

Differentials in Use between Modern and Traditional Contraceptives in Tanzania: A case study of Makete District.

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Abstract

This paper investigates factors influencing disparities in use between modern and traditional contraceptives despite the fact that both methods are used with the same purpose (preventing conception). Data were collected at Makete District; this area was selected for study as it is located in periphery of the country and in a normal situation the use of traditional contraceptives is expected to be higher than modern ones. The study involved 286 respondents; both men and women respondents aged 20-65 were considered viable for this study. The respondents were selected by using systematic sampling; also a cross section design was applied in which both primary and secondary data were collected. Findings from the collected data indicated that the use of modern family planning methods is higher than traditional ones. The main reason for this disparity is that modern methods of fertility control are more effective in preventing conception than traditional birth control methods. As per study findings, it is recommended that education should be provided to the people on how to use traditional methods of fertility control properly. This can decrease the failure rate of such methods and hence majorities will opt to use them as they are safe to the health of the user.

Key words: contraceptive, modern family planning methods and traditional contraceptives

Introduction

Contraceptives are commonly used to control fertility; they are grouped into two categories namely modern and traditional contraceptives. These methods enable couples or an individual to meet the intended fertility, if at all they are used effectively. Basing on these two groups of family planning methods, an individual is in position of choosing the methods of her/his interest. In general, contraceptive use helps couples and individuals to realize their basic right to decide freely and responsibly on when and how many children to have. The use of contraceptive methods results not only on improvements in health-related outcomes such as reduced maternal mortality and infant

mortality (Ahmed et al., 2012; Bhutta et al., 2014; Rutstein and Winter, 2015), but also improvements in schooling and economic outcomes, especially for girls and women (Canning and Schultz, 2012; Schultz and Joshi, 2013).

Apart from improvement in schooling and economic outcomes especially for girls and women also contraceptive use has contributed to decline in fertility. Grant et al (2016) argued that fertility decline has become a widespread phenomenon in developed countries, common reasons behind such decline are, among others, rise in contraceptive use, urbanization and socioeconomic changes, such as rise in age at marriage and increase in women's education and women's employment outside home. In a nut shell contraceptives are mentioned being the reason behind the decline in fertility, since they enable individuals to limit the number of children.

Since the mid 1960s several national surveys have been conducted in different countries, data from such surveys indicate that contraceptive use has risen remarkably. On average, use has grown at about one percentage point a year, or 10 percentage points in ten years (for example from 30% to 40% of married/in union women of reproductive age using contraception). For the developing world as a whole, contraceptive use has grown to exceed 60% of married/in union women of reproductive age (UN Population Division, 2011).

In 2015, sixty per cent of married or in-union women of reproductive age worldwide were using some form of contraception. However, contraceptive use was much lower in the least developed countries (40 per cent) and was particularly low in Africa (33 per cent). When users of traditional methods are counted as having an unmet need for family planning, 18 per cent of married or in-union women worldwide are estimated to have had an unmet need for modern methods in 2015 (UN, Population Division, 2015).

In Africa the prevalence of birth control methods in 2015 was high in Northern Africa and Southern Africa (53 per cent and 64 per cent, respectively) as in Middle Africa (23 per cent) and Western Africa (17 per cent). In Eastern Africa contraceptive use has been increasing and now stands at 40 per cent. The leading countries in contraceptive prevalence in Eastern Africa are Mauritius which has 75.7% of contraceptive use followed by Réunion 72.4percent, Zimbabwe 66 per cent, Malawi 57.7 percent and Kenya 57.4 percent (UN, Population Division, 2015). South Sudan is the only country with low prevalence rate of contraceptives which is 6.8 percent.

In Tanzania contraceptive prevalence rate increased significantly, from 26 percent of married women in 2004-05 to 34 percent in 2010. The use of modern methods increased from 20 percent to 27 percent of married women in the same time of period. By specific method, the use of Injectables increased remarkably (URT, 2010). In 2015 the prevalence rate of contraceptives were 40.6 percent with Injectables being the most used method which comprised 13 per cent, followed by pills 8.6 percent, female sterilization 4.5 percent, Implant 3 percent, male condoms 3 percent and IUD 0.8 percent, rhythm 2.6 per cent and withdrawal 2.5 percent (UN, Population Division, 2015). Basing on these data, traditional methods of fertility control are having low prevalence rate compared to modern methods. Also only few traditional methods have been reported to be used as if they are only two methods in traditional category of family planning methods.

