African Review Vol. 40, No. 2, 2013: 191-214

Local People's Knowledge of Male Contraceptive Methods in Zanzibar

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Abstract

This article discusses people's knowledge and habitual use of male contraceptive methods. It explores the factors which influence their perception and practices. The study revealed that most males have no knowledge of male contraceptive methods and family planning. Data suggest that the variation in knowledge of contraception is influenced by age and occupation. The youth and the nurses were more knowledgeable than other social groups. Religious teaching, beliefs and values influence not only people's perceptions and attitude towards contraceptive methods but also contraceptive preference and use. However, it was found that condom is the mostly known and preferred male contraceptive method followed by withdrawal method.

Introduction

In Africa, the need to involve men in the shared responsibilities related to sexual and reproductive health came after the International Conference on Population and Development (ICPD) held in Cairo in 1994. The conference focused on special efforts to emphasize men's shared responsibility to promote their involvement in responsible parenthood, sexual and reproductive behaviour including family planning and contraceptive use. The use of male contraceptive methods such as male sterilization, male condoms, and withdrawal are among important aspects of male involvement in family planning. The same message was emphasized in the 1995 World Conference on Women in Beijing where the shared responsibility between men and women in matters related to reproductive health and sexual behaviour emerged as the main agenda. The main focus was the inclusion of people who are sexually active but had been excluded by family planning

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programs (Richey, 2008). It is therefore a position of this work that contraception is one of the shared responsibilities between sexual partners. This article is divided into six sections. The first section discusses the theoretical consideration which guided the study and the entire discussion; it is followed by methodological issues characterized by two sub-sections, namely study area and the processes adopted to analyze data. Review of the literatures from other related studies from other countries are discussed in section three. Findings and discussion which end with conclusion are covered by section four, five, and six respectively.

Theoretical Framework

This study uses ideas of the "Social Construction of Reality" theory by Berger and Luckmann (1966) which draws on phenomenological philosophy of Afred Schutz. Berger and Luckmann (ibid) characterize everyday life as a fluid, multiple and precariously negotiated achievement in interaction. Their principal thesis is that individuals in interaction create social worlds through their linguistic and symbolic activity for the purpose of providing coherence and purpose to an essentially open-ended unformed human existence (Nyoni, 2008).

The theory refers to a specific theoretical paradigm whose fundamental assumption is that reality of everyday life is socially constructed (Berger and Luckmann, 1966:1). The phrase social constructionism is hereby used to refer to any social influence on individual or group experience. It is a truism that asserts that social reality does not fall from heaven, but that human agents construct and reproduce it through their daily practices. The social construction theory seeks to explain the process by which knowledge is created and assumed as reality like contraception use among men. Their basic contention is that "meaning is created through social interactions regardless of the validity of a given meaning", like the involvement of men in the use of contraception. Berger and Luckmann (1966) argue that meaning is conveyed through social interactions between people in behaviour exhibited objects used and language expressed when meanings are communicated through behaviours, objects, and language in a given social context is created.

In the realm of social construction of reality, every individual is born into objective social structure within which they encounter the significant others who are in charge of their socialization (ibid 1966:151). These significant others are responsible for interrelating with development being in their

environment, hence integrating them into their cultural and social order. The integration leads a new member to capture, interpret, comprehend and finally cope with the everyday life of his particular society as a sociable being.

It will be noted throughout the entire work that in some sections and cases, the concept of 'family planning' is predominant. That should not confuse readers, it is based on two major arguments, first, the fact that contraceptive methods, whether male or female and family planning are closely related within a broader subject of reproductive health. Secondly, findings show that many people especially with low level of education or/and from rural areas understand aspects of contraception within the context of family planning.

It is sometimes hard to be understood when one mention contraceptive alone without associating it with family planning. In this context, it is almost, inevitable to discuss issues of contraceptive methods independently from family planning. Nevertheless, as it can be learned from our discussion, local people are not using contraceptive methods (male or/and female) merely because of family planning purposes in the sense of limiting the number of children.

The logic of Malthus[1] as applied by many practitioners, demographers and policy makers, to a greater extent, is not the basis of local people's habitual use of male or/and female contraceptive methods. Whatever they use, contraceptive is mainly to improve maternal and child health through child spacing but not to reduce or/and limit a number of children. Other scholars in the field in Tanzania such as Omari (1989) support this argument.

The rationale of using social construction theory of the everyday reality in this study is based on the fact that it allows a critical review of the taken for granted attitude of many social discourses. Men experience on the participation in the family planning and the use of contraception can best be captured if one is concerned about the social construction of the everyday reality through its ability to focus on the meaning and interpretation of different actions taken for granted.

