INFLUENCE OF RELIGIOUS BELIEFS ON FAMILY PLANNING AND CONTRACEPTIVE UTILIZATION: A CROSS –SECTIONAL STUDY OF MOROGORO MUNICIPALITY

By

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CERTIFICATION

We, the undersigned, certify that we have read and hereby recommend for acceptance by Mzumbe University, a dissertation titled **"*Influence of religious beliefs on family planning and contraceptive utilization: A cross-sectional study of Morogoro Municipality*"** in partial fulfillment for the award of the Degree of Master of Health Systems Management of Mzumbe University.

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Accepted for the Board of School of Public Administration and Management

DEAN - THE SCHOOL OF PUBLIC ADMINISTRATION AND MANAGEMENT

DECLARATION

I Jennifer Julius Semwaiko declare that this dissertation is my original work and that it has not been presented to any other University for a similar or any other degree award.

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Date: _____

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DEDICATION

This research is dedicated to religious fellows to provide an insight of what really takes place with regard to their teachings in the believe that it will help them improve the reproductive teachings in their religious settings.

ACKNOWLEDGEMENTS

I thank God for making this dissertation a success. I am so grateful to my major supervisor Dr. Aggrey Kihombo, for his tireless support in the accomplishment of this dissertation.

I convey my special thanks to my family, including my mother, my husband and my lovely daughter for their love and support throughout the time of writing this dissertation.

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LIST OF ABBREVIATIONS

ASD	Agenda for Sustainable Development
FP	Family Planning
HSSP	Health Sector Strategic Plan
ICPD	International Conference on Population and Development
MDGs	Millennium Development Goals
N	Number of respondents
NSGPR	National Strategy for Growth and Poverty Reduction
UMATI	Chama Cha Uzazina Malezi Bora cha Tanzania,
UN	United Nations
WHO	World Health Organization

ABSTRACT

The main objective of this study was to examine the influence of religion on FP and contraceptive utilization. This cross-sectional study was conducted in Morogoro Municipality, which employed questionnaires and interviews to collected data from 220 respondents. The study population included 200 respondents who are religious followers and 20 respondents were religious leaders. Qualitative data was analyzed using context analysis and quantitative data was analyzed by using SPSS version 21.0 to examine the influence of religion and other factors on family planning and contraceptive utilization in Morogoro Municipality. Findings of this study have shown that, family planning and contraceptive utilization differ across religions and denominations. For instance, it was revealed that 31.7% of Muslims used withdrawal method, 10% use condom, 6.7% use Standard Days Method, 5% use pills while 46.6% do not use any method, compared to Christians 25% of whom uses Standard Days Method, 18% uses pills, 18% uses condoms, 7% uses withdrawal method while the remaining 32% do not use any method of family planning. The findings indicated that religion has no significant influence on FP and contraceptive utilization as p-value was 0.070, above the alpha level of 0.05. Hence, in ranking, other factors has more influence than religion because they have shown statistical significance in influencing family planning and contraceptive utilization. In particular, these factors include sex (OR=5.0, 95% CI 2.053-12.427) with p-value=0.000, age (OR=0.3, 95% CI 0.111-1.080) with p-value=0.058, distance (OR=0.05, 95% CI 0.020-0.0127) with p-value=0.000, availability of FP commodities (OR=2.9, 95% CI 1.245-6.997) with p-value=0.011, friendliness of health providers (OR=3.0, 95% CI 1.344-6.734) with p-value=0.006 and side effects of contraceptives (OR=0.2, 95% CI 0.074-0.390) with p-value=0.000. However, in interpreting these findings, factors like sex, availability of family planning commodities and friendliness of health providers significantly increase the use of family planning and contraceptives, however, distance and side effects of contraceptives significantly decrease the use of family planning and contraceptives. In addition, as the age of people increase above 39 years old, the use of family planning and contraceptives fall.

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CHAPTER ONE
INTRODUCTION

1.1 Background to the study

Family planning (FP) can be referred to a technique used to control birth by deciding on the number of children a person or a couple wants to have and when to have them, which allows individuals and couples to anticipate and attain their desired number of children, the spacing, and timing of their births. FP is achieved through use of contraceptive methods and the treatment of involuntary infertility (WHO, 2005). The importance of FP lies in the fact that a woman's ability to space and limit her pregnancies has a direct impact on her health and wellbeing as well as on the outcome of each pregnancy. Family planning creates benefits in areas such as gender equality and women's health. It also increases women's access to sexual education, to higher education, and to their ability to participate in income generating activities. Moreover, it also increases the survival rate for mother and child and brings about improvements in maternal and child health (Sedgh & Hussein, 2014). Universal access to family planning is one of the key factors contributing to development and reducing poverty.

To improve the FP utilization, a number of efforts have been put in place worldwide. These efforts include The Programme of Action of the International Conference on Population and Development(ICPD), which in 1994 recommended that all countries seek to provide universal access to a full range of safe and reliable family-planning methods by the year 2015 (United Nations, 1994). The Millennium Development Goals (MDGs), Goal Number 5 also brought back attention on the efforts to reduce maternal deaths by ensuring universal access to reproductive health by 2015 (UN, 2015a).

Most recently, the United Nations Assembly reviewed these commitments when it adopted the 2030 Agenda for Sustainable Development (UN, 2015), which in its agendas includes a target relevant to family planning under the broad goal for health and gender equality and the empowerment of women and girls in accordance with the Beijing platform for action (UN, 2015).

In Tanzania, the concept of family planning is not a new one. However, the contraceptive methods provided by the reproductive health services in the hospital settings are considerably new. Prior to the contraceptives, child spacing as it is known in the country was practiced in order to allow mothers to breastfeed their babies for a long time before getting pregnant again. The main child spacing technique used was abstinence among couples. This method is still used in the rural areas but due to its complicated nature, it gave room for the family planning association to be established. Chama Cha Uzazi na Malezi Bora cha Tanzania (UMATI) is a family planning association established in 1967. A few individuals who were interested in the wellbeing of both a mother and child established this association. These individuals include doctors, housewives and nurses. This association dealt with educating the community on the importance of family planning, educating health workers and the supply contraceptives materials and family planning clinical services. The association further provides advice on nutrition, breastfeeding, immunization, personal hygiene, family welfare, sanitation and environmental care. Its impact is seen today whereas family planning services are available to all women who attend reproductive health clinics throughout the country.

Tanzania has also worked to establish policies and reforms aimed at improving maternal and child health services through its National Health Policy (2007) that has made specific attempts to address maternal and newborn and childbirth. Family planning was given a priority in the National Strategy for Growth and Poverty Reduction (NSGPR/MKUKUTA I & II), which had three major interlinked clusters. One of the goals clearly outlined in the second cluster of the strategy was to improve the survival, health, and well being of all children and women and of especially vulnerable groups.

Also, by providing maternal education to pregnant women during clinic visits which their then advised by the physicians to go with their co-parents, postnatal education majorly basing on family planning, as part of the health sector reforms and included into

the health sector strategic plan III (HSSPIII2009-2015). Currently, National Family Planning Cost Implementation Program (NFPCIP) serves as a foundation for the current One Plan II (2016-2020) that has family planning as one of the intervention. In addition, the Five Years Development Plan (2016-2021) anchored on Tanzania Development Mission-2025; all underscore the integral role of family planning in national development (Brosche, 2015).

1.2 Statement of the Problem

Despite many efforts that have been taken to enhance FP, its uptake has remained low in Tanzania. Contraceptive Prevalence Rate (CPR) stands at 29% among all women of 15-49 years old and 34% of married women age 15-49 years with 27% using modern methods (TDHS, 2010). Among reasons given for this low uptake include institutional factors like insufficient health workers with regard to their number and qualifications, insufficient health facilities, and economic factors such as price of contraceptives and distance and biological side effects such as over bleeding and rapid increase of weight, religion is one.

However, the question that emerges is the extent to which religion is really an influencing factor. In trying to respond to this question, findings from Kenya indicated that fundamental Muslims completely disagree with the use of contraceptives although no statement was made about non-fundamental Muslims (Pauline et al.,2015). According to this study, Roman Catholic's teachings advocate that marriages are for procreation and thus family planning should be avoided as much as possible, especially those methods connected to the use of contraceptives.

Based the same study by Pauline et al. (2015), among Protestants, contraceptives are allowed for couples who already have children but for fundamental Protestants and Evangelicals, the use of contraceptives is seen as a means to interfere with God's plan for procreation.

In spite of these findings by different authors, the extent to which religion is really a determinant low utilization contraceptive is not fully established. Because religion has a major role in shaping the thinking and the behavior of its believers, knowing the position of religion as a determinant of family planning becomes very important in changing the mindset of both the religious leaders and their believers so that they take FP and contraceptive use to be a means of development rather than a means of interfering with God's plan for procreation.

This study targeted to influence Tanzanian policies, considering the fact that Tanzania is among 69 developing countries that have committed to the family planning 2020. The aim of this FP2020 initiative is to reach 120 million women and girls with family planning information, services and supplies by 2020. Tanzania also is among the first countries in Africa that benefit from the Global Financing Facility (GFF) for RMNCAH programs by stimulating resource mobilization and result based financing (Tanzania Family Planning, 2018).

1.3 Objectives of the Study

1.3.1 General Objectives

To examine the influence of religion on FP and contraceptive utilization in Tanzania

1.3.2 Specific Objectives

i. To determine the extent of FP and contraceptive utilization among religious followers in Tanzania
i. To determine the influence of religious teachings on the uptake of FP and contraceptive use
ii. To investigate the role of other factors on the intake of FP and contraceptives

1.4 Main Research Question

1.4.1 General Research Question

What is the influence of religion on FP and contraceptive use in general over other factors?

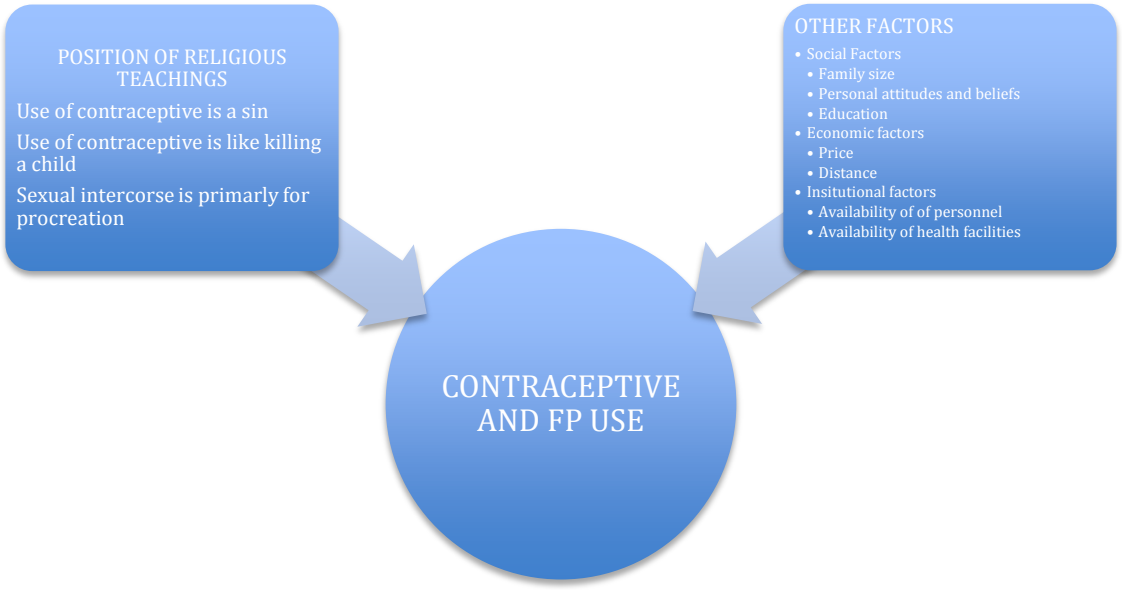
1.4.2 Specific Research Questions

i. What is the extent of FP and contraceptive use among religious followers in Tanzania?
ii. What role do religious teachings have on the uptake of FP and contraceptives?
iii. How much do other factors affect the uptake of FP and contraceptives?

