives when they identified themselves as being unmarried and childless. Among them, one young woman went on to recount that she even returned to the clinic with her mother but was still denied treatment. As a result, many of the single women

resorted to buying contraceptive pills from pharmacies selling them over the counter. Among the male participants, the long-term inhabitants knew many different sources where women could access family planning; on the other hand, the male migrants had knowledge of much fewer sources. Men across all the groups expressed great satisfaction at the increasing availability of condoms at different locations, including at small shops and nearby stalls that sold other basic commodities such as bread, cigarettes, and newspapers. On the other hand, one of the groups of recent male migrants believed that condoms that were distributed freely were of inferior quality and should not be permitted to enter the market.

With regards to integration of HIV voluntary counseling and testing into existing family planning programs, over half of the groups had participants that initially expressed reservation at this concept. They feared a rise in stigma and a further decline in the quality of services they would receive. However, by the end of the discussion, participants in favor of integration were able to convince the rest that integration would benefit all as long as the facilities were able to manage the increased work load and provide good quality services.

Conclusion

Summary of statement of key finding to date: The preliminary analysis shows that knowledge of the contraceptive methods and locations on where to access them is widely known across the young adult urban population. Differences in attitudes and access existed across gender and marital status. Further, ideas around family planning and the challenges of interpersonal communication among couples varied across the female and male groups as well as across the married/cohabiting and unmarried women. However, very little variation in responses was noted as a result of the migration status of individuals.

Next steps include completing a detailed analysis of this study and presenting the findings to relevant stakeholders at the country and regional levels. A unique feature of these data is that the focus groups were conducted at the same time that the Demographic and Health Survey (DHS) was being carried out with a representative sample of women and men in Tanzania. Hence, when the DHS data become available, quantitative analysis can be done to determine current fertility rates and contraceptive prevalence to further complement our findings.

This study shows that family planning programs need to target families with a high risk of unintended pregnancies. Further, a focus on long-term methods of family planning will facilitate a decline in unmet need for family planning.

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