Besides its strength in explaining how local people construct and share their knowledge and reality, social construction of reality has been challenged by many social scientists such as (Harrison 1975, Schafer 2000; and Kendall 2005) who argue that, local people's knowledge must be equated to the entire

population. This implies societal development needs the common understanding and goals of members which is contrary to the premises of social construction reality. Furthermore, the theory is challenged for not being able to explain the current waves of change in our society. This is evidenced in our study, whereby the viability of the power of social construction of reality is apparent, however, it hardly takes into account various social changes including the use and the involvement of men in the contraceptive issues.

Method

This is an exploratory study. It employed the use of qualitative techniques of data collection namely in-depth interviews and Focus Group Discussions. Respondents were men and women of the reproductive age (15-49 years old). Other respondents included family health providers (Nurses), political and religious leaders. This study was conducted in Micheweni district in Pemba North in 2011. Primary data was collected from Kiuyu Mbuyuni, Maziwa ya Ng'ombe and Micheweni Mjini. A total number of 145 respondents participated in this study. Table below presents the characteristics and distribution of the respondents.

Table 1: Categories and distribution of respondents

Categories of respondents	**Name of the Shehia**					
	kiuyu Mbuyuni		Maziwa ya Ng'ombe		Micheweni Mjini	
	number	%	number	%	number	%
youth unmarried(male)	8	16.3	8	17.02	8	16.3
youth unmarried (female)	8	16.3	8	17.02	8	16.3
religious leader	1	2.04	1	2.12	1	2.04
married men	19	38.7	17	36.2	19	38.7
married women	11	22.4	11	23.4	11	22.4
Nurses	1	2.04	1	2.12	1	2.04
community elderly	1	2.04	1	2.12	1	2.04
Total	**49**	**100**	**47**	**100**	**49**	**100**

Source: Field Findings, 2011

Table 1 reveals that majority of the respondents who participated in this study were married men, 19 (38.7%) of whom were from Kiuyu- Mbuyuni, 19 (38.7%) Micheweni Mjini and 17 (36.2%) from Maziwa ya Ng'ombe. Since issues of sexual and reproductive health and contraception involve the participation of both men and women and youth of both sexes, it can be noted that married men are leading, followed by married women. Youth are evenly distributed across all study sites by their sex and marital status.

Table 2: Distribution of respondents by age

Age groups	**Name of the Shehia**					
	Kiuyu Mbuyuni		Maziwa wa Ng'ombe		Micheweni Mjini	
	Number	%	Number	%	Number	%
15-19	6	12.2	4	8.5	3	6.1
20-24	11	22.4	8	17.0	2	4.08
25-29	10	20.4	14	29.8	8	16.3
30-34	9	19.1	6	12.8	4	8.2
35-39	4	8.2	3	6.4	12	24.5
40-44	5	10.2	4	8.6	8	16.3
45-49	2	4.1	2	4.3	8	16.3
50-54	1	2.0	1	2.1	0	0
55-59	1	2.0	4	8.6	2	4.1
60+	0	0	1	2.1	2	4.1
Total	**49**	**100**	**47**	**100**	**49**	**100**

Source: Field Findings, 2011

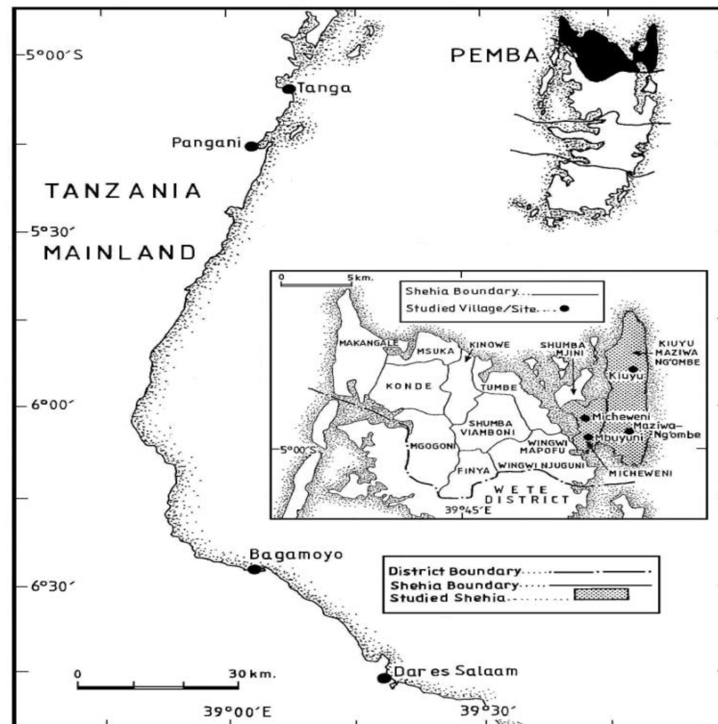
The majority of the respondents who participated in this study aged between 20-34 years and very few aged between 45- 60+ in all shehias.