1.5 Conceptual framework for the study

Figure 2.1 provides the study's conceptual framework, which assumes that the level of contraceptive and FP use by individuals is determined by the position of religious teachings such where such teachings advocate that preventing pregnancy is the same as killing a child. So, religious teachings have a great influence on the life of many individuals especially those who believe in them. They shape the behaviors of people, but also religious teachings tell individuals of what to do and what not to do. FP and contraceptive utilization can be directly influenced by religious teachings due to its power to shape behavior of individuals with such kind teachings; the believers are likely not to use any contraceptives, for that matter. The model also assumes that other factors such as social factors, economic factors, and institutional factors are also important in determining the uptake of FP and contraceptives.

Figure 2.1: Conceptual Framework



Source: Researcher's construct (2017)

Table 1.1 Variables and Measurements

DOMAIN	VARIABLE	MEASUREMENT
FP and contraceptive use	FP	• Whether a couple uses FP or not • Number of children a couple wants to have • The intervals between one child and another couple chooses.
	Contraceptive use	• Condom yes/no, frequency, availability • Pills yes/no, frequency, availability • Injectables yes/no, frequency, availability • Contraceptive implant yes/no, frequency, availability • Natural methods such as calendar and withdrawal methods yes/no, frequency.
Position of religious teachings	Religion or denomination one belongs to	• Islam/Christian (Y/N) • If Christian, RC, Lutheran, etc. • Extent to which religion prevents the use of FP and contraceptive utilization in percentage? • Extent to which someone practices what is taught (in percentage)
Other factors	Social factors	• Extent to which age, sex, education, family size, etc., influences FP and contraceptive utilization (in percentage)
	Economic factors	• Extent to which price and distance influence the use of FP and contraceptive utilization in percentage.
	Institutional factors	• Extent to which the availability of health personnel influence FP and contraceptive utilization in percentage. • Extent to which the availability of health facilities influence FP and contraceptive utilization (in percentage).

Source: Researcher's construct (2017)

1.6 Scope of the Study

This study focuses on the extent to which religion influences the utilization family planning in Morogoro region by considering what contraception methods are accepted by different religions and what is practiced.

1.7 Significance

This study is very important as it enables the family planning programs to come up with the right contraception's and education that will enable religious leaders to understand better the importance of family planning. The study findings also provide knowledge to the religious leaders of what their followers are doing and therefore come up with better teachings especially to the believers who are not married. This study's theoretical knowledge will enable religious leaders understand better the role of family planning and become a point of reference for religious and academic endeavors. This study is also important in the fulfillment of a Master's degree in Health System Management at Mzumbe University.

CHAPTER TWO
LITERATURE REVIEW

2.1 Theoretical literature review

This chapter covers definitions of key concepts, explains FP and contraceptive methods, demonstrates the efforts done by selected stakeholders on FP and contraception interventions in the country and around the globe, and lastly shows the efforts done by the government of Tanzania in the framework of National health policy of 2007.

2.1.1 Definition of key concepts

(i) Family Planning (FP)

Family planning is the ability of a woman or man to control the timing and number of their pregnancies (Pathfinder International Tanzania, 2008). FP plays a great role in reproductive health and it contributed to the efforts of meeting Millennium Development Goals by enabling women's participation in economic activities.

Contraception

Contraception involves a deliberate use of artificial methods or other techniques to prevent pregnancy as a result of sexual intercourse. Main forms of artificial contraceptives are hormonal contraception (pills, injectables, and implants), intrauterine devices (IUDs), emergency contraceptive pills (ECPs), barrier methods (male and female condoms, spermicides) and sterilization (Allison and Foulkes, 2014)

Religion

According to Cambridge Dictionary, religion means the belief in and worship of a God of gods, or any such system of belief and worship. Also philologist Max Muller in the 19th century demonstrated that the root of the English name religion, the Latin religion was originally used to mean reverence for the God or gods, careful pondering of divine things.

Max Muller gone further and characterized different cultures in the word such as Persia, Egypt, as well as India and argued that these cultures have similar power structure in the history that are called religion today.

Islamic religion

Islamic religion is one among the largest religions in the globe, with over one billion followers worldwide. Islam is the Arabic word that means "submission" reflecting the of submitting to the will of only one God (Allah).The followers of Islamic religion are called "Muslims" This is a monotheistic faith based on revelations received by the Prophet Muhammad (Peace be upon him) in 7th century in Makka and Madina now called Saudi Arabia (Religion Facts, 2004-2017)

Christianity

According to BBC, 2014, Christianity is one among the biggest religion in the word that has many followers than any other religion worldwide; it is estimated that there are 2.1 billion followers of Christianity worldwide. Christianity is a monotheistic religion that grew out of Judaism as practiced between 200BCE and 100 CE, however the primary distinction between Christianity and Judaism include: -

- The identification of Jesus as the Jewish Messiah awaited by the Jews and the son of God
- The belief that Jesus died and arose from dead as a final sacrifice for humans' sins

However, not all Christians believe that Jesus is the Son of God, some believe that Jesus is God, thus, these thoughts divide Christianity into different sects. The major braches of Christianity includes: -

- Roman Catholicism
- Eastern Orthodoxy
- Protestantism

Denomination

This is a religious group that has a little different belief from other groups that are part of the same religion.

Examples of Christian denominations available in Tanzania are:-

- Roman Catholics
- Lutherans
- Anglicans
- Monrovian
- Tanzania Assembles of God (TAG)
- Seventh Day Adventists (SDA)
- Pentecostals
- EAGT
- Calvary
- Winners chapel
- Revelation Church
- Pool of Siloam

Examples of Muslim denominations are:-

- Sunni
- Answar Sunni
- Shia
- Ahmadiyya
- Salafi

2.1.2 FP and contraceptive methods

There are different types of FP and contraceptive methods around the globe, but natural fertility awareness methods (FAM) are highly supported by many religious leaders. There are different kinds of awareness methods including Standard Days Method (SDM),

lactation amenorrhea method (LAM), and withdrawal method. These methods are highly recommended by religious leaders because they do not cause abortion, they have no side effects and also they do not need medical procedures, hormones or devices. Other methods are hormonal contraception (pills, injectables, and implants), intrauterine devices (IUDs), emergency contraceptive pills (ECPs), barrier methods (male and female condoms, spermicides) and sterilization (Allison and Foulkes, 2014).

According to Arevalo et al.(2002), SDM is 95% effective when used perfectly with a typical-use efficacy of 88%. In this method of FP women use menstruation cycle calendar to track the danger days whereby a women is likely to conceive, they can either avoid sexual intercourse during fertile days or use barrier methods. LAM prevents pregnancy in six months time after women's delivery. At this time a women breastfeed her child but other method of FP should be applied after these six months of exclusive breastfeeding. LAM is shown to be 98% effective for preventing pregnancy. Besides, withdrawal method involves the timing of a man to withdraw his penis from a woman's vagina during ejaculation in order to prevent man's sperm from entering woman's body. Withdrawal methods is highly applied by Muslims referring to the hadith of the prophet Muhammad may peace be upon him (USAID, 2008), it is estimated that withdrawal method has 73% effectiveness (FHI 360, 2013).

2.1.3 Benefits of FP and contraceptives

In summary, the benefits of FP and contraceptives as provided by WHO, (1995) are mentioned below:-

TO WOMEN

- Better health
- Improved quality of life
- Less psychological/emotional strain
- Increased educational opportunities
- More energy for household activities

- Increased economic activities
- More energy for personal development
- More energy for community activities

TO CHILDREN

- Better health
- Greater opportunity for emotional support from parents
- More food and other resources available
- Better opportunity for education

TO COUPLE/ FAMILY

- Freedom to decide when to have children
- Increased educational opportunities
- More energy for household activities
- Increased economic opportunities
- Less emotional and financial strain
- More energy for personal development
- More energy for community

TO THE COMMUNITY

- Reduced strain on environmental resources
- Greater participation by individuals in community affairs
- Reduced strain on community resources (healthcare, education)

2.1.4 Global and National stakeholder's interventions on FP and Contraceptive utilization

World vision (2014) acknowledges the influence of religion on different issues in the society. The survey report in 2006 revealed that, in sub-Saharan Africa people trust faith-based organizations more than they trust their own governments (Tortora, 2007). The world vision prepared an article that includes a review of literature plus resources as an effort to engage faith leaders in Family Planning. The article provided the proper knowledge on family planning methods that are not against religious teaching such as fertility awareness methods (FAM), supported by evidence from religious scriptures and the life of fore fathers of religions. Pathfinder International Tanzania worked together with the government, private sectors and NGOs for the purpose of improving reproductive health and family planning in Tanzania, basing on their goal which state that;

> *"To leave behind sustainable reproductive health and FP systems that will be locally strengthened and made responsive to evolving demands. This collaboration imparts skills and knowledge that allow organizations to grow and evolve, finding their own donors and providing service to their communities for decades to come"* (Pathfinder International Tanzania, 2008)."

Pathfinder International Tanzania started partnership with the government by building partnership with health officials of the government at every level. The organization also collaborated with other NGOs and private sectors in providing training and health services to the community. Besides the collaboration with Tanzania Organization of trade unions, pathfinder international Tanzania managed to introduce FP into the health services of Tanzania Harbors, sugar companies as well as the Tanzania Occupational Health Service.

2.1.5 National Health Policy 2007- Tanzania

In Tanzania, the deaths of pregnant women increased from 529 in 1996 to 578 in 2005 regardless the efforts shown by the government and other stakeholders to reduce the number of deaths of pregnant women in the country. In response to the fight against increased death of pregnant women in the country, the government of the United Republic of Tanzania in collaboration with private sectors decided to offer non-profit health services to pregnant women, children below five years and contraceptive users. At the same time, the government also decided to embark on reproductive health of women, men and reproductive aged youths by developing strategies to implement family planning in the country.

2.2 Empirical literature review

This part of the chapter presents the overview of what scholars' articles demonstrates regarding in line with research area basing on their findings and recommendations. This section also unfolds the research gap, which justify the rationale of carrying out this research in Morogoro municipality.

2.2.1 Scholar's articles

Grisant (2012) reported that, the rate of contraceptive utilization in United States is very high due to the free access to contraceptives since 1960s accompanied by the decline of morals in the modern society. In Christianity, the bible do not condemn birth control directly, but for the needs of pleasing God, the study recommended the use of methods that do not cause abortion. Hence the study focused of three controversial methods (Pills, IUDs and sterilization) that had been debated by the believers on the basis of the morality of these three methods. However, medical authorities tried to remove the contradictions by supporting these methods. They demonstrated that these methods do not cause abortion. In addition to that, the author advised religious believers to be wise on choosing family planning method to apply that are pleasing God.

Michael (2012) conducted a study on the use of contraceptive methods among women in stable marital relations attending health facilities in Kahama district. Kahama district in Shinyanga region has Contraceptive Prevalence Rate of 16%, which is below the national average of 27%. Only the little is known about the factors contributing to low level of use of contraceptives in Kahama district, and specifically among women in stable marital relations. Objectives of this study were; first was to determine the prevalence of current use of contraceptive methods among women in stable marital relations attending health facilities; second was to describe the types of contraceptive methods used among women in stable marital relations attending health facilities; third was to assess socio-cultural factors (beliefs including religious, husband's approval, and spouse communication) in relation to use of contraceptive methods among women in stable marital relations attending health facilities; forth was to determine the association between socio–demographic factors (age, occupation, education level, access, number of children) and use of contraceptive methods among women in stable marital relations attending health facilities.

This cross-sectional study was conducted among 314 women as well as 20 service providers in 10 wards from 10 health facilities. Data were collected using structured as well as in-depth interview questionnaires. Information that were gathered included socio-demographic, accessibility of contraceptive methods, socio-cultural characteristics, access to information and current utilization of contraceptives. Results obtained from this study demonstrated that; 35 percent of women in stable marital relations were reported to use contraceptive methods. Highest use of contraceptives (58%) was reported among women in formal employment. Factors that were found to be significantly associated with contraceptive use in the district were: education level, traditional and cultural beliefs, occupation, and support from husband/partners as well as access to information while religious influence and desired number of children in the family were not significantly associated with contraceptive utilizations.

Conclusively; Prevalence of contraceptive utilization among women in stable marital relations was 34.5 percent. This is more than that in the overall population of women with the age between 15 and 49 years in Kahama district (16%, 2011 district report). Socio-demographic factors including occupation and education level were found to influence contraceptive utilization among women in stable marital relations. Besides, socio-cultural factors including religious beliefs and the support of husband/partner on contraceptive use were also critical in influencing contraceptive utilization. This study reached to several recommendations, this included; District Health Management (DHM) teams should develop interventions that will promote women in stable marital relations to understand the benefits of contraceptive utilization. Since this study did not include men, further prosperous studies are needed to determine the extent of use of contraceptive methods among men and associated factors influencing its use.

