

# **Sociocultural Constraints Limiting the Use of Family Planning Methods in Rural Tanzania**

Lakshmi A. Nemani  
Colin D. Baynes  
Jitihada Baraka  
Mustafa Njozi

## **Extended Abstract**

### **Introduction/Background**

This paper uses qualitative methods to explore the sociocultural constraints limiting the use of family planning by women in Kilombero and Ulanga districts in Tanzania, or the *Connect-FP* study area. Women's ability to utilize modern contraceptive methods depends on individual characteristics, service accessibility, and social context. While the individual socio-demographic factors affecting continued use of family planning methods have been described in the literature, the social and cultural access to contraception has been less well explained.

Using qualitative data collected from 8 focus group discussions of 6-8 participants each, important contextual barriers are identified. These barriers are discussed in reference to a framework, based on the Easterlin and Crimmins (1985) model, for factors that either foster or constrain demand for family planning services. Finally, possible ways for the supply of services to offset social constraints to the use of family planning methods in this region are discussed.

### **Methods**

Qualitative data was obtained in 2013 through 8 semi-structured focus group discussions (FGDs) with 6-8 participants each. Two FGDs each were conducted with young men, adult men, young women, and adult women. Guidelines for the FGDs were developed in English, translated to Swahili by bilingual data collectors, and pilot tested one week before deployment. Discussions were held in Swahili and voice recorded, and later translated and transcribed to English by the data collectors. N-Vivo software was used to code and analyze the data.

## **Results/Key Findings**

Social barriers to using family planning were myriad, and included: religious beliefs; spousal, familial, or parental influence; pressure to have a child or more children of a particular gender; negative norms about fertility regulation; disapproval from husbands owing male self image or other gender constraints affecting women's autonomy; incorrect or ill-informed beliefs about side-effects or health issues; negative social stereotypes about low fertility; and misinformation or false beliefs that FP is harmful to health, a cause of sterility, or a reflection of male weakness or women's infidelity. These results are consistent with other studies that find that social factors – such as a patriarchal society, spousal communication, and the favorability of large families – predict contraceptive use better than access.

## **Programmatic Implications**

Programs attempting to increase use of modern contraceptive methods usually focus on increasing physical and financial accessibility to family planning services. However, research has shown that social barriers have a concrete and important impact on the ability of women to meet their need for contraception. This paper identifies the specific social context that rural Tanzanian women must navigate to use family planning methods, and shows that social issues must also be considered and addressed if programs are to be successful. The results discussed here suggest that involvement of men and religious leaders, dialogue to dispel rumors and negative stereotypes, and female empowerment activities could increase the efficacy of family planning interventions.

Future research should explore the most effective and acceptable methods to increase male involvement in family planning programs, separate facts from rumors and stereotypes, and empower women to implement their fertility preferences. *Connect-FP* may demonstrate that community health agents can successfully implement these activities.