Study area

This study was conducted at Micheweni District in Pemba, North-Zanzibar. The study site was chosen purposively because of the fact that two Demographics and Health Surveys (TDHS 2004/2005:76 and TDHS 2010:16) conducted in Pemba reported low level of use on male methods of family planning and contraceptives use with an increase of 0.1 percent of those not using any methods, from 92.8 per cent in 2004/2005 to 92.9 in 2010 (ibid). Similarly, TDHS (ibid) reported a decrease of 0.1 percent for male's methods from 7.2 percent in 2004/2005 to 7.1 per cent in 2010 which is the lowest in

the all regions in the country. Similarly, it is reported that in some areas in Pemba such as ChakeChake district contraceptive prevalence is generally low of 3 per cent which is far away from a national average of 27 per cent[2]. These are some of the reasons for choosing Pemba and particularly Micheweni district as study area. Below is the attached map of the study area (figure 1).

Figure 1: Study Area



Source: Sigalla and Charles, 2013

State of the Art

Knowledge, Attitudes and Perceptions (KAP's) have been the central agenda for men's participation in family planning and contraceptive use all over the world. Different Demographic and Health Surveys (DHS) and researches have reported that men are more knowledgeable than their wives or partners. And in most countries, both men and women are more likely to know more of modern contraceptive than traditional methods (TDHS 2004/5; 2010; Adamchack and Ruth and Mbizvo, 2001).

In five countries, namely Bangladesh, Brazil, Haiti, Malawi, and Zimbabwe all men practically reported knowledge of some modern contraceptive methods (Kim et, al., 1993). Men are most likely to know about pills, condoms and female sterilization. Of the two traditional methods, periodic abstinence is preferred to withdrawal. Men in East Africa are more likely to know about traditional methods than men in other regions (ibid). Moreover, many more men know of female sterilization than male sterilization (vasectomy). In Morocco, for example, 78 per cent of men who were surveyed reported knowing about female sterilization, but only 9 per cent knew of vasectomy. However, in Bangladesh where knowledge of all methods is widespread, 99 per cent of men know of female sterilization, while 90 per cent know of all male sterilization (Roudi, 1996).

Knowledge of modern contraceptive methods and family planning is generally high among men than women, but variations by countries are substantial. For example, the contraceptive prevalence rates estimated in all African countries were less than 15% in 1990 except in Zimbabwe, Kenya and Botswana (Rutenberg et al, 1991). Furthermore, the proportion of husbands who know at least one method ranges from 57 per cent in Burkina Faso to 100 per cent in Brazil **(**Rutenberg et al, 1991). Knowledge of modern contraceptive methods is lower among husbands in West Africa than elsewhere. Similarly, wives exhibit a high level of knowledge of modern methods: from 57 per cent in Cameroon to 100 per cent in Bangladesh, Brazil and Egypt. The difference between the proportion of husbands and wives who know a modern contraceptive method is generally small within a country (Ezeh, 1993).

West African men are slightly less than men in other regions to know about contraception (ibid). In Cameroon, for example, 74% of the surveyed men reported knowledge of at least one contraceptive method. Also, men in Pakistan reported low levels of knowledge of contraception compared to men in other countries surveyed (Dodoo, 1994). It is worth mentioning that the reason given for using contraceptives in many African societies is birth spacing and care for a mother than limiting the number of children (Omari, 1989). It can therefore be argued that low contraceptive prevalence is partly responsible for the high fertility levels in Sub-Saharan Africa except Central African countries where contraceptive prevalence and fertility are reportedly low as a result of pathological sterility.

In Tanzania, as was observed in Zimbabwe by Mbizvo and Adamchak (1991:31-8), husbands were more knowledgeable than their wives on both traditional and modern methods of contraception. According to the TDHS (1996:39-40), about 7.3 per cent of all husbands knew at least one method of contraception compared to only 3.9 per cent of all wives sampled. Similarly, 7.7 per cent of all husbands managed to mention modern methods more consistently compared to only 3.8 per cent of wives. The knowledge level on traditional methods was 26 per cent for husbands and 10.2 per cent for wives (TDHS 1996:39-40). The difference of knowledge among couples with husbands knowing more contraceptive methods than their wives is an indication that even if not directly targeted, husbands have the potential to influence fertility and the use of contraceptive at the family level.