The study conducted by **Bakibinga et al. (2015)** on the influence of Religion and Ethnicity on Family planning approval among women in rural western Kenya. The study revealed that, education level and knowledge about the importance of FP were the most significant factors influencing contraceptive use compared to religion and ethnicity, which has no impact.

This suggests that, in order to influence Family planning and contraceptive utilization, interventions should focus on generating women's knowledge about the benefits of FP and contraceptive use as well as reproductive health.

Barret and Ellison, (2010) conducted a study on Religion and Attitudes toward Family Planning Issues among US Adults. Although religion is a crucial influence on a variety of social attitudes, the relationship available between religion and views on FP remains largely unexplored. Using data from a nationally representative survey (N=1,500), this study examined the influence of religious attendance and identification on FP attitudes. High religious attendance was linked to less favorable opinions about contraception.

Catholic affiliation is not consistently related with FP opinion, and the researchers of this study find mixed results for conservative Protestants. Fundamentalist Christians and Born again had less positive opinions on contraceptives; generally, evangelical identity was linked to negative views on FP policy. The results of this study contributed to knowledge about the association between religion and FP attitudes and the wider social influences of religious self-identification.

Srikanthan and Reid, (2008) conducted a study on religious and cultural influences on contraception. The main objective of this study was to elucidate the religious and cultural influences that may affect the acceptance and use of various methods of contraception, like emergency contraception. Literature studies were conducted to point out religious teachings related to issues like family, sexual relations, and family planning for religious beliefs including Islam, Christianity, Judaism, Buddhism, Hinduism, and Chinese religious traditions. Religious scholars selected from each of the major religions included in this study were consulted for supplementary information concerning how various subgroups available in tat religion may interpret and apply religious teachings in specific circumstances.

Results obtained from this study demonstrated that; Religious and cultural factors have the enormous potential to influence the acceptance and utilization of contraception by couples from several religious backgrounds indistinct ways. Within religions, different denominations may interpret religious teachings on this matter in different ways, and individual women as well as their partners might choose to ignore religious teachings. Cultural factors are equally critical in couples' decisions on family size and contraception. Conclusively; when new immigrants are hindered with the drawbacks of acclimating to a new society as well as a new way of life, they may anchor hugely to traditional religious as well as cultural expectations concerning family, sexuality, and fertility. Health care providers should be cautious not to attribute stereotypical social, religious, and cultural characteristics to the women seeking advice on contraception,

instead they need to recognize that varying value systems may influence contraception decision making among couples of different faiths. This enhanced cultural awareness needs to be modified by the understanding that, each patient encounter is unique. The values that woman holds upon may neither be in holding with the official teachings of her religion, nor the cultural norms that reported by other colleagues of the same culture.

Prettner and Strulik (2014) conducted a study entitled "It's A Sin – Contraceptive Use, Religious Beliefs, and Long-Run Economic Development." This study presented a novel theory about the interaction of social norms, education, fertility, and their joint impact on the long-run economic development. The theory takes into account that;"sexual intercourse is utility enhancing and that utilization of modern contraceptives potentially convicts with prevailing social norms; meaning religious beliefs."

The theory motivates the existence of two steady states including traditional steady states and modern steady states. In summary: -

At the traditional steady state;

- The economy stagnates
- Fertility is high,
- Education is minimal, and
- The population sustains norm according to which modern contraceptives are not used.

At the modern steady state;

- The population has abandoned traditional beliefs
- Modern contraceptives are used
- Fertility is low and education and economic growth are high.

Social dynamics explained on why both equilibriums were separated by a saddle point-equilibrium, that is why it is difficult to transit to the modern regime from the traditional regime. Increasing the value of education was pointed out as a promising policy that

could encourage contraceptive use, at the same time to initiate the take off towards long-run growth.

The study conducted by **Yeatman and Trinitapoli (2008)** on the relationship between religion and family planning in rural Malawi demonstrated that; in spite of the centrality of religious teachings and fertility to life in rural Africa, the association between the two remains poorly understood. The study presented the uses unique integrated individual as well as congregational level data obtained from rural Malawi to examine religious influences on contraceptive utilization. In this religiously diverse population, they found evidence that the specific characteristics of a congregation leader's positive attitudes toward FP and discussion of sexual morality that do not fall along broad denominational lines which are more appropriate than denominational categories regarding predicting women's contraceptive utilization. They further found evidence for an association between religious socialization and contraceptive behavior.

Brosche (2016) conducted a study entitled "Family planning in Tanzania." for the record; Tanzania had a total fertility rate of 5.2 in 2013. Tanzania as a Nation that recognize the importance of FP, adopted a legislation that supported it in 1976. Even though at that time the birth rate has declined, the fertility rate is falling less than expected. It was estimated that 29% of the women use contraceptives in 2010. Maternal mortality ratio was 398 death per 100 000 births in 2015. Methods and materials used in this study were; Convenience sampling method was employed to recruit respondents at Sanitas Medics and Diagnostics in Dar es Salaam. Questionnaires about FP and contraceptives were distributed to patients at the women´s clinic on 28/9-15/10 2015. Other questionnaires with the same topics were distributed to the gynecologists at the clinic. All the gynecologists (n=4) completed the questionnaire. Data analysis was conducted by using Yates' chi-squared test.

Results obtained from this study demonstrated that; in total of 119 responded in this study, 5% declined. The contraceptive prevalence was 27% while 71% had received FP. Among those who had received FP, 34% mainly utilized contraceptives like implant and pills compared to fourteen percent among those who had not received (only pills).

All gynecologist recommended IUD while 3/4 discussed family planning with their clients. Only three percent of the patients thought that it was totally wrong to take contraceptives while no one thought that receiving family planning was a negative experience.

Conclusively; the results obtained from this study indicated that; family planning changes the choice of contraception and increases its use, however, the results were not statistically significant in this survey. Patients have positive attitude towards family planning and contraceptives. The contraceptive prevalence revealed in this study was 27 percent, which is almost the same in the country, but compared to varying baseline characteristics, the prevalence is lower. This study did not confirm that contraception prevalence increases with education, however, confirmed the simultaneous increase with the number of children equal to the demography. It was revealed that 71 percent of the patients that had received family planning, while among the gynecologist, 3/4 said that they discussed family planning with their patients. None of the patients thought that receiving FP was a negative experience. The most frequently used contraception was pills and among all patients that had not received family planning used it. Among patients who had received family planning, the most frequently method was contraceptive implant.

All gynecologists participated in this study recommended IUD, however, few of the patients used it. Only three percent of the patients perceived that contraception was totally wrong. Also, all gynecologists participated in this study recommended contraception use and they described several fears to use contraception as the concrete

reason why women did not want it. The results indicated that FP increase the use of contraception, however, it was not statistically significant in this study.

This implied that; the positive attitude towards family planning and contraception among the patients must encourage the work for this. The difference occurred between the gynecologist recommendations and the patient's utilization of contraceptives should be evaluated. According to the patients' answers; the guidelines seemed to be followed by them, however, the gynecologists' answers implied that it could be improved. The results of this study recommended further studies related to this study describing why contraception is not used.

The study conducted by **Moronkola and Amosu (2006)** entitled "Reproductive health knowledge, beliefs and determinants of contraceptives use among women attending family planning clinics in Ibadan, Nigeria" In many developing countries especially in Africa, reproductive health has been a great concern that had attention of many stakeholders because maternal mortality rate and morbidity rate are very high compared to developed countries. Also reproductive health knowledge as well as access to quality care of maternal health services in Africa are poor accompanied by significant health consequences. Relevant reproductive health knowledge, belief as well as will power of women to access adequate family planning services are important for better improvement in reproductive health of women..

The main objective of this study was to assess reproductive health knowledge, beliefs and influential factors of contraceptives use among women attending family planning clinics in Ibadan, Nigeria. In summary; the study was cross-sectional study including 550 randomly selected participants among women who attend family planning clinics in Ibadan, Nigeria. The study instrument was administered questionnaire. Data was analyzed using SPSS. Results obtained from this study indicated that; only 56.0 percent of the respondents knew the time pregnancy could occur, 31.5 percent perceived that to

have sex once with a man does not result to pregnancy. Almost in all items, over 90.0 percent of respondents had knowledge on the importance of family planning. Consideration about personal health and husband's approval were major determinants of respondents' use of contraceptives by 86.0% and 74.9% respectively.

Conclusively; although respondents participated in this study were knowledgeable on the benefits of family planning, there was the need for continuous education of women on reproductive health matters and integration of men's involvements in family planning programs in order to enhance utilization of family planning services in Ibadan, Nigeria. African Health Sciences 2006; 6(3): 155-159.

Kessy and Rwabudongo (2006) conducted a study on utilization of modern family planning methods among women of reproductive age in a rural setting: the case of Shinyanga rural district, Tanzania. In summary, the main objective of this study was to investigate the prevalence and determinants of modern family planning practice among women in Shinyanga rural district, Tanzania. Methods used in this study in summary are; a contraceptive prevalence survey was conducted whereby among 271 women of reproductive age 15–49 years from six villages in the district. Data was collected using interview method and administered questionnaire. Information gathered included socio-demographic characteristics, parity, and family size, while knowledge of modern family planning methods as well as current use of the methods were also included.

Results obtained from this study indicated that; in general, modern family planning methods were known and the pill being the most commonly mentioned method (81.2%) followed by the method of injectables (76.8%). More than half of the women that is 56.5% had low level of knowledge about the methods while the use rate was also low, that is 12.2%. Respondents' religious denomination, their levels of knowledge of the methods and communication between spouses concerning family planning issues were significantly associated with contraceptive utilization that is $p < 0.05$.

The study concluded that; it is imperative for reproductive health programs to intensify efforts in adding women's knowledge on modern FP methods and encourage partner-partner communication in order to improve contraceptive prevalence rate. In addition to that, further studies are necessary that would identify other potential factors facilitating utilization of modern family planning methods among rural women. Findings revealed high awareness of modern family planning methods among women of childbearing age in a rural setting; however, the levels of knowledge on the methods as well as the use rate were low. The most critical determinants of using family planning methods were noted to be religious affiliation, level of knowledge of the methods and discussion of family planning issues among partners. It is therefore imperative for reproductive health programs to intensify efforts in improving women's knowledge of modern family planning methods and encourage partner-partner communication so as to enhance contraceptive prevalence rate. Further studies are necessary in order to identify other potential factors facilitating the use of modern family planning methods among rural women.

Harris (2008) conducted a study entitled "factors that influence contraceptive decision-making in African-American women, an intergenerational perspective" African-American women represent a special group of women in the United States, also have a long history basing on lack of reproductive freedom. Slavery and forced procreation, issues like sterilization abuses, the Eugenics movement as well as federally mandated contraception, all together have impacted on African American women's independence regarding contraceptive decision-making. Given this population's history, it is crucial for healthcare providers to know that African-American women's contraceptive decision making, because women often seek their guidance.

The purpose of this dissertation was to discover the intergenerational influences basing on African American women's contraceptive decision-making included in this exploration were questions about the role of mothers and grandmothers regarding

adolescents' decision-making, familial beliefs on contraceptive choices and whether still societal and social factors continue to influence contraceptive utilization' decision-making in the 21st Century. For this work, the researcher used a qualitative descriptive approach in order to develop an understanding of the phenomenon from the participants' worldview. Purposive sample of 7 triads were recruited from a metropolitan community in the North-East United States. An individual interview was conducted, using a semi-structured guide, with each participant.

Six themes emerged from the data:
1) Southern influences;
2) A worldview of relationships;
3) Communication: key to preparedness;
4) Seeking information from Mom;
5) "I got caught up in the game"; and
6) Contraceptive use and beliefs.

African American women's contraceptive decision making was influenced by different factors including attitudes, culture, familial beliefs and ethnicity. These patterns were transferred to each succeeding generation. It was suggested that; nurses have a significant role to play in providing adequate contraceptive information and education in a culturally competent context that will meet the needs of these women and their families.

FHI 360, (2011) provided a report on "adolescent and youth sexual and reproductive health: taking stock in Kenya." The Division of Reproductive Health (DRH) available in the Ministry of Public Health and Sanitation (MOPHS) in collaboration with FHI 360 and financial support from United States Agency for International Development (USAID) undertook a review of adolescent and youth reproductive health programs in the country through a desk review study, a mapping of youth serving organizations

(YSOs), as well as interviews with stakeholders from the YSOs and development partners.

