SOCIAL AND ECONOMIC FACTORS INFLUENCE CONTRACEPTIVE USE

Family planning helps women prevent or delay childbearing and space pregnancies for healthier outcomes, but in Tanzania in 2010, only 27 percent of married women ages 15 to 49 used a modern contraceptive method. In the Mwanza region of Tanzania, the rate was only 12 percent (see Figure). On average, women in Tanzania have more children than they want, suggesting that women have an unmet need for family planning.

Male partners, as well as friends and family that make up a woman’s social network, might influence her use of family planning. Family planning use is also influenced by economic shocks and knowledge of contraception.

FIGURE
Unmet Need for Family Planning Is Slightly Higher in Mwanza Where Contraceptive Use Is Lower

<table>
<thead>
<tr>
<th></th>
<th>All Methods</th>
<th>Modern Methods</th>
<th>Unmet Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanzania</td>
<td>34%</td>
<td>15%</td>
<td>22%</td>
</tr>
<tr>
<td>Mwanza</td>
<td>15%</td>
<td>12%</td>
<td>27%</td>
</tr>
</tbody>
</table>


Findings From the Research

KNOWLEDGE AND MISINFORMATION

Both men and women expressed concerns about the side effects of family planning in focus groups conducted in the Mwanza region. Some women shared that they switched methods or discontinued their contraception because of side effects such as heavy bleeding or headaches. While some side effects are typical and expected for some contraceptive methods, myths and misconceptions persist. A few focus group participants associated birth control use with infertility and physical deformities in children conceived after using contraception, but research has shown that birth control does not cause permanent infertility or birth defects in children.

Research from Tanzania and other sub-Saharan African countries indicates that knowledge of contraception is associated with its use. The more a woman knows about contraception, the more likely she is to use it. Additionally, women with higher levels of education were found to be more likely to use contraception than women with lower education levels.

SOCIAL NETWORKS

Information about contraception and its social acceptability travels through social networks to influence individual decisions. Research from Tanzania finds that approval from other women in the community is more strongly associated with contraceptive use than perceived partner approval. A smaller study in the Mwanza region also found that women’s contraceptive use tends to be similar to that of other women in their network.

The influence of a woman’s social network on her contraceptive use is not unique to Tanzania. Women from West African countries conform to the social expectations of their networks—they choose not to use contraception because others in their social network are not using contraception.
MALE INVOLVEMENT
Focus groups with men and women in the Mwanza region revealed that men are generally viewed as decisionmakers on matters concerning family planning and fertility—a practice that limits women's fertility decisionmaking. Women are expected to avoid carrying childbearing burdens, with the family planning responsibility that of the male partners.11

Another study in the Mwanza region found that couples' communication about family planning was positively associated with its use.11 Encouraging couples to communicate about fertility and family planning could empower women to engage in contraceptive decisionmaking.

ECONOMIC SHOCKS
Evidence indicates economic shocks may influence contraceptive use in two ways. Economic shocks can both disrupt financial access to contraception or encourage greater contraceptive use as people attempt to avoid the expenses associated with caring for a child.

In the Morogoro region, women who experienced an economic shock were 12 percent more likely to have unprotected sex—a risk factor for sexually transmitted infections and unintended pregnancy.12 Conversely, an analysis of data from the Kagera region shows that an economic shock such as agricultural crop loss increases a woman’s likelihood of using contraception and a decline in the likelihood of pregnancy.13

NATIONAL INVESTMENT
Tanzania’s Ministry of Health and Social Welfare developed the National Family Planning Costed Implementation Program to increase contraceptive prevalence to 60 percent by 2015.14 The program was estimated to spend US$98 million between 2010 and 2015 and included components to improve contraceptive supply, quality of service delivery, and affordability—all of which can increase women's access to contraception.

Specifically, the plan included activities to ensure that family planning was accessible to all, including the economically disadvantaged. Program activities included increasing the number of facilities that offered family planning services, strengthening existing facilities, and researching and recommending ways to overcome barriers to access among the economically disadvantaged. Plans for evaluating program activities included increasing the number of facilities that was accessible to all, including the economically disadvantaged.

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Policy Implications
Both social and economic factors influence contraceptive use. In particular, knowledge about contraception, partner communication about fertility and family planning, and the affordability and accessibility of contraception are influencing factors. Action is needed to reduce unmet need among women in Tanzania and to empower them to have the families they want.

• Exploring activities and programs to engage men and encourage couples’ communication about fertility could help identify ways to increase women's empowerment in family planning decisionmaking.

• Improving knowledge about family planning—through activities, programs, and services—could help dispel myths and misconceptions. This information can travel through social networks and influence family planning use.

References


7 Stephenson et al., “Contextual Influences on Modern Contraceptive Use in Sub-Saharan Africa.”

8 Mosha and Ruben, “Communication, Knowledge, Social Network, and Family Planning Utilization Among Couples in Mwanza, Tanzania.”

9 Mosha and Ruben, “Communication, Knowledge, Social Network, and Family Planning Utilization Among Couples in Mwanza, Tanzania.”

10 Mosha, Ruben, and Kakoko, “Family Planning Decisions, Perceptions, and Gender Dynamics Among Couples in Mwanza, Tanzania.”

11 Mosha and Ruben, “Communication, Knowledge, Social Network and Family Planning Utilization Among Couples in Mwanza, Tanzania.”


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