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Datius Kananura Rweyemamu

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Husband-Wife Communication on
Fertility & Contraception in Tanzania
The Case of Bagamoyo District Coast
Region

by **Darius K. Rweyemamu**

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HUSBAND-WIFE COMMUNICATION ON
FERTILITY AND CONTRACEPTION IN TANZANIA:
THE CASE OF BAGAMOYO DISTRICT, COAST REGION

**HUSBAND-WIFE COMMUNICATION ON
FERTILITY AND CONTRACEPTION IN
TANZANIA: *THE CASE OF BAGAMOYO DISTRICT,
COAST REGION.***

BY

DATIUS KANANURA RWEYEMAMU

**A Dissertation Submitted in Partial Fulfilment of Requirements for
the Degree of Master of Arts (Demography) of the University of
Dar es Salaam.**

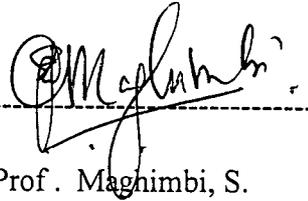
University of Dar es Salaam,

September, 1999.



CERTIFICATION

The undersigned certifies that he has read and hereby recommend for acceptance by the University of Dar es Salaam a dissertation entitled; Husband-Wife Communication on Fertility and Contraception in Tanzania, in partial fulfilment of the requirements for the degree of Masters of Arts (Demography).



Prof. Maghimbi, S.

(Supervisor).

Date 21st Sept. 1995



**DECLARATION
AND
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I, DATIUS KANANURA RWEYEMAMU, declare that this dissertation is my own original work and that it has not been prepared to any other University for a similar or other degree award.

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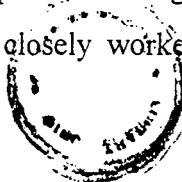
ACKNOWLEDGMENT

In many societies sex is regarded as a taboo for men and women to discuss. Many social and cultural factors impede the discussion such that unless deliberate attempts are made, reliable information on fertility and family planning is hard to obtain. It is within this context that preparation for this study started in April 1998 under logistical support of the Demographic Training Unit Co-ordinator, Professor Sam Maghimbi who was also a supervisor of this dissertation.

Financial assistance for the dissertation was provided by the United Nations Population Fund (UNFPA). I greatly acknowledge this fragrant and aromatic support, without which this study would have never been possible.

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I am deeply indebted and grateful to my wife Eva Fidelis, my daughters Dativa and Dyness who missed my love and tenderness during the course and confidently perceived my absence at home as a crucial step toward our advancement. My mother Coletha Laurian also deserves my deepest thanks for her perseverance and moral support.

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DEDICATION

This work is dedicated to my wife **Eva Fidelis** and to my daughters **Dativa and Dyness**.



ABSTRACT

This study on Couple Communication aimed at examining the extent to which spouses talk about their future fertility and the measures they take to effect such desires. When communication at household level is inadequate or non-existent, the couples most likely end up having unplanned pregnancies, (hence unplanned births), covert adoption of contraception methods and insufficient provision of basic prerequisites to the unplanned family by compromising the health of the mother, father and children. Where couples communicate, they easily know each other's attitudes toward family planning and contraceptive use. Communication allows the spouses to voice their concerns about reproductive health and make joint decisions. The above viewpoints show how important the spousal communication for healthier families. The study was prompted by the need to examine the role of husbands in regulating fertility and how population planners can build on such role to promote use of contraception.

Four measurements of communication, that is, approval of contraception, ideal number of children, discussion on family planning and influence on the next childbearing, were studied in order to show the relationship between communication and contraception use. The assumption was that communication and contraception use have impact on childbearing behaviour. Descriptive analysis was used to identify existence of couple communication by relating it to the demographic and socio-economic characteristics of spouses. The independent variables used to indicate extent of couple communication were education, number of living children, place of residence and type of marriage.

The study findings demonstrated that 65% of the couples under study talk to their spouses about family planning and childbearing with more wives than husbands reporting discussion. Moreover, both couples desire fairly large families of more than five children (46%) and a large percent of both husbands (92%) and wives (96%) approve the use of family planning methods. Furthermore, both spouses, that is 53% of husbands and 46% of wives maintain that husbands have major decision-making power on the next childbearing. Knowledge and use of traditional and modern family planning methods was relatively high for the spouses with husbands reporting a slightly higher



use (66%) than their wives (62%). The number of living children, age and education had a strong influence on determining couple communication.

The study came out with a conclusive statement that couples have similar perception, attitudes and desires toward family planning and fertility. It was then recommended that family planning programmes and research should aim at promoting the observed couple communication and that high rate of husbands' approval of contraception should be used as a base for championing inter-spousal communication.



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CHAPTER ONE

INTRODUCTION

1.1 Background to the problem

Husbands' involvement in contraception and fertility studies either as users of male methods or as supportive partners of users has largely been ignored by the programme planners. Because of women's unique role in reproduction, most modern contraceptives developed over the past decades, have been for women, leaving traditional contraceptive methods to men. In addition, the methods have been always offered through mother and child health care providers bypassing husbands' involvement. However, the exclusion of men in general and husbands in particular from the programmes may contribute to low levels of use among couples and deprive men of opportunity to exercise reproductive responsibility. Among the assumptions envisaged are that either the characteristics of women can serve as proxy for those of the couples or that the women play most of the important role in determining couple behaviour. However, research findings in the parts of the world have challenged this view. Some studies have also shown that divergences in husbands' and wives' KAP (knowledge, attitude and practice) on fertility preferences affects contraception (Coombs & Chang 1981:110).