The goal of this study was to identify the key organizations involved in adolescent and youth sexual and reproductive health (AYSRH); to compile a general inventory of their activities, and; begin to assess the degree to which they are using evidenced-based interventions that are ready for national scale-up. This review was initiated to enhance the DRH's ability to coordinate AYSRH activities within the country. Kenya has several policies and guidelines that are in favor of the provision of information and services to young people; however, these documents are not integrated well into services.

Multiple ministries are included in the process, leading to the challenges in this field. In addition to the MOPHS, the key ministries and government agencies with interest in AYSRH are Ministry of Youth Affairs and Sports (MOYAS), Ministry of Medical Services (MOMS), and Ministry of Education (MOE). Nevertheless, government agencies were National AIDS and STD Control Program (NASCOP), National Coordinating Agency for Population and Development (NCAPD), and Kenya Institute of Education (KIE) among others.

In this study; out of the sixty-seven YSOs and thirteen development partners identified in the review, forty-five organizations and nine development partners provided with information through email and a telephone interview. The results reiterated the fact that large population of young people are sexually active and also are at risk of adverse reproductive health outcomes that may affect achievement of life goals as well as optimum contribution to national development. Many youth starts sexual intercourse early and also had multiple partners and most of the times do not use protection during sex. In general, young people are not likely to seek health services, and often when they do they are likely to get inappropriate services.

However, this health system has been slow to evolve in order to accommodate the needs of the youth in both perspectives of program and service delivery. Some service providers lack the appropriate skills and positive attitudes needed to serve this age group. Most YSOs apparently operate within the highly populated places of the country with Nairobi having the highest number of implementers that is 26 out of the 45 interviewed. They commonly target in and out of school youth that aged between 10 and 24 years, taken from both rural and urban areas. The main program approaches they used to reach many youth included edutainment, peer education, service delivery, youth support structures, ICT, mass media, education-sports, mentorship, life skills education, adult influencers, as well as advocacy for policy review or change. These approaches were usually not implemented in single way but in combination, for instance peer education with service delivery and mass media.

Raza et al, (2012) conducted a study entitled "effect of Islamic perception on family planning practices" Apparently; it is common belief that religious beliefs are one of the major factors that reduce family planning practices. This study aimed to analyze the effect of religious perception of general community as well as the position of religious leaders on family planning practices. Data from National Institute of Population Studies was taken to conduct this study. The sample size was comprised of 2398 ever married men and women, of which 1162 who were married women at that time were taken as unit of analysis to conduct this study. In summary, bivariate analysis was performed so as to check one to one relationship with bi- level of significance. Due to the binary nature of dependent variable, they applied logistic regression for multivariate analysis to check composed effect of exposures on response variable. The findings revealed that despite religion plays an important role in scheming attitudes of women for contraceptive utilization, however, it was not statistically significant and the role of religious leaders is very important is molding women's attitudes towards contraceptive utilization. However, education of both husband and wife remained a considerable factor in relation to contraceptive utilization. In addition, FP practices were found to be more

common among urban women; this was due to availability of health facilities, source of information and access to contraception. Also, older women were more likely to utilize birth control methods. However, Media was also revealed playing sufficient role to mobilize women on family planning programs.

Olaitan (2011) investigated factors influencing the choice of family planning among couples in Southwest Nigeria. In this study; 600 couples were selected from 5 Southwestern states in Nigeria through a multistage sampling technique. Questionnaire method was used to collect information from respondents. Chi-square test was recruited for the purpose of data analysis using 0.05 alpha level of significance.

The results obtained from this study demonstrated that; socio-economic status, religious factors and cultural norms do not influence couples' choice, whereas educational background of the couples and involvement of partners toward the choice of family planning significantly influenced the choice of family planning among couples. Basing on the results, it was suggested that; among others that every couple should be well informed about the benefits of family planning's choice in order to improve their reproductive health as well as economic standard of living, also to reduce maternal mortality, morbidity and unnecessary pregnancy.

WFDD with Support from the United Nations Foundation, Universal Access Project, (2014) provided a report on "the relationship between faith and family planning." Faith and family planning interact at various levels including personal, community, civil society, and governmental as well as in complex ways. Apparently, better understanding of these interactions by all stakeholders would allow faith leaders as well as faith-inspired organizations (FIOs) to better utilize their considerable influence and track record in global health and development work to enhance reproductive health and achieve the Millennium Development Goals (MDGs).

Many faith traditions and sects, and their religious leaders as well as adherents, merely support family planning, also essentially all faith traditions support the concept of healthy timing and interval of pregnancy (HTSP). For the record, the term "family planning" is broadly acceptable among many faith traditions and FIOs when the term is understood to mean "voluntary prevention of pregnancy". For some faith groups, it is specifically crucial that FP is understood to exclude abortion matters, and this reflects theology and values, not only semantics. Support from religious leaders, religious traditions and faith-inspired organizations for FP can depend on the FP method recruited. An observable example from this study was the Roman Catholic Church's support for just natural methods of FP. Many FIOs are engaged in providing reproductive health services throughout the world in diverse and effective ways. Sound data across different countries and communities suggested that; beliefs, religious teachings or traditions are mainly not the major determinant of individuals' FP behavior. Many surveys revealed that; women and couples usually ignore religious teachings on FP when they believe it is their individual and family interest to do so. However, it was also revealed that religious beliefs and traditions are critical parts of most people's lives. Also faith leaders are highly respected in the community and exercise significant influence, and that faith-inspired organizations are responsible for a majority share of global health and development work. Many of the top target countries for family planning initiatives in the world, including those with large populations and high fertility rates, they are countries where religion is particularly crucial. Thus there is an enormous potential for faith actors to advance the healthy timing and interval of pregnancy. This report drawn the literature review on faith and FP, various sources revealing the interaction between religion and government policy, as well as the interviews with experts and practitioners, however, its cornerstone is a set of case studies of faith-inspired family planning work. An overarching result is that faith leaders and FIOs are supporting FP in many areas and ways and have the potential to do more.

Gueye et al, 2015 conducted a study entitled "Belief in Family Planning Myths at the Individual and Community Levels and Modern Contraceptive Use in Urban Africa" Negative stories and misconceptions on FP are a barrier to modern contraceptive utilization. Most researches related to this subject matter have focused on individual beliefs on contraception; although, given that stories were spread easily within the communities, it is also critical to examine how the prevalence of negative stories in a community affects the aggregate level of method use. Baseline data collected in 2010-2011 by the Measurement, Learning & Evaluation project on women aged 15–49 living in selected cities in Kenya, Nigeria and Senegal were used. Multivariate analyses examined associations between modern contraceptive use and belief in negative myths for individuals and communities.

Results obtained from this study indicated that; in each country, the family planning myths most prevalent at the individual as well as community levels were that;

- People who use contraceptives end up with health problems.
- Contraceptives are dangerous to women's health, and
- Contraceptives can harm your womb."

On average, women in Nigeria and Kenya believed 2.7 and 4.6 out of eight selected myths, respectively, and women in Senegal believed 2.6 out of seven. Women's individual-level belief in myths was negatively associated with their modern contraceptive use in all three countries (odds ratios, 0.2–0.7). In Nigeria, women's community-level myth variable was positively associated with modern contraceptive use (1.6), whereas the men's community-level myth variable was negatively associated with use (0.6); neither community-level variable was associated with modern contraceptive use in Kenya or Senegal. Conclusively; Education programs are needed to dispel common myths and misconceptions about modern contraceptives. In Nigeria, programs that encourage community-level discussions may be effective at reducing myths and increasing modern contraceptive use.

Mrzyn, (2014) conducted a study entitled "contraceptive Catholics: rationalizing family planning, agency, and religion itself" The Catholic Church condemns the use of artificial contraceptive methods like pills, implants and injectables, a teaching it clarified with the encyclical Humane Vitae in 1968. However, almost the same proportion of sexually active Catholic women uses contraception as compared with the rest of the population; about 98 percent. To delve into this disconnect, the researchers inquired into eight practicing Catholic women's lives so as to learn whether their rational approaches (informed by Max Weber's rationality typology) to this issue inform their judgment of the question and its application in their personal lives. Their perceived control of their fertility, their circumstances, and their relationships with their husbands and God all factored into their individualized combinations and applications of these rationality types and the diverse reasons for selecting the family planning method that they do. Each constructs a morality and Catholicism according to her individual experience, belief, and needs.

2.3 Research Gap

In response to low uptake of FP and contraceptive methods, the government of Tanzania in collaboration with private sectors has been doing their best. Besides these efforts, the researcher recognizes the influence of the religion on FP and contraceptive utilization through literature review and preliminary interview conducted by the researcher. In preliminary interview the researcher found that, religious views on FP and contraceptive utilization differ between religions and denominations. Others support natural methods of FP, others condemn it while others are in the middle, as they neither condemn it nor accept it. It is due to this fact, that the study was designed to focus on three main aspects; first, to find out the position of religious teaching; second, to find out differences in denomination teachings, and the third one is to find out readiness of religious leaders to change their views against FP and contraceptive utilization. This study also was thus set to seek the influence policy making in Tanzania at the area of FP

and Reproductive health at large because National Health Policy is not specific enough to influence FP and contraceptive utilization.

CHAPTER THREE
METHODOLOGY

3.1 Study design

This study adopted the Cross Sectional study design, recruited for the purpose of analyzing in depth experience of the religious influence to the community of Morogoro municipality on FP and contraceptive utilization. The relationship between FP and contraceptive utilization and the group of denominations that permit or restrict contraception was examined to see the influence of religion on FP and contraceptive utilization.

3.2 Study area

Morogoro Municipal Council was the study area for this research, one among six districts of Morogoro Region. Morogoro Municipal Council is bordered by Morogoro Rural District to the East and South while to the West and North it is bordered by Mvomero District, with Geographical coordinates of 6° 49′ S 37° 40′ E. In regard to the religious status of Morogoro municipality, Islamic and Christianity religions has many followers in Morogoro, just like for Tanzania and the world at large. These religions are all available and influential in Morogoro. In addition in Morogoro there are no variations between religions, as both have the same level of power and influence.

3.3 Study population

This study focused on individuals of different faiths, males and females, aged from 18 years to 45 years. The fact that different individuals were taken, it suggests that different religions or faiths were represented. The next target population was religious leaders. The study recruited respondents who have at least a little knowledge on their appropriate religious rules and scriptures relevant to religious matters in line with the study area.

This includes people who had attended religious teachings such as Madrasa for Muslims and Sunday schools and baptism for Christians. This means also that the study excludes people who never attended school of thought of any religion, and who by the time did not believe in any religion.

3.4 Sample size

This study required a sample size of 220 respondents that would help to create understanding on religious influence on FP and contraceptive utilization. These constituted 200 religious followers and 20 religious leaders. This sample size of 200 religious followers was calculated by the formula drawn from Kothari (2004) and the workings are shown below. The sample size of 20 religious leaders was purposely selected because they are enough to provide the religious' view on issues concerning family planning and contraceptive utilization.

Formula; $n_0 = Z^2pq/B^2$

Whereby; n_0- initial sample size in 95% CL, p= percentage of the study phenomenon in population, q=1-p and B= accepted bias.

$$= \frac{1.96^2 \{0.15(1-0.15)\}}{0.05^2}$$

$$= 199.9$$

BUT; $n = n_0/1 + (n_0/N)$

Whereby; n= minimum sample size and N= size of the population according to 2012 population census

$$= 199.9/\ 1 + (199.9/315866)$$

$$= 200 \text{ samples}$$

3.5 Sampling technique

Purposive sampling technique was employed to select religious leaders, whilst cluster sampling was used to select study units from wards, villages, streets and households. Finally, random samples were obtained from the clusters. Purposive sampling technique was suitable for this study because religious leaders have reliable data useful for this study, more convenient, less costly, and could be applied in both qualitative and quantitative studies. Moreover, cluster sampling is suitable for this study because cluster of respondents that represent the population are identified and included in a sample. The technique was also suitable as it reduces costs and increase efficiency in research (Kothari, 2004).

