

# Promoting modern family planning among Tanzania's nomadic communities

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Women and girls are responsible for all domestic tasks. (Photo by Jeroen van Loon/AMREF).

Tanzania. It has four administrative divisions and 20 wards. Nomadic communities reside in six of these wards.

Deprivation of sexual rights has been a persistent social-cultural problem. For example, nomadic women in the area are subjected to forced sexual abstinence for three years after conception and are severely punished if they conceive through extramarital affairs. Knowledge, awareness and access to modern FP methods that can postpone pregnancies but allow sexual contact within marriage can minimise the risks of unplanned pregnancies, STIs and HIV.

Improvement and increase of FP services uptake and use of health facility-based maternal health care services will contribute to the achievement of MDG5, which deals with the improvement of maternal health. Data from the Tanzania Demographic and Health Survey (TDHS) of 2004/5 shows that total demand for FP in Tanga region was 60.6 per cent and unmet need for family planning stood at 20.1 per cent<sup>2</sup>.

A study on factors influencing FP and maternal health care uptake was done in the six wards of Kikunde, Pagwi, Mvungwe, Kisangasa, Saunyi and Mkindi. Findings would inform the ongoing Nomadic Youth Sexual and Reproductive Health Programme and interventions by other stakeholders.

## Objective of the study

The study sought to contribute to improved maternal and reproductive health of nomadic communities in Tanzania, by establishing factors relating to uptake of FP and maternal healthcare services among youth in Kilindi district. During the study, 583 youth responded to a questionnaire on FP. Additionally, observational check lists were used to collect information from 10 health facilities in the district, while focus group discussions (FGD) and in-depth interviews provided a broader perspective from people on the subject. Focus group discussions were done with groups of mixed ethnicity and for different age categories. They included 12 male groups and a similar number of female groups. Forty in-depth interviews were held with respected traditional leaders, religious leaders, government officials, traditional birth attendants, traditional healers, health service providers, the district reproductive

**Use of modern family planning among nomadic communities in many African countries is still limited. A study in Kilindi District of Tanzania revealed that although many nomadic youth know about modern family planning methods, they do not use them due to various factors, including cultural beliefs, sexual norms, stigma and fear, long distances to health facilities and male dominance in decision making.**

Family planning (FP) refers to use of measures designed to regulate the number and spacing of children within a family<sup>1</sup>. It contributes to maintaining the health of the mother, children and the entire family, ensuring that each family member has access to the limited available resources for survival. Access to family planning is critical for birth spacing and protection from unwanted pregnancy and the achievement of women's reproductive health desires. This has an additional value in terms of other

reproductive health issues, such as deciding on the place of delivery, and prevention of sexually-transmitted infections (STIs) including HIV. It is especially pertinent to the nomadic communities.

Experience from the Nomadic Youth Sexual and Reproductive Health project, in Kilindi, shows that nomadic communities do not use modern family planning. The reasons are both social-cultural and structural. Kilindi District is in the Tanga region of north eastern



Fathers and their children wait for services at a health post in Tanzania. (Photo by Jeroen van Loon/AMREF).

and child health coordinator and selected youth representatives from the community.

### Knowledge and access to FP methods

The study showed that 77 per cent of the youth have some knowledge of modern FP methods and know at least one method of avoiding pregnancy such as condom use, injectables and pills. The majority of other key informants also understand the term family planning. During a focus group discussion in Kikundu ward, a woman in the 21 to 30 years age group said: "...family planning is a child birth plan set by both father and mother regarding the number of children and child spacing they want..."

Most key informants said that FP methods and services were available at dispensaries.

However, they were aware that they had to buy injectables at health facilities. Pharmacies, peer educators and community-based distributors were mentioned as the sources of condoms and pills, but since not every village has a pharmacy or a dispensary, distance from these facilities affected usage. It was further noted that free condoms were easily available from health centres as well as community distributors.