According to the TDHS survey (2004:69-71), men know an average of seven contraceptive methods. Married men have heard of more methods than unmarried men who never had sex (8 and 6, respectively). Nine out of every ten men have heard of both pills and male condoms. Men are slightly more likely than women to have heard of traditional methods (67 and 62 per cent, respectively) while half of all currently married women have used a contraceptive method. The TDHS survey reported more use of modern than traditional methods among all married women (43 and 20 per cent respectively). The most commonly used methods by married women are injectables, the pills and male condoms with 25, 23 and 10 per cent respectively. Between the two traditional methods, withdrawal was mentioned by 13 per cent exceeding periodic abstinence by 6 per cent.

However, it should be noted that large numbers of sexual partners are aware of family planning methods and its implications. In Zimbabwe, Mbizvo and Adamchak (ibid) observed that public awareness of contraceptive (family planning) is lower than urban areas. This may be attributed to the fact that accessibility to information in urban areas is high. As demonstrated by most Demographic and Health Surveys in Africa (particularly those conducted in Sub Saharan Africa), men with high level of education are more likely to know of at least one method of contraception than women.

Several researchers such as Danforth (1999), Onekerho (1997), Mbizvo and Adamack (1991) and the International Family Health Campaign (IFHC) have focused on women because of the perceived notion that family planning and contraceptive use are meant for women. Consequently, the perception that family planning and contraceptive use is to be expected of women is

reinforced as pointed out in the *Daily News* (19.4.2013): "This is due to the fact in many African societies men are decision –makers in reproductive matters and women just follow without questioning what men tell them to do or not to do." Previous studies on fertility, contraceptive use and family planning in most developing countries have tended to focus more on women than on men. It is now increasingly recognized that the action required in achieving improvements in reproductive health in general, and maternal health in particular, should also encourage men's participation (Ruth and Mbizvo, 2001: 105).

As an endeavour to promote men's involvement, several initiatives have been put in place. In Tanzania, for example, in May 1992, a new family planning log, the ***"Green Star"*** known in Swahili as *Nyota ya Kijani* was launched by the then President Ali Hassan Mwinyi. Among its objectives was to reduce unplanned pregnancies, promote mothers' health through child spacing and provide family planning education services in the rural area.

Moreover, there have been numerous media activities and campaigns to involve men in family planning and contraceptive use. For example "Be Sex Wise", is a poster which tries to convince people to listen to the joint UMATI/BBC radio program called "SOMO" which is broadcast through Radio Free Africa. "Mvulana Na HAKI ya Uzazi Na Ujinsia", is a programme that promotes participation of young men in reproductive health as they are influential in decision making.

Donors and international organizations such as World Health Organization (WHO) and United Nations Population Fund (UNFPA) complemented the role of Ministry of Health (MOH) including financing the airing of "Zinduka Radio Spots". The UNFPA has been supporting radio drama series by Radio Tanzania Dar es salaam (RTD) "*Twende na Wakati*" that had run continuously from 1992 to 2011 to promote the efforts to involve more men in the use of modern contraceptives and participation in the family planning methods.

There were efforts to involve men in family planning activities as well as maternal health services for two decades from 1990s to 2010. Such efforts included promotions and free provision of male condoms, promotion of integrated maternal and child health centers which are friendly to both partners, campaign to increase people's awareness that focus on men, provision of peer education, provision of family planning guidelines, as well

as preparation of training manuals and IEC/BCC material. Furthermore, trainers, services providers and Community Based Reproductive and Child Health agent (CBD) have been trained (TRCHS 2005-2010:7). This aimed at increasing men's participation in various programs related to family planning, particularly sensitizing them to use male contraceptive methods.

Despite the above efforts, statistics indicate a pathetic situation as far as family planning and contraceptive use are concerned. For example, Contraceptive Prevalence Rate (CPR) in Tanzania increased from 10% in 1991-1992 to 16% by 1996, and up to 22% by 1999 for all women using any method (TRCHS, 1999). Similarly, data indicates that Injectables are the leading contraceptive method as it is used by 35% of women of reproductive age. This method is followed by pills which are used by 30% of women. The proportion of men who use male contraceptives is 29% of which 21% are using modern methods and 8% traditional methods (TRCHS, ibid).