3.6 Data collection methods and tools

Questionnaire administration and interview were employed as methods for data collection. Whereas interview was used to interview religious leaders, questionnaire was used to ask questions religious believers. Interview method was proposed to be data collection method for this study because it is the best method for collecting qualitative data (Kothari, 2004).The method also enabled the researcher to collect more information from religious leaders. Otherwise, questionnaire tool was employed because it is simpler and cheaper to administer, provided that sample size for this study is large. the questionnaire as data collections tools have both closed and open ended questions and that, the interview guide entailed both some objective and open ended items.

3.7 Data analysis

Qualitative data were analyzed to find out the position of religious teaching on issues concerning family planning and contraceptive utilization. Some qualitative data especially data collected from religious followers were analyzed using context analysis. On the other side, quantitative data was analyzed using Statistical Package for Social science (SPSS version 21.0) so as to examine the influence of religion and other factors on family planning and contraceptive utilization. The analyze through SPSS was done

through logistic regressions and statistical significance was determined using Chi-square test at alpha level of 0.05.

3.8 Ethical consideration

This study dealt with religious matters, where the sample included religious leaders and followers at large. Ethical issues were, in this study, considered. Dressing codes for each religion were considered, to include for instance Hijab and kanzu for Muslims and long skirt and shirt or long gowns for female Christians and long trouser and shirts for male Christians.

The researcher dressed accordingly to create good image to the study population and the community as a whole in the field. Religious greetings according to the specific religion and denominations were considered; confidentiality, integrity, and flexibility were ensured so that the discussion would only say rather than creating a dialogue that might create misunderstandings. Religious issues are very sensitive and complex that requires more wisdom to deal with, thus flexibility and good behavior according to the available circumstances were considered.

CHAPTER FOUR
RESEARCH FINDINGS

4.1 Introduction

The main research question for this study was *"What is the influence of religion on contraceptive use and FP in general?*" The specific research objectives: (i) to determine the extent of FP and contraceptive utilization among religious followers, (ii) to determine the influence of religious teachings on the uptake of FP and contraceptive use, and (iii) to investigate the role of other factors on the uptake of FP and contraceptives.

The presentation of this chapter is organized as follows: first, the sample size and its characteristics are presented. This will be followed by findings on contraceptive use, and lastly an analysis of findings based on the flow of the specific research questions.

4.2 Sample Size and Characteristics of the Respondents

The study came used a sample size of 220 respondents, as previously proposed, which is a response rate of 100%, of which 200 respondents were religious followers and 20 of the respondents were religious leaders. Among religious followers, both male and female respondents were recruited mainly at a reproductive age between 18 and 50 years old. According to findings from the study, the minimum age in years was 25 and the maximum was 50. It was revealed that many respondents lived near health facilities. According to the findings, a maximum distance from health care facilities that provided contraception services was 10km. More details on demographic profile of respondents are shown in Table 4.1.

Table 4.1: Demographic profile of respondents-Religious followers (N=200)

Variables/ Questions	Variable categories	Frequencies	Percentages
Sex	Male	90	45
	Female	110	55
	Total	200	100
Age in years	18-28	90	45
	29-39	90	45
	40-49	20	10
	Total	200	100
Marital status	Single	50	25
	Married	120	60
	Living like married	20	10
	Divorced	10	5
	Widow	0	0
	Total	200	100
Type of marriage	Monogamous	190	95
	Polygamous	10	5
	Total	200	100
Number of children	None	60	30
	One	50	25
	Two	40	20
	Three	20	10
	Four	30	15
	Total	200	100
Education level	Primary	20	10
	Secondary	40	20
	Diploma	70	35
	Degree	70	35
	Total	200	100
Specific occupation for survival	Farm work	20	10
	Entrepreneur	50	25
	Employed	120	60
	Both farm work and entrepreneur	10	5
	Total	200	100
Number of years in occupation	Less or equal to 5yrs	160	80
	Above 5yrs	40	20
	Total	200	100
Assets you have	House	130	65
	Cattle	0	0
	Farm in hectares	10	5
	Cars	10	5
	Both house and car	20	10
	Both House, Cattle, Farm and Car	30	15
	Total	200	100
Distance from health facility	Less or equal to 1km	172	86
	Above 1km	28	14
	Total	200	100
Religion	Muslim*	60	30
	Christian	140	70
	Total	200	100
Denomination	RC	40	28.6
	Lutherans	40	28.6
	SDA	30	21.4
	TAG	30	21.4
	Total	200	100

On the side of religious leaders, 65 percent were male and 35 percent were female. 4 leaders represented Muslim leaders, and 4 leaders Christians, equals to 20 percent in each denomination. For more details see table 4.2 below.

Table 4.2: Characteristics of the Religious leaders (N=20)

Variables	Variable categories	Frequencies	Percentage
Gender	Male	13	65
	Female	7	35
Age	18-28	1	5
	29-39	6	30
	40-50	8	40
	Above 50	5	25
Religion/ denomination	Muslim	4	20
	Christian/RC	4	20
	Christian/Lutheran	4	20
	Christian/SDA	4	20
	Christian/TAG	4	20
Number of years as religious leader	1-5	8	40
	Above 5	12	60

Source: Field data (2017)

4.3 Contraceptive Use

Before presenting data on the position of religion on contraceptive use, a picture regarding the utilization of FP is first presented. This is consistent to the overall study question also consistent with the first specific objective. Table 4.4 indicates that the overall FP and contraceptive utilization among all respondents was 78.3% compared to 21.2% who did not use the services. This rate is far higher than what national statistics have shown in Tanzania, with an average of 27 – 39.4% (THDS, 2010). In part, this could be cause of the wide range of FP and contraceptive methods that this study used. In part also, given that the national data were for 2010 and it involved a nationwide study while in this case it only captured Morogoro municipal. The next subsection

dwells on analyzing how various demographic characteristics affected the utilization of contraceptives.

Table 4.3: Contraceptive use among religious followers (N=200)

Type	Utilization	Frequencies	Percentages
Standard Days Method	No	162	81
	Yes	38	19
	Total	200	100
Withdrawal method	No	171	85.5
	Yes	29	14.5
	Total	200	100
Lactation amenorrhea method	No	187	93.5
	Yes	13	6.5
	Total	200	100
Condoms	No	169	84.5
	Yes	31	15.5
	Total	200	100
Pills	No	172	86
	Yes	28	14
	Total	200	100
Injectable	No	188	94
	Yes	12	6
	Total	200	100
Implant	No	181	90.5
	Yes	19	9.5
	Total	200	100

Source: Field data (2017)

4.4 Association between demographic factors and FP and contraceptive use

Demographic factors may have influence in the utilization of FP and contraceptives in general. The demographic factors examined included age, sex, marital status, number of children, and education level.

The expectation about sex was that because women were the ones who may suffer more from the consequences of not using protection as well as from not limiting the chances of getting pregnancy. On this basis, they would be the ones who would be more likely to use FP and contraceptive commodities. The results of this study (Table 4.4) verified the assumption, whereby 93.6% of the women respondents used these services compared to 74.4% among men (p=0.000). As for age, the assumption was that since young people are more sexually active, they would be more likely to access FP and contraceptives. Table 4.4 shows that, age was indeed associated with the use of FP and contraceptives as 86% of the youth respondents used these services compared to 75% among adults, which was almost significant (p=0.058). As for marital status, the assumption was that because of the influence of religion that allows sex for married people only, the expectation of this variable (sex) was that unmarried respondents were less likely to use FP and other contraceptives compared to the couples who were married. Contrary to this expectation, as high as 78% among single used FP and contraceptives even though the utilization among couples was higher by 87%, and the results were insignificant (p=0.084). With regards to the number of children it was assumed that people who have children are more likely to use family planning compared to people who have no children (63%), the association which was significant (p=0.043). The expectation about people with high level of education was that they were more knowledgeable about the importance of FP and contraceptives and so they would be more likely to use the services more effectively than the less educated. Consistent with this assumption, the results from the study indicated that, indeed, 81% of the respondents with secondary education and above used FP and contraceptives as opposed to only 59% among illiterates and those with primary education, the result which was significant (p=0.031).

Table 4.4: Association between demographic factors and contraceptive use (N=200)

		FP and Contraceptive Utilization				
Variable	**Variable categories**	**Use**		**Do not use**		
		n	**%**	**n**	**%**	**P-Value**
Sex	Male	67	74.4	23	76.7	0.000
	Female	103	93.6	7	23.3	
	Total	170	100	30	100	
Age in years	Youth	155	86	25	83.3	0.058
	Elders	15	75	5	16.7	
	Total	170	100	30	100	
Marital status	Single	47	78.3	13	43.3	0.084
	Couples	123	87.8	17	56.7	
	Total	170	100	30	100	
Number of children	Have children	132	94.2	8	26.6	0.043
	Do not have children	38	63.3	22	73.3	
	Total	170	100	30	100	
Education level	Illiterates & Primary	79	46.5	17	56.7	0.031
	Secondary &above	91	53.5	13	43.3	
	Total	170	100	30	100	

Source: Field data (2017)

4.5 Position of Religious Teachings vis-à-vis FP and Contraceptive Use

The most crucial variable of interest in this study was the role of religious teachings in influencing the utilization of FP and contraceptives, which was in accordance with the second specific objective. Table 4.5 demonstrates in summary the position of religious teachings on FP and contraceptive utilization. These data were analyzed qualitatively, providing religious' view on issues concerning family planning and contraceptive utilization. Before getting into the analysis of whether religious teachings influence the way their believers use FP and other contraceptive commodities, it was important to have a broader picture of these teachings. Starting with Islamic teachings, findings revealed that, FP including the use of natural methods was not forbidden. According to their teachings, FP is important in allowing people to space their children. However,

artificial methods such as pills and condoms were restricted. On the part of Christianity, data from religious leaders revealed that the Lutherans, SDA's and TAG's were not completely against the use of natural methods in the manner of child spacing but were completely against all artificial methods contrary to the RC's that were against any form of family planning, emphasizing sexual intercourse being for procreation (Table 4.5). Since most religions seemed to restrict the use of artificial methods, it would suggest these methods would be less likely to be used among their believers. The question however was would such teachings really hold?

Table 4.5: Position of Religious Teachings

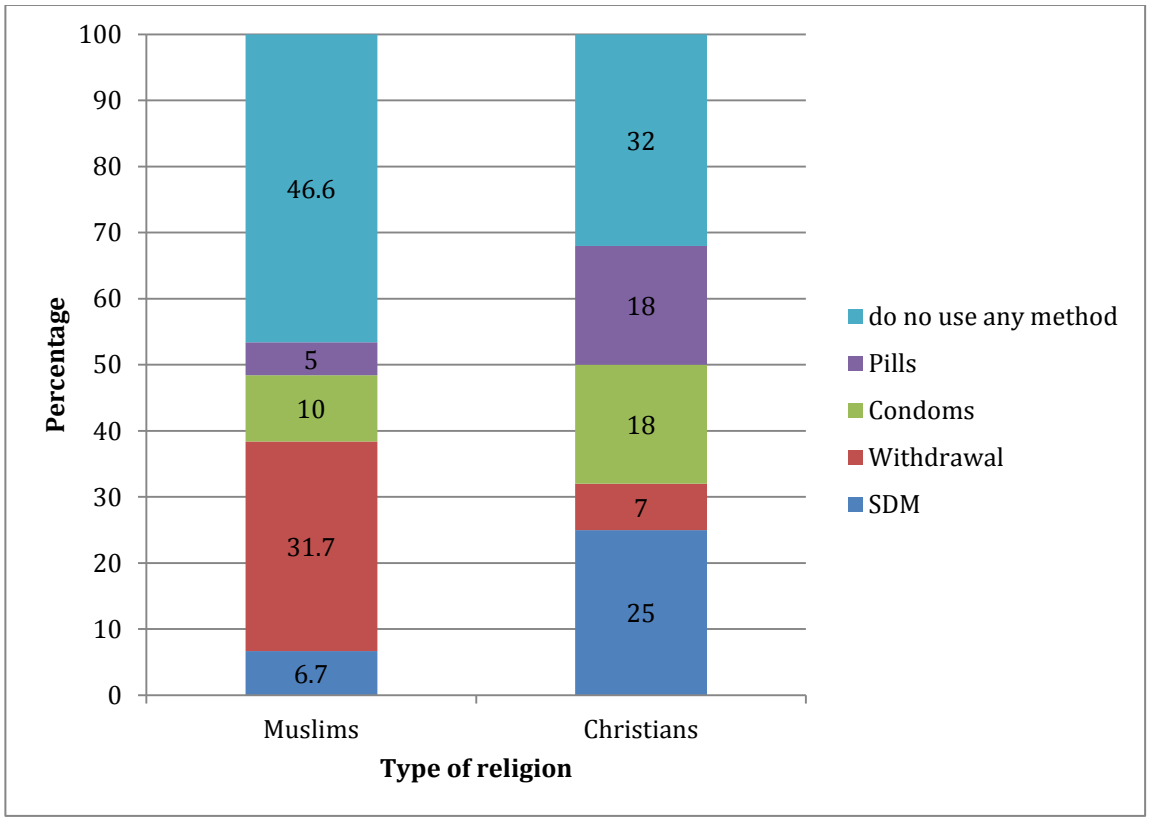
Domain		**Teachings**
Muslim		Family planning according to Islamic teachings is not forbidden, however, it allows the use of natural methods only. Artificial methods like pills and condoms are forbidden. Also, family planning in Muslim's teachings is allowed for establishing intervals between children, however, controlling the number of children is forbidden.
Christian:	Christianity in general	Christians' teachings based on FP and contraceptive utilization differs significantly according to denominations. The following are the differences in denominations' teachings based on FP and contraceptive utilization.
	Roman Catholics	According to RCs' teachings, the use of family planning is condemned including both natural methods and artificial methods. The teachings emphasize that primary purpose of sexual intercourse is for procreation.
	Lutherans	Lutherans' teachings also condemn the use of family planning and contraceptives. However, religious leaders do not condemn family planning utilization in churches that is why many Lutheran followers are not aware of their religious stand on FP and contraceptive utilization.
	SDAs	SDAs allow the use of natural methods of family planning like standard days methods. However, they condemn the use of artificial methods like pills due to side effects.
	TAGs	TAG' teachings based on FP and contraceptive utilization does not differ with the teachings of SDAs. TAGs allow the use of natural methods of FP while artificial methods are forbidden. Artificial methods are forbidden because they are associated with side effects

