

Family Planning Use and Facility Readiness in Misungwi District, Rural Tanzania



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Introduction

- In rural Tanzania, family planning (FP) needs for women are often unmet.
- The Lake Zone in Tanzania is a particularly vulnerable area in terms of Reproductive, Maternal, Newborn and Child Health (RMNCH) issues, with some of the worst RMNCH indicators in the country.
- Prior to initiation of a RMNCH in Misungwi District, a needs assessment was undertaken.
- Objective:** To understand family planning needs and the availability of related services at health facilities for women in Misungwi District.

Methods

- A combination of two tools were used to obtain data about family planning
- An household coverage survey (HHS) with focus on RMNCH was administered throughout Misungwi District:
 - Cluster sampling was used to select participants
 - A combination of household heads, women of reproductive age (15-49 years) and children under five years old (U5s) were surveyed
 - Analysis was descriptive
 - Interclass cluster correlation coefficients and logistic regression were used to determine associations between main indicators and demographics
 - A health facility survey (HFS) was conducted to all health facilities across Misungwi District
 - Data was collected on the availability of:
 - Staff
 - Equipment
 - Supplies
 - Descriptive analysis involved 'readiness assessments' of service areas using a scoring grid that tallied all related scores



Fig 1. A health facility located in Misungwi District surveyed during the baseline study in 2016

Results

- Household survey was conducted in Sept-Oct 2016
 - A total of 2438 women respondents were surveyed
 - 31% married
 - 32% non-married, living in union
 - 17% of women were currently pregnant, and reported the following answers:

TABLE 1. FREQUENCY OF RESPONSES AMONG PREGNANT WOMEN IN MISUNGWI DISTRICT

	Pregnancy was not wanted at that time	Preferred to delay pregnancy	Did not desire more children
Pregnant women	43%	87%	13%

- Of non-pregnant women:
 - Unmet demand for family planning = 27%
 - Modern contraception use = 17%
 - Significantly higher rates of unmet need for family planning were associated with:
 - Women who were unmarried or living in union (OR 1.4, 95% CI 1.1-1.8)
 - High fertility (OR 1.6 for 3-5 children)
 - Ages 20-35 years old (OR 1.3, 95% CI 0.8-1.9).
 - Lower rates of unmet need for family planning were associated with:
 - Highest wealth quintile (OR 0.7, 95% CI 0.5-1.0)
 - Urban settings (OR 0.4, 95% CI 0.2-0.9)
 - Non-dominant tribes (OR 0.2, 95% CI 0.1-0.6)
- Health facility survey was conducted in July-Aug 2016 at all health facilities in Misungwi District (n=46)
 - All 46 facilities offered family planning services
 - An assessment of available contraceptives at the health facilities is described below:

TABLE 2. CONTRACEPTIVE AVAILABILITY AT HEALTH FACILITIES IN MISUNGWI DISTRICT

Contraceptive method	All health facilities
Condoms	98%
Injectables	90%
Oral pills	81%
Implants	74%
Intrauterine devices	60%
Male sterilization	14%
Female sterilization	5%

Discussion

- Modern contraceptive usage in Misungwi remains low
 - Includes female sterilization, male sterilization, IUD, Injectables, implants, pill, male condom, female condom, diaphragm, foam/jelly, or lactational amenorrhoea method (LAM)
- Unmet FP need is high for:
 - Low-income
 - Rural, and
 - High-fertility women
 - This is true despite a range of locally-available contraceptives, suggesting demand-side factors limiting access and use
- Further exploration of such issues is warranted and should be addressed during implementation



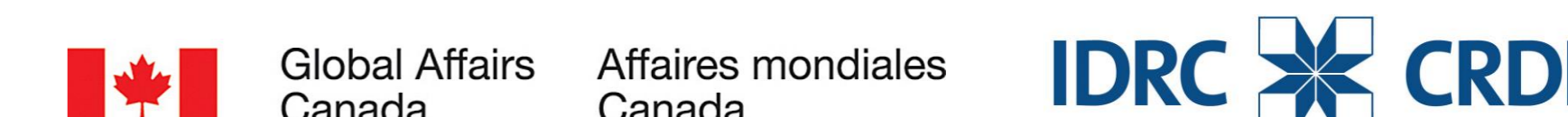
Fig 2. Women should be encouraged to discuss family planning needs with their health care provider.

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- Qualitative survey (2016), Misungwi District, Rural Tanzania
- Mama na Mtoto Project Baseline Report(2016)

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