### Cultural reasons hindering modern family planning uptake

People distrust modern FP methods because of their side-effects. Some women believe that if they use oral pills, they will become infertile. Such women prefer to use traditional methods such as breastfeeding, abstinence, the withdrawal method and other less scientific methods such as wearing pieces of sticks around their waist (which is supposed

to prevent pregnancy while worn), or the myth that drinking cold water after having sex will prevent pregnancy. A respondent at Chamtui Village described a traditional method during an FGD: "...there is one traditional method, there is a piece of some kind of tree they do get from traditional midwives, they call it *mapande*, which they wear around their waist to avoid getting pregnant until they remove it."

The project has, however, been providing community health education, sensitising and mobilising them on the use of available reproductive health services and at the same time debunking FP myths.

A traditional healer pointed out that most Maasai people use the 'breastfeeding method' of family planning. During the two years of breastfeeding, the mother is not allowed to play sex with her husband. Other respondents reported that when the woman is four months pregnant, she stops having sex with her husband till the baby is two years old. The husband is fined two or three cows if he violates this rule.

*"...family planning is a child birth plan set by both father and mother regarding the number of children and child spacing they want..."*

The responses indicate that cultural practices can protect women from unwanted pregnancy, but the women are denied sex for two years.

The reality is different for men as some are polygamous or have extramarital affairs and end up exposing their wives to STIs, including HIV.

While study results show that some traditional methods are effective in family planning, others are based on beliefs, norms, stigma and fear and influence use of modern FP methods and maternal healthcare services. Decisions on family planning are taken only by husbands or, in their absence, by other males in the family. They decide on the number of children women can have and the spacing between them.

Women are not involved in decision making on FP and are only partially protected by traditional methods mentioned earlier.

Lack of knowledge, especially on the importance of using family planning and distance from health delivery points, also leads to decreased use of modern FP. There is need for a campaign to influence people to change their attitude towards using modern FP methods and explain their efficacy and benefits.

In Kilindi, males make decisions on health service utilisation and on modern FP in particular. It is vital that women are involved in making these decisions because they affect their health.

### Lessons learned

- Most people in nomadic communities know some methods of modern FP but they do not use them because of deeply-ingrained myths and cultural beliefs such as the idea that modern FP methods cause infertility.
- Some people want to use modern FP methods, but are hampered by long distances to health facilities.
- Some women are willing to use modern FP methods, but they encounter resistance from their male partners/husbands who generally hold the decision-making power in the relationship.
- Traditional methods of FP are mostly used instead of modern ones because they are readily available, have no side-effects and are trusted.



Young mother and child in Kilindi, Tanzania.  
(Photo by Jeroen van Loon/AMREF).

### Challenges

It will require concerted effort by government, civil society organisations and communities to bring about the desired changes. However, the following challenges stand in the way of increasing the uptake of modern FP: women need to be involved in decision in all matters relating to their reproductive health, especially modern FP utilisation, without entering into conflict with cultural norms and values and people need to be mobilised to utilise health facilities while also respecting traditional family planning methods.

### Recommendations

The government should take measures to offer efficient health services to the communities including locating health facilities closer to the people. Non-governmental organisations should also be involved by supplementing government FP and maternal health campaigns especially through education programmes to change people's attitude and wrong perceptions on modern FP. Lastly, the community should work hand-in-hand with government, NGOs and MoHSW in emphasising the importance of FP. Knowledgeable community members such as village health workers should educate other members of the community on the importance of using modern FP.

In conclusion, government and NGOs should provide education on modern FP with a view to influencing the nomadic communities of Kilindi to use the methods. Approaches toward this goal should include use of peer educators, health educators and other educational networks. Males should also be targeted to change their attitude towards modern FP use. At the same time, women should be empowered to be able to participate in making decisions pertaining to their reproductive health. ■

### Lessons learned

- Accessing FP methods is a problem mainly due to long distances to health facilities.
- Some women are willing to use modern FP methods, but they encounter resistance from their male partners/husbands.
- Traditional FP methods are popular because they are readily available, have no side-effects and are trusted.

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