Source: Field data (2017)

As pointed out above, it was in the interest of this study to find out if really religious teachings and stands influenced FP utilization. As already said earlier on, on the part of Muslims, fundamental Muslims were not in favor of modern contraceptives (Pauline et

al., 2015).However, contrary to these teachings, results obtained from questionnaires and interviews revealed that only 46.6% of Muslim believers seemed to adhere to their religious teachings while 53.4% used some FP and contraceptive (Figure 4.1). As for Christianity, the influence of religion was slightly weaker than that of the Islamic religion, with only 32% of them not having used any FP or contraceptive while 68% used some form of such services (Figure 4.1).

Figure 4.1: Differences on contraceptive use among religions



Source: Field data (2017)

Having examined the overall influence of religion in terms of Islamic and Christianity, the interest of this study was to go further and see the role of each denomination given that they differences in their perceptions and emphasis on FP and contraceptive use. Interview findings of this study indicated that Roman Catholics condemned all methods

of FP and contraception including natural methods. One of the religious leaders commented that "*the primary purpose of sexual intercourse was for procreation and hence there was no need of using these methods of family planning*." But contrary to such a stand, questionnaire findings revealed that only 32.5% of the RC followers complied by saying they did not use any method of FP compared to 67.5% who used the services, implying they did not comply with the religious teachings (Figure 4.2).

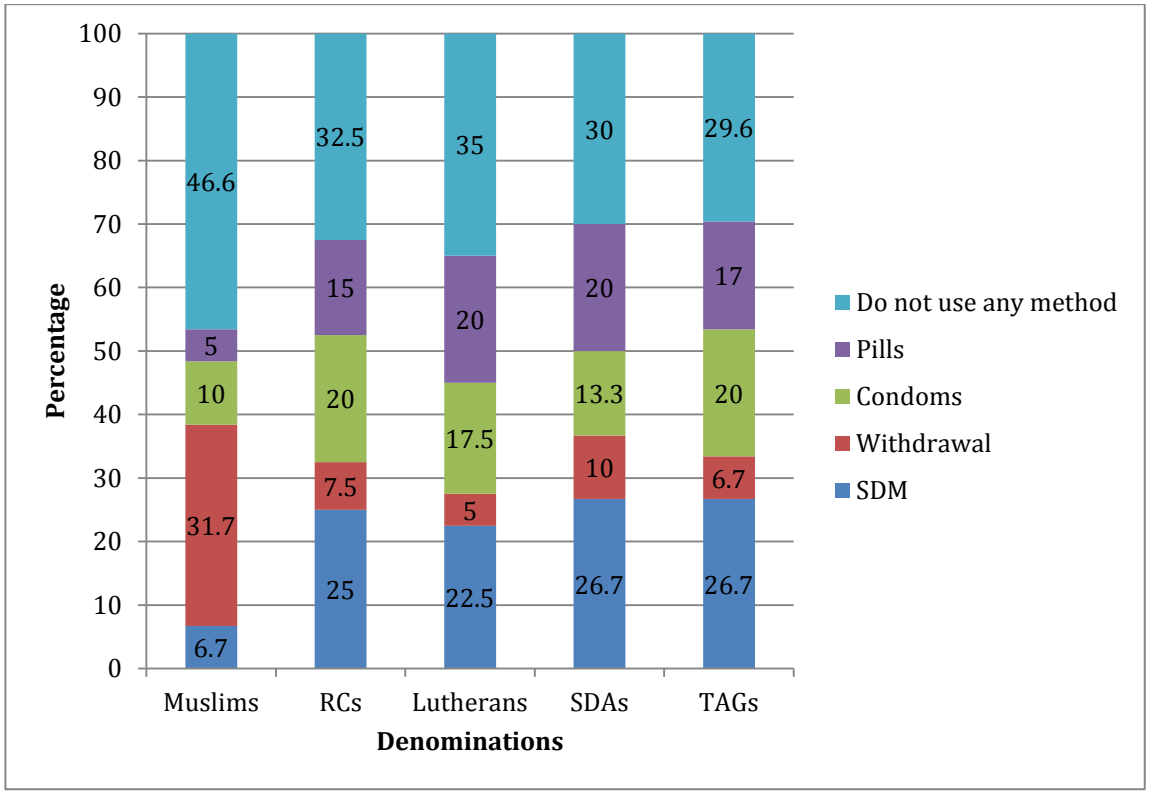
Different from the RCs, interview findings on Muslim, SDA, and TAG showed that these denominations allowed natural methods of family planning such as the use of calendars. Besides, Muslims allowed the method of withdrawal during ejaculation as a method of family planning.

However, all of them condemned the use of condoms and abortion methods like pills intake to be used by their followers as methods of family planning. In brief, while questionnaire findings revealed that 46.6% of Muslims, 30% of SDA, and 29.6% of TAG followers did not use any kind of family planning method, 53.4% of Muslims, 70% of SDA, and 70.4% of TAG religious followers used family planning (Figure 4.2).

On the side of Lutheran respondents, some demonstrated that natural methods like the use of calendar were allowed while others said the use of FP and contraceptive methods were generally not recommended. Many of them said that their religious leaders did not teach them about FP and Contraceptive use in the church hence they did not know their church's stand in this matter. However, results obtained from interview with Lutheran leaders revealed that, the church condemned the use of modern contraceptive methods especially the use of condoms and pills. Like the RCs, they defended their stand by teachings from the Bible that *"the primary purpose of sexual intercourse is for procreation"*. But on the contrary, the reality shown from the questionnaire findings indicated that only 35% of Lutherans complied with religious teachings by not using

contraception, while 65% did not comply with these teachings because they used contraceptives (Figure 4.2).

Figure 4.2: Differences on contraceptive use among denominations



Source: Field data (2017)

Generally, in spite of the clarity of religious stand on matters concerning family planning and contraceptive use, the real situation was that the majority of believers behaved contrary to their religious doctrines. Whereas the RCs condemn the use of FP, the findings showed that some Roman Catholics respondents used these methods, including condoms and pills. While Muslims, SDAs and TAGs allowed the use of natural methods and not the use of artificial methods like condoms and pills, the results showed that, their followers used the very methods their religions were opposed to, that is, artificial methods like pills and condoms. Thus, according to the results obtained

from questionnaire, religious teachings have no significant influence on family planning and contraceptive utilization (p=0.070) (p-value results not presented here).

4.6 Influence of Other Factors on FP and Contraceptive Utilization

After presenting data about the position of religious teachings on FP and Contraceptive utilization, a picture on the influence of other factors on family planning utilization is presented. Table 4.6 presents the influence of distance, price, employment, side effects, availability of commodities, and availability of HCWs, and friendliness of HCWs on FP and Contraceptive utilization..

Table 4.6: Influence of other factors on FP and Contraceptive utilization

		FP and contraceptive utilization frequencies		
Domain	**Categories**	**Do not use**	**Use**	**P-Value**
Distance	Short Distance Long distance	9 21	151 19	0.000
	Total	30	170	
Availability of commodities	Not available Available	22 8	82 88	0.011
	Total	30	170	
Availability of HCWs	Not available Available	19 11	81 89	0.113
	Total	30	170	
Friendliness of HCWs	Not friendly Friendly	19 11	62 108	0.006
	Total	30	170	
Side effects	No Yes	10 20	127 43	0.000
	Total	30	170	
Price	Low High	12 18	94 76	0.095
	Total	30	170	
Employment	Employed Not employed	13 17	104 66	0.067
	Total	30	170	

Source: Field data (2017)

Findings obtained from questionnaire on the influence of distance, side effects, price, employment, availability of commodities, HCWs and friendliness of HCWs on FP and Contraceptive utilization revealed that price, employment, and availability of HCWs had no significant influence on the use of FP and contraceptives (p=0.095; p=0.067; and p=0.113, respectively).However, it was revealed that distance had significant influence on FP and contraceptive utilization (p=000). The same applies to availability of commodities and friendliness of HCWs, as the questionnaire findings indicated that these variables significantly influenced the use of FP and contraceptives (p=0.011; &p=0.006, respectively). It was expected that side effects such as inter-menstrual spotting, weight gain, nausea, headache and migraine, missed periods, vaginal discharge, mood changes, and decreased libido would negatively affect the utilization of these methods (see Smith, 2018). As assumed, the questionnaire findings on this indicated that side effects significantly influenced FP and contraceptive use (p=000).

4.7 Ranking of the influence of religion vis-à-vis other factors on FP and contraceptive utilization

Finally, after presenting the influence of religion and other factors on FP and contraceptive utilization, some steps were taken to see the rank of the influence of religion on FP and contraceptive use visa vise other factors including age, sex, distance and service related factors like availability of FP commodities. Questionnaire findings established that among other factors influencing FP and contraceptive utilization presented in Table 4.7, religion was the last because it had no significant association with FP and contraceptive use (0.070), although the OR was 3.6 (95% CI 0.825-15.970).In fact data from this study have indicated that 78% of various religious followers who participated in this study used family planning regardless the fact that religious teachings were not in favor with the use of contraceptives. Giving emphasis on why most of them could not adhere to religious teachings, one of the male respondents said that; *"the price of food and other services like shelter, health and education have increased nowadays to the extent having too many children is burdening*".

However, other factors such as sex, availability of commodities and friendliness of health care workers (HCWs) significantly increased the use of family planning and contraceptives. Specifically, sex had OR=5.0, 95% CI 2.053-12.427, with p-value=0.000; availability of FP commodities had OR=2.9, 95% CI 1.245-6.997, with p-value=0.011; while friendliness of health care workers had OR=3.0, 95% CI 1.344-6.734, with p-value=0.006. On the other side, as the age of people increased above 39 years old, it decreases the use of family planning and contraceptives (OR=0.3, 95% CI 0.111-1.080, with p-value=0.058). This could have been because of the decrease of sexual activities for aged people compared to the youth; hence the chance of getting pregnancy became low automatically without the help of contraceptive uptake. In addition, questionnaire findings indicated that side effects associated with the use of family planning and contraceptives significantly decreases the use of FP and contraceptives (OR=0.2, 95% CI 0.074-0.390) with p-value=0.000.

Table 4.7: The influence of religion and other factors on FP and contraceptive utilization: logistic regression results

Variables	Odds Ratio	95% CI	P-Value
Religion	3.6	0.825-15.970	0.070
Sex	5.0	2.053-12.427	0.000
Age	0.3	0.111-1.080	0.058
Distance	0.05	0.020-0.127	0.000
Availability of FP commodities	2.9	1.245-6.997	0.011
Friendliness of HCWs	3.0	1.344-6.734	0.006
Side effects of contraceptives	0.2	0.074-0.390	0.000

CHAPTER FIVE
DISCUSSION OF RESEARCH FINDINGS

5.1 Introduction

This chapter provides a discussion of the findings presented in chapter four in line with findings of other previous studies.