The prevalence rate is in line with the knowledge concerning modern family planning methods. Majorities in Tanzania have great knowledge concerning modern methods of family planning consequently the use of such methods is high. According to TDHS (2010), ninety-six percent of young women and 99% of young men aged 15-24 know a modern method of contraception. The most commonly known modern methods of contraception among currently married young women aged 15-24 are the pill (97%), injectables (96%), and male condoms (95%).

Among sexually active unmarried young women aged 15-24 the mostly commonly known modern methods are male condoms (96%), the pill (96%), and injectables (92%). Currently married young men aged 15-24 are most likely to know about male condoms (99%), the pill (94%), and injectables (85%). All sexually active unmarried young men aged 15-24 know about male condoms (100%), but their knowledge of other methods is lower; 83% of sexually active unmarried men know about the pill and 82% know about injectables (URT, 2010). Basing on these statistics, it is evident that only few modern contraceptives are known to users, this influences the use such contraceptives

Knowledge and use of traditional methods of family planning is much lower among youths in Tanzania. Just over half of all young women (57%) and young men (52%) aged 15-24 know at least one traditional method of contraception. Sexually active unmarried youth are more likely to know about traditional methods than currently married youths, this is because unmarried youths are eager to protect themselves from conceiving than their counter part. Young women (both currently married and unmarried) are more likely to know about the rhythm method than withdrawal. In contrast, young men (both currently married and unmarried) are more likely to know about withdrawal than the rhythm method since such method is simple to use and has no complications. Knowledge on the fertile period is low among young women and men in Tanzania especially in country side.

The current prevalence worldwide and national wise has not reached the bar of its increase. In actual fact, the growth in contraceptive prevalence until 2030 is expected mainly in the regions of Sub-Saharan Africa and Oceania. Between 2015 and 2030, contraceptive use is projected to grow particularly in regions where less than half of married or in-union women of reproductive age currently use contraception. Contraceptive prevalence is projected to increase from 17 to 27 per cent in Western Africa, from 23 to 34 per cent in Middle Africa, from 40 to 55 per cent in Eastern Africa, and from 39 to 45 per cent in Melanesia,

Micronesia and Polynesia. Yet unmet need for family planning is still projected to remain high in 2030, above 20 per cent in all these regions, except in Eastern Africa, where it is projected to decrease from 24 per cent to 18 per cent between 2015 and 2030 (UN, Population Division, 2015). This is due to the fact that, in Eastern Africa, family planning services are easily accessed in different health centers.

Contraceptive use is partly determined by the age at first marriage, education (being educated), number of living children, exposure to mass media, employment (being employed), having educated partners, having been informed about contraceptive use at health facilities, types and variety of methods available to large population (Aryeetey et al., 2010; Kidayi et al., 2015). Based on types and variety of methods available to large population, before the mid-1960s, there were few methods of family planning to offer. Since then, the contraceptive landscape has been transformed with the appearance of the IUD, the Pills, simpler sterilization, improved condoms, and later, the injectable was introduced (Ross and Hardee, 2013). All these contraceptives are modern; this reveals that the focus of several scholars has been on modern family planning methods or there are more users of modern contraceptives than traditional ones.

The use of birth control methods especially modern family planning method increases regardless their side effects on the health of the users. Darroch et al (2011) revealed that the users of modern family planning methods continued to suffer from side effects caused by such methods and from the necessity for partner compliance and medical services even after the improvement made to these methods. Some individuals opt not to use modern contraceptives due to side effects they have on the health of the users. Most of the users of modern method of fertility control do not want to shift to traditional methods of fertility control even though such methods affect them. There for better contraceptive technology is needed both to improve current methods and to

develop new ones which will have no side effects to the health of the users.