Data from the Tanzania Demographic and Health Survey (TDHS: 2004-05) show that prevalence of contraceptive method is higher among women than among men. Seven out of ten currently married men and sexually active unmarried men reported that they use a male-oriented contraceptive method. The most commonly used method is the male condom (49.4%) followed by withdrawal (32.8%) and periodic abstinence (32.1%). Among all married men, who are currently using male contraceptives methods, (43.5%) use male condoms, (22.6 %) withdrawal and (21.0%) use periodic abstinence. Furthermore, TDHS 2004/2005, indicates that 10% of males used condoms, 13% used withdrawal, while 7% engaged in periodic abstinence. None of males practiced sterilization. The 2010 TDHS, 2010 shows almost similar trend.

The review reveals that contraceptive use among males is yet to be popularized in Tanzania. Apart from the international organizations such as UNFPA and WHO financing radio, posters and Television campaigns to educate the public and encourage involvement of males in reproductive health issues, there is scarcity of evidence-based information from Tanzania. Beyond Demographic Health Survey, which normally treats male contraception methods as one of the variable in their surveys, we are not aware of any scientific study done in Tanzania particularly focusing on public perception and attitude towards male contraception.

Analysis of Data
Data analysis for qualitative data is always a complex endeavour, in the sense that it is a to and fro process. At the first place data were transcribed from tape recorded respondent's views from in-depth interviews and Focus Group Discussions (FGDs), grouped into various sub-themes and translated into English. We proceeded with content analysis systematically within the established themes. The analysis helped us to understand the meaning attached to various concepts and sexual habits as well as gaining understanding how and why our respondents acted the way how they did. Then, we continued with interpretation of data by reflecting how local people constructed their meaning and realities on issues concerning the family planning and male contraceptive methods. Considering the descriptive nature of the study, descriptive analytical categories were developed to facilitate interpretation of each data set. These codes were developed from the main issue the study was interested in. A two-stage coding procedure (Charmaz, 1983) was adopted. Descriptive codes were initially assigned to the text from the interviews. These codes were not context specific, but rather described the experience, activities, and relationships (Biklen, 1982).

Findings
This section deals with major findings of the study. It covers people's awareness and knowledge of contraceptive methods in general, and in particular male contraceptive use. Furthermore, it shows how knowledgeable the public is about types of male's contraceptives as well as how social factors such as religious teachings and values influence people's perception, attitudes and habitual use of male contraceptive methods.

In order to assess respondents' views on male's contraceptive methods, both men and women of the reproductive age were asked to explain the meaning of contraception and family planning and to mention males' methods of contraception and family planning they knew. Findings show that the variations of understanding and knowledge related to contraception and family planning were influenced by two major demographic factors namely age and occupation. Youth and the nurses working at MCH clinics were more knowledgeable on contraceptive methods and family planning than other social groups. This is because of their exposure to reproduction health issues.

Alongside these two groups, the study also revealed that some respondents were knowledgeable while some were not. Some did not even know any method of contraception. Furthermore, with regard to sex, the findings show that women both married and unmarried were more knowledgeable about methods of contraception and family planning than married and unmarried men. In the same context, data suggest that both sexes were more familiar with female methods of contraception such as pills, injections, periodic abstinence and Intrauterine Devices (IUDs) than they were about male contraceptive methods. Due to lack of knowledge on male's methods of contraceptives use, methods such as pills and injections were erroneously mentioned as male's methods of contraception by some male respondents especially those aged thirty years and above**.** Few respondents both men and women also mentioned use of male condoms as a method of family planning and contraception that can be used by both spouses.

Types of Contraceptive Methods

Apart from the modern contraceptive methods which respondents were aware of, the findings suggest that local people were using periodic abstinence linked with breastfeeding as one of their well known methods of contraceptive. The study ascertained that breastfeeding of the child was considered an effective method of contraceptive. This was due to the fact that majority of the respondents were of the opinion that breastfeeding of the baby would help both couples postpone conception because during breastfeeding they usually do not engage in sexual intercourse. This idea of breastfeeding was further supported by the fact that it normally takes different time frames during which the child is breastfed and the couples' abstinence from sex for the first three months. Thereafter sex can resume but the recent delivery women can continue to breastfeed her baby up to two years. Most respondents said that breastfeeding of the baby ranges from three months to two years. This was clearly supported by one of the married male respondents aged 26 years in a FGD at Micheweni Mjini, who pointed out: "When you deliver a child and breastfeed it for a recommended period, for instance, for two years, then the couple can have an appropriate time to bear another child. That is what we know" **(**GGD, Micheweni Mjini).