5.2 Discussions

In comparison with other studies, this cross-sectional study of Morogoro Municipality assumed that religious influence was the most influential factor over other factors influencing FP and contraceptive utilization. It was, in contrast, observed that, religious teachings had no significant influence on FP and contraceptive utilization since all religious teachings condemn the use of artificial methods of family planning like condoms and pills. However in practice, the use of condoms was a common experience across religious groups in Morogoro Municipality. This implies that in spite of all religions being conservatives in applying FP and contraceptives, people do not abide to these teachings.

These findings imply that consumers are rational beings. They choose to consume commodities that maximize their utility. Given that the emphasis religious teachings take them to disutility, most of them would avoid abiding to such teachings. Having too many children whom they could not afford supporting was a disutility to them. Instead, opting for FP and contraceptives gave them a higher utility by limiting the number of children they should have while enjoying the pleasure of having sexual intercourse with their partners without any fear.

This is definitely a dilemma on the part of religious leaders. If their teachings were to become meaningful and practical to their followers, they needed to preach what their followers could afford doing. However, this could mean changing the scripture in the

holy books, which was impossible. But on the other, preaching something that could not be followed was a waste of time.

Worse, the stance by various religious groups to emphasize on their followers desisting from contraceptive utilization is like going against the country's and the world's efforts in combating infant and maternal mortality rates, as stipulated in the MDGs. People need to use these methods not for promiscuity reasons but for family planning purposes given that if they cannot plan how many children they should have, this leads to many social and economic problems since this trades off a lot with the social and economic obligations of raising those children. For example, they are needed to have enough food for those children. They also need to have enough money to take their children to school, and so on. All these needs are in fact so pressing to the extent that even if religious teachings are supposed to be feared, the fear of failing to take responsibilities of large families seemed to be overwhelmingly greater.

The tone necessitates them to use family planning so as to take care of all responsibilities smoothly. This finding is similar to the study conducted by Michael (2012) that found no significant association between religion and contraceptive use. However the same study revealed that education level, occupation, traditional cultural beliefs, access of information and support from husband/partner influenced FP and contraceptive utilization.

Findings presented in this study revealed that, social factors like sex and age have significant influence on FP and contraceptive utilization. For instance as you are aged person, mainly sexual activities decreases, hence automatically the chance of getting pregnancy also may decrease without the help of using any contraceptive methods. Apparently, according to WHO (2005) reproductive age is considered to start from 15 years old to 49 years old, hence possibly the chance of getting pregnancy decreases with age, as a result family planning use may decrease as the age increase like established by

empirical evidence of this study. In addition, women may feel more obligated to uptake family planning so as to participate in economic activities like men do, and having the health of mother and child secured and decrease maternal death. As empirical evidence established that pregnancy interval of less than 6 months are associated with 150 percent of increased risk of maternal death, 70 percent of elevated risk of third trimester bleeding, 70 percent increase of premature rupture of membranes, and 30 percent increased risk of postpartum endometriosis in the next pregnancy (Global Health eLearning Centre, 2018).

Results obtained from this study showed that variables like price of contraceptives, income level, and employment did not have significant influence on FP and contraceptive utilization. However, this could have been because of the fact that according to the National Health Policy in Tanzania, such services are highly subsidized. Otherwise price could be a restrictive factor. The Government of Tanzania collaborates with NGOs and other stakeholders in the provision of reproductive health services including family planning free of charge or at a reasonable price in order to ensure accessibility of services for all (Pathfinders International Tanzania, 2008).

The same applies with employment, it does not seem to be an influencing factor because whether one is employed or not; the consequences of say having too many and unplanned children would be the same across religious groups. However, the findings of this study revealed that distance have significant influence on FP and contraceptive utilization. Although empirical knowledge established that distance is not a significant factor affecting FP use because people can look for important services regardless how far they are (GHeLC, 2018), still it always have an impact.

About service related factors including availability of FP commodities and HCWs, as well as friendliness of HCWs, the findings of this study indicated that availability of FP commodities and friendliness of health care workers significantly increases family

planning and contraceptive utilization (refer to table 4.7). For instance in Morogoro municipality people in need of family planning have variety of family planning choices as FP commodities are well available at health facilities like hospitals, health centers, dispensaries and for contraceptive methods like condoms are sold even at normal retail shops available at the streets. Empirical evidence suggest that the use of modern contraception increases when more methods become available, for instance in Taiwan modern contraceptive use increased as a result of provision multiple methods in family planning programs, and it was the revealed that addition of one method would increase total contraceptive use by about 12 percent, hence if contraceptive prevalence is 40% then it would rise to 52% (Ross and Stover, 2009).

Despite their importance, the results from the study revealed that people are not in favor with the use of modern contraception like pills due to side effects associated with the use of artificial methods like pills. As the questionnaire findings indicated that side effects of contraceptives significantly decreases the use of family planning and contraceptives (refer to table 4.7). For instance, the issue of intensive bleeding experienced by some of respondents of this study made them stop the use contraceptive methods: Respondents seemed to stress the use of contraceptive to other peoples, which means that, those few who experienced side effects of contraceptives, they used to spread the bad image of contraceptive use to other potential users in a reproductive age. According to Allison and Foulkes (2014), artificial methods like hormonal contraception (pills, injectables, and implants) intrauterine devices (IUDs), emergency contraceptive pills (ECPs), barrier methods (male and female condoms, spermicides) and sterilization are associated with adverse health effects such as menstrual cycle disorders and excessive bleeding. Indeed, side effects can become a major barrier in seeking such services.

Findings of this study demonstrated that some Christian denominations like SDA and TAG support the use of natural methods of family planning such as the use of calendars with the much emphasis that it is free from side effects and this method is clearly taught

in the marriage council of the churches while the topic of family planning is brought up. Married couples are taught on how to count their menstrual days, what days are safe and what days are more likely to lead into pregnancy so that married couples have the choice to decide when they should conceive but also with care to provide a reasonable interval between children. It was also confirmed in this study that Muslims support the use of natural methods of FP like the use of calendars and withdrawal method. For instance the use of withdrawal method among Muslims was very common since the prophets and the companions also used it, however they used it in order to control the interval between children at least the interval of two years among children. Birth control on Muslim's perspective is merely for interval control rather than controlling the number of children. Similar to this finding, a study conducted by USAID (2008) revealed that withdrawal method was highly applied by Muslims and with a reference to the hadith of the Prophet Muhammad (may peace be upon him) that explained withdraw methods as to be used only to create the interval between children of at least two years hence ejaculation should be done outside and not inside in the presence of another child younger than two years. Also, it is estimated that withdrawal method has 73% effectiveness (FHI 360, 2013). As much as the encouragement of the withdrawal method by many religions would be a good step towards promoting utilization of such services, religious teachings could basically become a barrier.

According to Pauline et al. (2015), Roman Catholics have a lot of restrictions on the use of family planning methods and contraception compared to other denominations. Similar to the findings obtained from questionnaires and interviews, RCs condemn the use of all methods of family planning and contraception. The issue of contraceptive use among Roman Catholics is very severe and they went too far on this: For instance, St. Augustine declares that "intercourse even with one's legitimate wife is unlawful and wicked where the conception of the offspring is prevented. Onan, the son of Juda, did this and the Lord killed him for it." Lutheran religious leaders also condemn the use of family planning methods; however; they neither supported it nor condemned it in church.

Lutheran religious followers also said that their leaders do not use church sessions to condemn or to support the use of family planning methods.

In supporting the government, religious leaders and their relevant institutions play a great role. Religion plays a great role in humanitarian issues as well as community development through different development programs. Foremost, religion shapes the behavior of peoples in different communities. For instance in the communities people stopped addictive behaviors like alcoholism, smoking and unsafe sex for the sake of pleasing Almighty God. This is why this study was set to establish the position of religious teachings on family planning and contraceptive utilization. Results obtained from questionnaire revealed that, 52.6% of respondents believed in everything they were taught in schools of religious thoughts and they on average comply with all religious requirements. However, on the issue of FP and contraceptive utilization, majority of respondents were not influenced at all by religious teachings on the use of FP and contraceptives. Majority of respondents reported that, they do not use FP and contraceptives due to the fear of its side effects rather than fear of religious teachings. Other respondents reported that they are not interested with the use of family planning while other needed more children and that the use FP and contraceptive method is not their priority.

Grisanti (2012) a professor of Old Testament argued that the use of FP and contraceptives should not be influenced by religious mindset. Hence, religious leaders should not use religious mindset to condemn the use of FP and contraceptives instead they should take consideration to the benefits of family planning on birth and population control. This is not similar to the findings of this study because it was revealed that religious leaders base their views on religious scriptures to condemn the use of family planning. In the same line, Christians are reluctant to change their views in order to support family planning to the best interests of the society. However the globalization and dynamic changes in technology could influence religious leaders to change their

position regarding family planning and contraceptive utilization. Much evidence indicate that globalization have brought about decline of morals among young generations; young generation is so vulnerable to early pregnancies as they are engaged in sexual relations at a very young age indeed.

Thus, religious leaders could see in the future that the problem of early pregnancy and its related impacts like sexual transmitted diseases like HIV is severe, hence it is better to allow the use of contraceptives like condoms than to condemn its use while living the young generation at risk of high destructions.

However, some denominations including Muslims, SDA, and TAG support the use of natural methods of family planning like Standard Days Method (SDM) and withdrawal methods. According to Arevalo et al. (2002), SDM is 95% effective when used perfectly, with a typical-use efficacy of 88%.Tortora (2007) revealed that, in Sub-Saharan Africa people trust faith-based organizations more than they trust their own governments. Hence, the government should promote the use of natural methods with the support of religious leaders from denominations that allow the use of natural methods of family planning. This will help to make them change their views in the future and accept the use of artificial methods like pills and condoms as well.

CHAPTER SIX
SUMMARY, CONCLUSIONS AND POLICY IMPLICATIONS

6.1Summary

This study explored the influence of religion on family planning and contraceptive use to see if the influence of religious teachings is greater than other factors like distance, education, price of contraceptives and income level. Thus, the objective of this study was to examine the influence of religion on contraceptive use and FP in general. On the same basis, the specific objectives entailed the need:

i. To determine the extent of FP and contraceptive utilization among religious followers in Morogoro Municipality
ii. To determine the influence of religious teachings on the uptake of FP and contraceptive use.
iii. To investigate the role of other factors on the uptake of FP and contraceptives.

Findings on the main research objective revealed that, religion has no significant influence on family planning and contraceptive utilization, as p-value was 0.070, above significance rate of 0.05. In addition, the position of religious teachings is too different from the real practice on condom use. It was revealed that, all religions and denominations condemn the use of artificial methods of family planning including condoms and pills; however in the practice, it was revealed that, 15.5% of respondents use condoms, 14% use pills, 19% use SDM, 14.5% use withdrawal method, 6.5% use lactation amenorrhea method, 6% of the respondents use injectables and 9.5% use implant.

Findings on the specific research objectives indicated that, in spite of the fear imposed by religious teachings in life, the fear of life itself in terms of fulfilling socio-economic responsibilities like taking care of children with good nutritional care, health care as well as better education seemed to be overwhelmingly greater. Individuals seemed to be driven by socio-economic factors particularly sex and age on the use of family planning

and contraceptive than the position of religious teachings. On the issue of family planning, religions and denominations differs because Roman Catholics seemed to have more complications on this compared to other denominations: Lutherans are neutral because their leaders do not use churches to condemn the use of contraceptives while Muslims, SDAs and TAGs allow the use of natural methods of family planning like SDM and withdrawal. Nevertheless, religious leaders seemed to be resistant to change their views, however in the future they could be influenced to change due to high incidence of early pregnancy that is vulnerable to young generation.