Historically, before the emergence and spread of modern contraceptives, people depended on traditional methods of contraception such as virginity, Coitus interruptus/withdrawal method, abstinence, Calendar methods, Polygamy, medicinal plants, contraceptive rites, Lactation amenorrhoea methods and abortion; to some extent they assisted majorities to meet fertility of their preference. Following the emergence and spread of modern method of family planning, majorities abandoned traditional methods of birth control in fever of modern contraceptives. The situations in terms of knowledge and use of family planning has changed now days, instead of majorities knowing traditional methods which existed before the emergence of modern methods of family planning rather they have high knowledge on modern methods of fertility control. The 2010 Tanzania Demographic health Survey revealed that modern methods are more widely known than traditional methods. The reason behind is that, health practitioners put emphasis on modern methods and also these methods are easily accessible to the health centers.

The desire for birth control is neither time nor space bound. It is a universal characteristic of social life. Delano (1988) defined traditional methods of birth control as the practice, beliefs or customs handed down from one generation to another aimed at preventing pregnancy. Ethnographers at different times studied various primitive tribes in the first stage of development (Stone age, iron age) and discovered that among these peoples, various taboos, different socio-cultural and mystical practices guided the relationship between women and men. At this period in the history of mankind, the connection between the birth of a child and intercourse was not even suspected and the arrival of the child was attributed to the will of gods. Africans as other parts of the world have been using traditional birth control methods and they are still using but its use has declined remarkably. For example, the Massai tribe of Kenya adopted coitus interruptus while the South

AfricanThonga tribe practiced Coitus interruptus and coitus reservatus (i.e. suppression of male orgasm). Coitus interruptus was documented to be the most effective of early methods and is still practiced today. The women of Nandi tribe in Kenya abstained from sexual intercourse for several days after menstruation. In the Island of Madagascar, the murder of infants was the custom, while in the Mountains of North Africa unwanted babies were secretly sold at a market.

The traditional methods of family planning follow into two categories namely; the appliance methods and the Non-appliance methods. The appliance methods involve specific preparations by herbalists or traditional healers and dispensed to individuals. This is often administered in the form of specially prepared stew, herbal tea, or chewing stick. Non-Appliance Methods are traditional methods of birth control that do not need the attention of herbalists and are self-administered.

Generally, in Tanzania traditional family planning methods are used by few individuals. The users of modern family planning method argue that modern birth control methods are harmful to their health but they still use such contraceptives which they claim that they affect their health. In a simple language, modern contraceptives have side effects to the health of the users. But they still opt to use them at the same time they abandon traditional contraceptives despite the fact that they have no side effect to the health of the users. Something is wrong here; this is what triggered a need to write this paper in order to reveal the reason behind this disparity.

Methodology

This study used a cross– sectional design. Such design was chosen to be used since it allows data collection at a single point in one time. Also the design is useful for description purposes as well as the determination of relationships between variables. Normally it is applied when there is shortage of time and limited financial resources. In this study both primary and secondary data were

collected by using several methods of data collection. Primary data were collected by using semi-structured questionnaire and interview. Secondary data were collected by reading books and journals on the information related to this study. Secondary data were used to supplement primary data. This enabled the collection of data for both literate and illiterate respondents. The study is a typical qualitative in nature.

The data was collected to 286 both male and female respondents. For men the qualified respondents were those with age ranging from 20-65 who were married or cohabiting; for women age limit for respondents of concern were 15-49 that is those of reproductive age and who were married or cohabiting. Normally age limit matters in issues of fertility that was why such categories of age were chosen for study. But the issues of contraceptive use are not there to married couples or to those who are cohabiting; for the sake of this study data were corrected only to married or cohabiting individuals as are more likely to be the most users of contraceptives. The conclusion has been drawn basing on data collected on the area of study in which majorities are farmers and few business men and women.

This study was conducted at Makete District which is one of the then 7 Districts of Iringa Region. The District is now in the new region of Njombe. It is located 350kms from the regional headquarter, also adjacent to the Northern shore of lake Nyasa from which is separated by a steep escarpment and after which stretches slowly to the lower and flatter lands of Njombe Districts in eastern side. Northern part of the District is bordered by Mbalali District. In southern side is bordered Ludewa District. Rungwe District borders it in the west side. It is divided into six divisions and 17wards, Bulongwa, Ikuwo, Iniho, Ipelele, Ipepo, Iwawa, Kigulu, Kipagalo, Kitulo, Lupalilo, Lupila, Mang'oto, Matamba, Mbalatse, Mfumbi, Mwondwe, and Ukwama. This District is dominated by *Kinga* and *Wawanji* as main tribes of the area (NBS, 2010).