Besides, some respondents also pointed out contraception methods like voluntary abstinence such as separation of spouses bed rooms and houses among couples, husbands going for fishing activities (famously known in the local native language of the coastal dwellers in Pemba as *dago*[3]*)*. During one

of the FGD's, a married man aged 57 years elaborated these local methods in a following manner:

> In the past, about thirty years ago, our great grandfathers didn't have the modern scientific methods of contraception like the ones we have today. Their most popular methods were couples sleeping in separate beds, rooms and houses. Men also avoided sex with their spouses by actively and deliberately engaging in fishing activities that took most of their time.

The above methods of breastfeeding, separation of beds, rooms and fishing activities (dago) reflect the local perception and understanding of contraception methods that are popularly used. On the other part, the common locally known and used modern contraceptive methods are pills, injections, condoms and IUD's. People seek medical advice from professional health practitioners from hospitals and family planning clinics.

Apart from exploring the knowledge of local people about contraceptive methods, the study focused on their knowledge and understanding of male's methods of contraceptive and their use. Findings suggest that their knowledge on male's methods of contraception varied based on some demographic variables such as occupations, age and marital status. Findings show that some respondents were able to mention a number of modern male's contraceptive methods. One of these variations emerged during the discussion with various respondents as indicated in the following conversation between one of researchers and a respondent in Micheweni Mjini:

> I: Do you know any male methods of contraception?
> R: Yes. I know two male methods of contraception used by men; these are the condom and vasectomy.
> I: Well, what is the difference between the two?
> R: Vasectomy involves a minor surgery; hence, if you happen to use it, you will be sterilized. However, the condom is just a kind of a thin rubber material that men only put on during sexual intercourse and does not have any impact on the impotence of the user.
> I: Which one between the two is most preferred by men?
> R: The condom.
> I: Why?

> R: Because it does not involve complications. Most men fear becoming impotent. (IDI, Micheweni Mjini)

From the discussion above two important issues emerged. Firstly, condom and vasectomy are well known male's contraceptive methods. Secondly, men prefer condom mostly because they are poorly informed or/and poorly perceive the real meaning of vasectomy. They think it causes impotence.

Similar information on male's contraception methods was also provided by a health provider at MCH clinic at Micheweni Mjini. Another in-depth interview with a married man aged 42 years from Kiuyu-Mbuyuni revealed findings concerning male contraceptive methods. For example, he said that vasectomy is a minor surgery. However, the respondent added another dimension to the male contraception namely the calendar method that involves mutual agreement between couples on safe days for engaging in sexual intercourse. The respondent used the following words to explain it:

> The male contraceptive methods known include the use of the condom, vasectomy and the calendar method. Vasectomy is not normally good since it involves an operation on men. On the side of calendar method it involves males' understanding with regard to their spouses' menstrual circle. For example, when the spouse finishes her period, the man has to wait for a time when the cycle is ready for pregnancy or not. However, this will depend on their agreement (IDI, Kiuyu-Mbuyuni).

In addition to the above findings, our research also established that withdrawal method was among the common methods identified by both male and female respondents as a method that requires active and full male participation during a sexual union. For instance, during sexual intercourse a man is expected to practice what is technically referred to as *coitus interruptus;* that is he withdraws his penis from the vagina before ejaculation. In the local terms this practice is famously known as *kisahu*[4].

Public Knowledge of Male Contraception

Our research found out that some respondents were able to identify some of the contraceptive methods commonly used, but were unable to differentiate between male and female contraceptives. In most cases, for instance, injections were mentioned as male oriented methods of contraception. This

implied that lack of appropriate knowledge on contraception was evident amongst some respondents.

Similarly, some respondents revealed high degree of ignorance on the various modern methods of contraception. This was evident from responses given by the participants who did not know any methods of males' contraception. For instance, the following conversation between a researcher and one of the respondents in an in-depth-Interview revealed this fact as demonstrated below:

> I: Do you know any modern male's method of contraception?
> R: I don't know any. I did not go to school. Furthermore, why should we get involved in Europeans' affairs?

Similar views revealed some degree of ignorance of the modern methods of male's contraception were also observed from several respondents. What emerged clearly from these is that some respondents were just indifferent to Western-based methods of family planning and contraception. Others were not aware of the methods due to high levels of illiteracy. Table 3 below illustrates respondent's highest level of formal education they have attained:-

Table 3: Distribution of respondents by levels of education

	Name of Shehia					
	Kiuyu Mbuyuni		Maziwa ya Ng'ombe		Micheweni Mjini	
	Number	%	Number	%	Number	%
Education level						
Illiterate	13	26.5	17	36.1	0	0
literate	8	16.3	5	10.6	8	16.3
Primary education	13	26.5	10	21.2	2	4.08
Secondary education	10	20.4	13	27.6	25	51.0
Certificate level	3	6.12	1	2.1	8	16.3
Diploma	2	4.08	1	2.12	6	12.2
University degree	0	0	0	0	0	0
Total	**49**	**100**	**47**	**100**	**49**	**100**