6.2 Conclusions

Results obtained from this study revealed that many people believe in religious teachings and on average complied with the teachings. However, religion has no significant influence on FP and contraceptive utilization, as p-value was 0.070, above the alpha level of 0.05. Hence, in ranking, other factors including social factors particularly sex and age, biological factors particularly side effects of contraceptives and service related factors particularly distance, availability of FP commodities and friendliness of health care workers have significant influence on FP and contraceptive utilizations. With regards to the findings of this study, it was noticed that distance and side effects of contraceptives significantly decreases the use family planning and contraceptives; (OR=0.05, 95% CI 0.020-0.0127) with p-value=0.000 and (OR=0.2, 95% CI 0.074-0.390) with p-value=0.000 respectively. In addition, as age of people increase above 39 years, there is considerable fall in contraceptive utilization, as empirical evidence in this study established that increase of age lead to the decrease in contraceptive use (OR=0.3, 95% CI 0.111-1.080) with p-value=0.058. On the other side, sex (OR=5.0, 95% CI 2.053-12.427) with p-value=0.000, availability of family planning commodities (OR=2.9, 95% CI 1.245-6.997) with p-value=0.011 and friendliness of health providers (OR=3.0, 95% CI 1.344-6.734) with p-value=0.006, significantly increases the use family planning and contraceptives.

On the side of religious teachings, it seems that Roman Catholics are extremely against all kinds of contraceptives compared to other denominations. As it was indicated that natural family planning methods like standard days method (SDM) and withdrawal method are accepted by Muslims and some of Christianity denominations like SDA and TAG. However, modern contraceptive methods like hormonal contraception (pills, injectables and implants), intrauterine devices (IUDs), emergency contraceptive pills (ECPs), barrier methods (male and female condoms, spermicides) and sterilization are not allowed by all religions and denominations.

6.3 Policy Implications

In supporting FP and contraceptive utilization in Morogoro Municipality and in Tanzania at large, the government and other stakeholders should take the findings of this study into account in order to create good policy environment. The following are the policy implications of this study:

i. The study revealed that, social factors like education, sex and age influence FP and contraceptive utilization. Hence, the Government should improve the accessibility and quality of education services in the country because if we have a well-educated society, benefits of family planning in birth control might be realized in the country.

ii. Findings of this study demonstrated that, most of people fear to take artificial methods of family planning due to side effects associated with its use. The government should educate the society to remove this notion. Everything has advantages and disadvantages; hence, they should consider the benefits of using FP and contraceptives in birth control.

iii. Availability of health commodities and health care workers in HCFs is at average; hence the Government and other stakeholders should maintain the current situation and accessibility of family planning services should be improved as well.

iv. Results obtained from this study demonstrated that Muslims and some Christian denominations allow the use of natural methods of family planning. The government should promote the use of natural methods of family planning using religious leaders who support it.

v. It was revealed that majority of respondents believe religious teachings, and on average, comply with the teachings. The government should try to consult religious leaders in order to motivate change for their views on FP and contraceptive utilization for public benefit.

vi. Based on the findings of this study, it has been shown that followers of various religions continue to use FP and contraceptives despite religious teachings forbidding them. This means that, religion should not be feared as being a great opponent towards the national efforts to promote FP and contraceptives in the country since its influence is negligible

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APPENDICES

APPENDIX I: QUESTIONNAIRE

<table>
<tr><th>No</th><th>Question</th><th>Response</th><th>Code</th></tr>
<tr><td></td><td>A: BACKGROUND VARIABLE QUESTIONS</td><td></td><td></td></tr>
<tr><td>A1</td><td>Sex</td><td>Male
Female</td><td>1
2</td></tr>
<tr><td>A2</td><td>Your age in years?</td><td></td><td></td></tr>
<tr><td>A3</td><td>Your marital status?</td><td>Single
Married
Living like married
Divorced
Widow</td><td>1
2
3
4
5</td></tr>
<tr><td>A4</td><td>Type of marriage</td><td>Monogamous
Polygamous</td><td>1
2</td></tr>
<tr><td>A5</td><td>Number of children?</td><td></td><td></td></tr>
<tr><td>A6</td><td>What is your education level (in years)</td><td></td><td></td></tr>
<tr><td>A7</td><td>What is your specific occupation for survival?</td><td>Farm work
Entrepreneur
Employed
Other (specify</td><td>1
2
3
4</td></tr>
<tr><td>A8</td><td>What is the number of years in your occupation?</td><td></td><td></td></tr>
<tr><td>A9</td><td>Assets you have</td><td><table><tr><th>Asset</th><th>Number</th><th>Value</th></tr><tr><td>House</td><td></td><td></td></tr><tr><td>Cattle</td><td></td><td></td></tr><tr><td>Farm in hectares</td><td></td><td></td></tr><tr><td>Cars</td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table></td><td></td></tr>
<tr><td>A10</td><td>Distance from health facility?</td><td></td><td></td></tr>
<tr><td>A11</td><td>What is your religion?</td><td></td><td></td></tr>
<tr><td>A12</td><td>What is your denomination?</td><td></td><td></td></tr>
<tr><td>A13</td><td>What is your religiosity?</td><td>Highly committed
Average
Not committed at all</td><td>1
2
3</td></tr>
<tr><td></td><td>B: FP AND CONTRACEPTIVE USE</td><td></td><td></td></tr>
<tr><td>B1</td><td>How many children do you have?</td><td></td><td></td></tr>
<tr><td>B2</td><td>How many children do you/your couple wishes to have?</td><td></td><td></td></tr>
<tr><td>B3</td><td>Mention the sex of your children</td><td>Female
Male</td><td>1
2</td></tr>
<tr><td>B4</td><td>What sex do you like to have more among your children?</td><td>Female
Male</td><td>1
2</td></tr>
</table>

B5	What is the interval of your children?					
B6	Was it planned?					
B7	What is the interval of children do you/your couple wishes to have?					
B8	Do you/your couple use any FP or contraceptive method?	No Yes			0 1	
B9	If yes, what kind of FP or contraceptive method do you use?	Method	Yes/No	Availability		
		Condoms		Not available	0%	0
				Average	50%	1
				Available	≥75 %	2
		Pills		Not available	0%	0
				Average	50%	1
				Available	≥75 %	2
		Injectables		Not available	0%	0
				Average	50%	1
				Available	≥75 %	2
		Implants		Not available	0%	0
				Average	50%	1
				Available	≥75 %	2
		Natural method like SDA		Not available	0%	0
				Average	50%	1
				Available	≥75 %	2
B10	How often do you use contraceptives?					
	C: SOCIAL FACTORS					
C1	Being a woman/man, does it influence you in any way on the	Not at all			0%	0

	use of FP method?	Little Average Much Very much	25% 50% 75% >75 %	1 2 3 4
C2	In what ways is your sex influence you on the use of FP method?			
C3	Does your age influence you to use FP and contraceptives?	Not at all Little Average Much Very much	0% 25% 50% 75% >75 %	0 1 2 3 4
C4	In what ways is your age influence you on the use of FP method?			
C5	Does your marital status influence you to use FP and contraceptives?	Not at all Little Average Much Very much	0% 25% 50% 75% >75 %	0 1 2 3 4
C6	In what ways is your marital status influence you on the use of FP method?			
C7	Is the number of children you have influencing you to take FP and contraceptives?	Not at all Little Average Much Very much	0% 25% 50% 75% >75 %	0 1 2 3 4
C8	In what ways is the number of children you have influence you on the use of FP method?			
C9	Is the type of marriage you have influencing you to take FP and contraceptives?	Not at all Little Average Much Very much	0% 25% 50% 75% >75 %	0 1 2 3 4
C10	In what ways is the type of marriage influence you on the use of FP method?			
C11	Are you aware of the importance of FP and contraceptives?	Not at all Little Average Much	0% 25% 50% 75%	0 1 2 3

		Very much	>75 %	4
C12	Mention one importance of FP and contraceptive utilization			
C13	Mention one effect of FP and contraceptive utilization			
	D: ECONOMIC FACTORS			
D1	To what extent does the price of contraceptives influence you to use FP and contraceptives?	Not at all Little Average Much Very much	0% 25% 50% 75% >75 %	0 1 2 3 4
D2	Why is the price of contraceptives influence you that way?			
D3	To what extent does your income level influence you to use FP and contraceptives?	Not at all Little Average Much Very much	0% 25% 50% 75% >75 %	0 1 2 3 4
D4	Why is income level influence you that way?			
D5	Is the distance from health facilities influence you to use FP and contraceptives?	Not at all Little Average Much Very much	0% 25% 50% 75% >75 %	0 1 2 3 4
D6	Does your employment influence you to use FP and contraceptives?	Not at all Little Average Much Very much	0% 25% 50% 75% >75 %	0 1 2 3 4
D7	In what ways employment of yours influence FP and contraceptive utilization?			
	E: CULTURAL FACTORS			
E1	What is your tribe?			
E2	What norms do you have in your tribe related to FP and reproductive health?			
E3	What beliefs do you have in your tribe related to FP and reproductive health?			
E4	What traditions do you have in your tribe related to FP and reproductive health?			
E5	According to your culture, what is your perception towards FP and contraceptives?			

E6	Does your tradition influence you to use FP and contraceptives?	Not at all Little Average Much Very much	0% 25% 50% 75% >75 %	0 1 2 3 4
E7	In what ways traditions influence FP and contraceptive utilization?			
E8	Do your norms influence you to use FP and contraceptives	Not at all Little Average Much Very much	0% 25% 50% 75% >75 %	0 1 2 3 4
E9	In what ways norms influence FP and contraceptive utilization?			
E10	Does your belief influence you to use FP and contraceptives?	Not at all Little Average Much Very much	0% 25% 50% 75% >75 %	0 1 2 3 4
E11	In what ways beliefs influence FP and contraceptive utilization?			
	F: INSTITUTIONAL FACTORS			
F1	Are health commodities available enough to support the use of FP and contraceptives	Not at all Little Average Much Very much	0% 25% 50% 75% >75 %	0 1 2 3 4
F2	Are health personnel available to influence FP and contraceptive utilization?	Not at all Little Average Much Very much	0% 25% 50% 75% >75 %	0 1 2 3 4
F3	Are health providers friendly enough to influence you on FP and contraceptive utilization?	Not at all Little Average Much Very much	0% 25% 50% 75% >75 %	0 1 2 3 4

	G: BIOLOGICAL FACTORS			
G1	Have you experienced any side effects of contraceptives?	Not at all Little Average Much Very much	0% 25% 50% 75% >75%	0 1 2 3 4
G2	Do side effects of contraceptives influence FP and contraceptive utilization?	Not at all Little Average Much Very much	0% 25% 50% 75% >75%	0 1 2 3 4
G3	Why side effects of contraceptives influence FP and contraceptive utilization?			
	H: POSITION OF RELIGIOUS TEACHINGS			
H1	What is your religion's view on FP and contraceptive utilization?	Condemn it Allow it	0 1	
H2	To what extent does your denomination prevent the use of contraceptives?	Not at all Little Average Much Very much	0% 25% 50% 75% >75 %	0 1 2 3 4
H3	What is your denomination's view on FP and contraceptive utilization?	Condemn it Allow it	0 1	
H4	To what extent does your denomination prevent the use of contraceptives?	Not at all Little Average Much Very much	0% 25% 50% 75% >75 %	0 1 2 3 4
H5	Among factors that influence the use of contraceptives, how do you rank the following factors as influencers of its use?	Social factors…….. Economic factors…….. Cultural factors…….. Institutional factors…… Biological factors……		
H6	Among factors that influence the use of contraceptives, how do you rank the following factors as influencers of not to use FP?	Social factors…… Economic factors……. Cultural factors…… Institutional factors……. Biological factors……		

APPENDIX II: INTERVIEW GUIDE

INTERVIWEE INFORMATION

Gender: Male/ Female

Age:

Your religion/ denomination:

Title:

No of years as religious leader:

OBJECTIVE OF THE STUDY

The main objective of the study is to describe the influence of religion on FP and contraceptive utilization specifically by finding out the position of religious teaching, differences in denomination teachings and readiness of religious leaders to change their stand.

QUESTIONS

1. Tell me about yourself.
2. Tell be about your experience as a religious leader.
3. Tell me about your relationship with the Government.
4. Mention the activity (ies) you or your religious institution conducted to support the Government?
5. If any Government program or action that has public interest goes against your religious teachings, how will you react?
6. What is your view on FP and contraceptive utilization?
7. What is your religion or denomination's view on FP and contraceptive utilization?
8. What do you preach or teach your religious followers about FP and contraceptive utilization?
9. Mention any advantage of FP and contraception utilization that you know.
10. If your denomination restricts the use of contraceptive, will you be able to change your views against it for the sake of public interest?