Furthermore, the study applied systematic sampling technique; through this technique households were selected from which respondents to be interviewed were obtained.

Findings and Discussion

The findings which are being presented in this study are from 286 respondents, both married women and men. For men the qualified respondents were those with age ranging from 20-65 who were married or cohabiting; for women age limit for respondents of concern were 15-49 that is those of reproductive age and who were married or cohabiting.

The question on use of modern and traditional contraceptives was directed to both males and females since in this study the researcher wanted to know the involvement of men as well. Thus, for those methods that apply to women only, men were asked whether their partners use them. The difference in use of modern contraceptives and traditional contraceptives is one of the specific objectives which the researcher wanted to examine. Generally, contraceptives are divided into two categories which are modern and traditional contraceptives. Both of these contraceptives are being used to limit fertility. Furthermore, they vary in use since each individual is free to opt for the contraceptive which she or he prefers. The differences in use are normally caused by several factors such as easiness in using, accessibility, effectiveness of the method and side effects of the method.

Findings from the field showed significant difference in the use between these two categories of contraceptives. It was noticed that there is no single method of contraception being used to prevent conception; rather people opt for the type of contraceptive which they want. Evidences from the field show that, there is a shift in use of contraceptives from traditional to modern contraceptives in the sense that more people nowadays are using modern contraceptives than traditional contraceptives. This is in line with data from TDHS (2010) which show that the majority are shifting from using traditional methods such as withdrawal, abstinence,

calendar and breast-feeding to modern methods such as condoms, pills and implants. The reasons behind the shift from traditional to modern contraceptives are: High failure rate, Level of education of the users, religious beliefs and change in life style.

High failure rate: Most of the traditional contraceptives have high failure rate in limiting fertility except abstinence. Abstinence is used by many respondents who are using traditional contraceptives due to its effectiveness in limiting fertility and having no side effects on the health of the user. This also applies to calendar method which also has no side effects on the health of the user. The problem with calendar like other traditional methods of fertility control is high failure rate. The failure rate of calendar is attributed by ignorance of most of people on how it works. Also sometimes the women's menstrual cycle do change in each month causing changes even in the critical days for conception. Such incidence is what causes individuals to opt not using calendar instead they shift to modern methods of contraception. The majority who used traditional contraceptives reported to have conceived out of their will. To support this one of respondent asserted that:

I have been using calendar method to control fertility; but I failed to have fertility preference of my choice. This is because it happened that I conceived out of my will, that is why currently I am using IUD as it is said to have high possibility of controlling fertility and low failure rate than all traditional contraceptives except abstinence. My opinion to my fellow women is that, they should stop using traditional contraceptives if at all they want to maintain fertility of their preference.

Level of education of the user: This is another factor which caused disparities in use between modern and traditional contraceptives. Data from the field indicate that majorities who conceived following the use of traditional contraceptives is due to low education which limited knowledge on proper use of the methods they opted to use (under traditional category). This is supported by a study done by Bulatao (1985) which suggests that

the relationship between higher education and higher levels of traditional contraceptive use is a result of better information about or greater sensitivity to side-effects of modern methods among more educated women. Traditional methods may be used with greater confidence by more educated women, who may have more contraceptive competence than less educated women. These relationships could result in different method choices (Palmore and Bulatao, 1989).

Religious belief: This is associated with the religion of the users; for example Christians are against witch craft hence any medicine or method of fertility control which has some elements of witch craft is highly forbidden to be used by the followers of a given religion. For example Traditional forms of contraceptive use (such as tying a string around woman's waist) is highly used in Malawi (Kalipeni and Zulu 1993; Cohen 2000). This kind of traditional method of fertility control has some elements of witch craft; tying a string around the waist of a women it shows no differences with someone who has tied a charm around her or his waist that is why this method is not used by women having strong religious faith. The other traditional method which is not used due to religious belief is contraceptive rites on this method it was said that if a woman did not want any more children, she could heat her menstrual blood in a pan and then pour into the bush swearing never to have another child.