Source: Field Findings, 2011

Table 3 reveals that at Micheweni district in general and in the areas where this study was conducted, the majority of the people are illiterate. For instance the study found out that at Maziwa ya Ng'ombe there is high illiteracy rate (36.1%) followed by Kiuyu-Mbuyuni (26.5%) are literate but did not complete primary education. Across all study areas, a substantial number of respondents completed education, whereas slightly similar number of respondents completed secondary education and very few a post secondary education. The general picture of the Micheweni district and its Shehia is characterized by a high level of illiteracy rate of which had much effect on the knowledge, attitude and habitual use of the contraceptive methods in the district whereby the study findings reveals that majority of the respondents had no knowledge of the same.

Influence of religious values on Contraception

Apart from traditional and modern contraception methods of contraception, the findings show that religious values and beliefs influence people's attitudes and consequently contraceptive habits. For instance, respondents mentioned polygamy, breastfeeding and withdrawal as techniques of contraceptives which are accepted by their respective religion. They were considered to be well recognized and accepted by the Muslim community. This was revealed by one of the Islamic religious leaders in Kiuyu-Mbuyuni who had this to say:

> Most of the married men in our community prefer planning their families by having many wives. This is because it is mostly applicable when one among the wives delivers a child and is therefore supposed to breastfeed that child for some time. During such periods the husband will satisfy his sexual desires to another wife or wives. This is most practical since our religion accepts and recognizes polygamy (IDI, Kiuyu-Mbuyuni).

Furthermore, another respondent added withdrawal as one of the acceptable method of contraception amongst the Islamic community. This is exemplified by another male religious leader aged 57 years from Maziwa ya Ng'ombe who said the following:

> I know that withdrawal method is among the most acceptable in our religion. This involves withdrawing the penis from the vagina just before ejaculation. It is normally very challenging especially for men

> who lack self control of their sexual activities (IDI, Maziwa ya Ng'ombe).

However, there were also different opinions concerning withdrawal between the participants of FGD. Some were of the view that it violates their religious values. Similarly, the use of condom is said to be associated with killings of babies because the male sperms are blocked from entering the female reproductive system for fertilization to take place. A 34 years old married man from Maziwa ya Ng'ombe elaborated this religious moral dilemma in a following manner:

> Our religion does not allow the use of condoms at all. However, I totally support and agree with my fellow that withdrawal of penis before ejaculation is a very tough test, because it contravenes God's will for mankind and the law against killing other human being (IDI, Maziwa ya Ng'ombe).

Although some respondents were of the opinions that the use of the condom and withdrawal methods was strictly prohibited by the Islamic religion, there are those who felt that they had no problem to use them as contraceptive methods. One participant, a 32 years old married man expressed his views towards condoms by using the following words:

> The use of condoms is one of the family planning methods that I know and support. Though not all religious people use condoms, there are two or three who are use them (FGD, Maziwa ya Ng'ombe).

In our research, it was noted that in case a respondent was not quite sure of the male contraceptive methods, one was able to at least mention the condom as an effective method of contraception. This made the researcher to conclude that the condom was the most widely known male method of contraception amongst the community under study. However, due to the dominance of the Islamic religious teachings and values in Zanzibar Island in general and Pemba in particular, most of the people have never used the condom since it is against the Islamic religious teachings.

Discussion

There are a number of issues these findings have revealed. First, our analysis shows that our respondents perception and their contraceptive habits are not linked, in their mind, to population increase in general and family size in

particular. Their understanding and perception to contraceptive is basically associated with health and safety of a mother and a child. They do not find anything wrong with having more children, big family size or increase of population. That is positive to them. This is contrary to the technocrat's perception, understanding as well as objectives of most international and local endeavours associated with contraception and family planning. Most of these campaigns are greatly influenced by the Malthusian teaching and logic of population increase. As a result, several endeavours in the field of contraception and family planning have been hardly successful at grassroots level partly because they lack local inputs in the sense of anthropological and sociological understandings of local people is perception and understanding as well as needs related to children, family size and development. However, we are not suggesting that international and national initiatives should be subjected to local needs and priorities, but we believe that understanding local realities is instrumental to proposing holistic measure to solve local problems. Local people should be treated as subject and not object of contraception and family planning. The second issue that this study suggests is that, contrally to the general perception we learned from our colleagues concerning the willingness, openness and involvement of local people especially along the coast to discuss issues concerning sexuality and reproduction, we were pre-cautioned that it will be difficult to get reliable information due to the sensitivity of the subject and power relations (influenced by religious values and norms) prevailing along the study area especially on issues related to sexuality. Our experience suggests quite the opposite. When all research procedures are adhered such as research permit, use of local collaborators (such as experts, leaders) informing participants and seeking their consent, our experience shows that people are open, willing and cooperative to thoroughly discuss issues related to sexuality and reproduction. That was possible even when respondents of different ages, sex and marital status brought together in a FGD. Indeed, data suggest that religious values influence local people's perception to contraceptives as well as their habitual use.