Change in life style: This has contributed immensely in shift from using traditional contraceptives to modern contraceptives. Historically, the early societies in Tanzania and Makete in particular migrated from one area to another in search of employment. For example majorities of men in Makete used to migrate to Tanga to work in Sisal plantation, to Mufindi to work in Tea plantations and Mtera to fish. This made possible to apply some traditional methods of fertility control such as abstinence since they stood to such areas to the periods ranging from two to five years. Now days become impossible to use abstinence to control fertility due to fact that the nature of life favors both

husband and wife to stay together. To support this argument, one respondent stressed that:

I ever used traditional method such as abstinence when my husband used to travel to Mtera to fish where he stayed up to three years without coming back. Things changed when he decided to establish a shop and farms around our settlement; this is the situation which forced me to abandon traditional methods of fertility control such as abstinence which I trusted it very much than all other method in the same category. By staying together with my husband become impossible to abstain; also I cannot use calendar and withdrawal as both has high failure rate.

The weaknesses of traditional fertility control methods are what favor high use of modern methods of family planning. Data collected from the field revealed that modern methods of fertility control have high percent of preventing conceptions. In the study where this paper is derived there were question which demanded respondents to state how they managed to maintain fertility of their preference. All reported that they were using modern contraceptives, this prove the effectiveness of these methods. This is in line with study conducted by Trussel and Kost, (1987); they reported that modern contraceptives are generally more effective in preventing pregnancy than traditional methods, although effectiveness varies with the quality of practice.

Modern family planning methods are highly used compared to the traditional methods; this trend also persists to field where this study was conducted. Among the modern family planning methods there are few of them which are being used much more than others. Results from the collected field data indicate that pills constitute 37 % of ever users, male condoms comprise 34.3 % of ever users and injection constitute 29 % of ever users. Male condoms, pills and injection are only modern contraceptives which are used much among the modern methods of contraception. This is supported by TDHS (2010) which state that the most commonly used modern methods are injection (9%), the pills (5%) and male condom (4%). Other modern methods of family planning are

having few ever users. This is probably caused by difficulties in use whereby others require a physician to provide a service, like IUD and Implants.

The other reason for high use of modern methods of fertility control is simplicity in use. This is for some of methods not all of them, example IUD, Implant and Sterilization are simple methods of fertility control. IUD and Implant when fixed in women's body, such women become free to have sex at any time without any worry on conception. The methods favor even ignorant, drunkard women since they do not need user's awareness during their use. Quite different from method like calendar, withdraw which demand a user to be very careful and highly knowledgeable on how to use the method. Generally, some people use traditional contraceptives despite the high failure rate of such methods due to fact that they are afraid of using modern methods due to their side effects.

Conclusions and Recommendations

This paper investigated differentials in use between modern and traditional contraceptives; in a nutshell both categories of family planning methods are used to assist a user to have fertility of his/her preference. The study revealed that majorities prefer to use modern family planning methods than traditional methods despite the fact that, modern methods of fertility control are having some negative impacts on the health of the user. The main reasons behind this is that, traditional birth control methods are having high failure rate in controlling fertility compared to modern methods of birth control, also the users of modern methods of birth control assert that such methods (modern contraceptives) are very simple to use and they make a user to be stress free in terms of unintended pregnancy. Modern fertility control methods are effective in preventing conception if at all they are used effectively. There are incidences in which the user of modern methods of birth control conceives unwillingly, this is due to improper use of such methods.

Basing on the findings of this study, it is recommended that there should be an investigation about the side effects related to use of modern contraceptives especially hormonal ones such as Pills IUD, Implants Depo-Provera and others alike. This can lead into improvement of these methods so as to solve their associated problems (health associated problems to the users) as are interested by majorities. Or else, scientists should introduce modern methods with no side effects on the health of the user. It terms low use of traditional family planning; it is recommended that education should be provided to users on how to use the method properly. This can reduce the failure rate of such methods consequently high usage of the said methods.

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