Male's contraceptive methods were not very popular compared to modern female's contraceptive methods. Withdrawal and condom were the commonly known and used followed by vasectomy which were known but not preferred due to some wrong perception linked to it such as impotence. Polygamy is a method that is socially and spiritually accepted. It perceived by our respondents as one of practical and accepted male's method of contraception. Based on these socio-cultural aspects discussed in this paper,

we argue that programmes and activities aimed at increasing the use of contraceptives for both sexes should be tailored from socio-cultural realities prevailing in a particular community and time. The approach of 'one fits for all' has undermined effectiveness of many programs despite the substantial financial inputs involved.

Reproductive health issues require not only technical and managerial expertise but equally important is a body of local social and cultural knowledge on the ground which is vital for transforming individual and societal values and norms. This has more often been bypassed and/ or neglected by many technocrats in the field. It is worth mentioning that the theoretical premises applied in this study have both viabilities and limitations. It is viable in the sense that it acknowledges the local knowledge and it is helpful in identifying the underlying values that determine individual's habits. Its limitation is that it ignores the fact that individual's needs, priorities and habits must prevail in a particular political framework.
For instance, the findings suggest that local people are less or not concerned at all with the number of children they have, their family size and population size at large. However, they are more concerned with the health of a mother and a child. In other words, their local realities are that the family size does not matter for their development. This is fine from social construction perspective point of view; nonetheless, the national and international reality is different. Demographers, public health practitioners, economic planners and politicians are of the view that population is increasing because fertility is high. While the former probably due to the understanding of their social realities prevailing in their communities find the quality of life and their level of development good, the latter are of the view that increased number of children may pave a way towards improvement of their quality of life. Such differences related to perceptions and understanding towards social realities and their influence in our lives has been undermining efforts to transform communities.

Conclusion

Male condom was the mostly known and mentioned method of male's contraceptive method that is acceptable by men and women. However, findings show that its use is still very low. One of the reasons for such low habitual use is the influence of religious teaching and values. Furthermore, the study ascertained that the majority of the respondents both male and female had little knowledge on male based methods of contraception. The most mentioned contraceptives by our respondents were male condoms,

withdrawal and calendar. Some respondents, because of the poor knowledge of the same, they erroneously mentioned such as oral pills, injections, periodic abstinence, calendar, and Intrauterine Devices which are female based methods of contraception's as male based methods of contraception. Based on the findings, we have characterized the mentioned methods of contraceptive in three categories, namely: traditional, religious and modern methods of contraceptives. Methods such as withdrawal, breastfeeding, bed room or house separation among sexual partners (spouse), and polygamy are traditional as well as religious acceptable. It is worthy to argue that issues related to men's contraceptive methods and use should not be addressed by separating them from their social roles within families or/and social relations. As we have already discussed in this work that Islamic religious teaching and values influences people's attitude, perceptions and preferences of a certain type of contraceptive method(s) as well as their habitual use. Based on such evidence generated from the communities, we suggest that endeavours aiming to improve contraceptive use should be tailored from people's social life including but not limited to social values and realities.

Notes

1. Thomas Robert Malthus is well known as a father of Demography or the science of population. His main argument is that human beings, like plants and animals, are impelled to increase the population by what he called a powerful "instinct"-the urge to reproduce. Furthermore, if there were no checks on population growth, human beings would multiply to an "incalculable"number, filling "millions of worlds in a few thousand years". This information is drawn from Weeks, R.J, (1996) *Population: an Introduction to Concepts and Issues* (6th Ed), London: Wodsworth Publishing Company, p. 64.

2. These statistics are drawn from the Tanzanian daily news paper *The Guardian* 30 September 2013, p. 5 in an article titled "Pemba Lowest in Contraceptive use, highest in maternity complication".

3. Fishing activities which are carried out for quite a long time of approximately three up to six months which requires a husband to stay away from his family and wife.

4. It is traditional and local term which means withdrawal (coitus interruptus).

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