Although some other studies have found small difference in sexes in terms of KAP (Mason & Taj, 1987:618) it remains factual that women's information cannot be taken



as a yardstick of couples fertility behaviour. Conducting extensive studies on the roles of husbands and wives in fertility-related decisions would help the programme planners of contraception to realize the proper strategies for smooth adoption.

In some instances, husbands have expressed a concern over the family size they want to achieve and have encouraged their wives about the use of modern contraceptives in order to avoid unwanted or unplanned pregnancies. However, unless such commitment by husbands is shared by their wives through effective communication, it is not guaranteed that wives will automatically accept the husbands' views and the wives may have different outlook regarding the use of modern contraceptive messages. In Peru, for instance, while husbands had a positive attitude towards modern contraceptives to limit fertility, wives had a traditional desire for a large family. With such negative attitude towards modern contraception, women resorted to using traditional methods that are in most cases described as less reliable. However, in a society where husbands have already shown a more positive attitude than wives, it becomes a demographic advantage since the husbands can be recruited to persuade their wives to seek contraceptive methods and discuss fertility behaviours which result in desired family size (Caldwell and Caldwell, 1987:218).

The role of effective communication in determining couple's fertility and level of use of contraceptives is increasingly becoming imperative in Africa and in other societies in a bid to promote widespread use of contraceptives and reduce the level of fertility.



This role was also emphasized during the 1994 International Conference on Population and Development (ICPD) and the 1995 Fourth World Conference on Women (FWCW) although it was generally viewed as involving men in eliminating gender inequality and easing women's domestic burdens (UN, 1995:20; FWCW report in Population and Development Review 1995:909). However, the most challenging idea is to demonstrate how men from all socio-economic groupstraits can be included in contraception programmes. In a society where contraceptive prevalence is still low and where cultural and husband's influence on decision-making is still strong, it becomes important to understand how the planners are going to ensure the future success of the family planning programmes. This study is developed as a means for obtaining this knowledge.

1.2 Statement of the problem

The consequence of female-only approach in studying fertility provides a partial understanding of the nature of fertility behaviour among couples. Grasping couples' influence on regulating fertility through contraception would create the need for regarding fertility as a couple issue.

It is not yet clear to what extent the husband-wife intimacy influences communication and later decision-making, among couples and to what extent such decisions do influence fertility behaviour. The major theme for this study is to determine the relative importance of understanding husbands' and wives' communication on desired fertility and how this is used to interpret couples' decision-making process.



It is important to note that although women bear children and most of the modern contraceptives are female oriented, childbearing has a direct impact on men as husbands, fathers and heads of the households. This impact may be felt financially when husbands decide to fulfil their responsibilities of supporting their new-born babies and in taking care of the health of their wives and children.

Thus it is the intention of this study to come out with a socio-demographic description of the network of fertility behaviour and communication among the conjugal pair. An investigation of this sort is important for a country like Tanzania where contraceptive use is relatively low amidst high fertility rate of an average of six children per woman, despite relatively high levels of both knowledge, expressed attitude and desire to limit childbearing.

1.3 Objectives of the study

The overall objective of this study is to ascertain the extent of communication among couples on fertility behaviour at the household level. Specific objectives are as follows:

- 1) To examine the extent to which husbands' and wives' knowledge on contraception has influenced their communication on fertility desires and contraception.
- 2) To compare the differences between husbands' and wives' fertility preferences.
- 3) To assess the importance of involving husbands in contraceptive programmes.
- 4) To investigate the factors that influence couples to discuss their desired family size.
- 5) To examine the difference between husbands and their wives on the perception of importance of deciding on fertility desires.
- 6) To identify how each couple influences the other on use or non-use of contraceptives.



1.4 Significance of the study

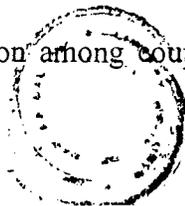
The study on couples' communication on fertility behaviour is important because as the societies are increasingly recognising the need to regulate childbearing, the need to understand the factors that influence men's participation in family planning is becoming equally important. Thus the outcome of this study will be used to:

- 1) Expand the body of knowledge in demography to see to it that men, apart from their biological roles, are also an essential part of fertility.
- 2) Give an insight on the other strategies that can be used to increase the level of contraceptive prevalence and eventually lower the current high level of fertility in the country as this kind of study has not been fully done in Tanzanian context.
- 3) Assist public administrators, family planning programme officials, social planners and other policy makers to understand and make use of the findings of this study as their baseline in laying down strategies of promoting couple communication.
- 4) To give a challenge to academicians, particularly demographers and other researchers in Tanzania on the need to expand research to such areas which are still untouched.

1.5 Hypothesis

Hypothesis one: The number of living children increases couple communication on contraception.

Most of the couples discuss their fertility desires as the number of living children increases. That is, it is assumed that discussion among couples on the number of



children they have and if at all there is a need to add more, depends on the number of children alive. Here the variables are living children and communication.

Hypothesis two: The type of marriage influences couple communication on family planning. It is assumed that communication among spouses who are in monogamous and in polygamous marriages is not similar. Here the variables are type of marriage and communication.

Hypothesis three: Place of residence influences couple communication on fertility and contraception. Place of residence may be rural or urban and each area has certain advantages over the other such that spousal communication is likely to differ. Here the variables are place of residence and communication.

Hypothesis four: Couple communication on fertility and contraception increases as level of education increases.

Here the assumption is that the level of communication changes as level of education alters. The variables are education and communication.

1.6 Conceptual framework

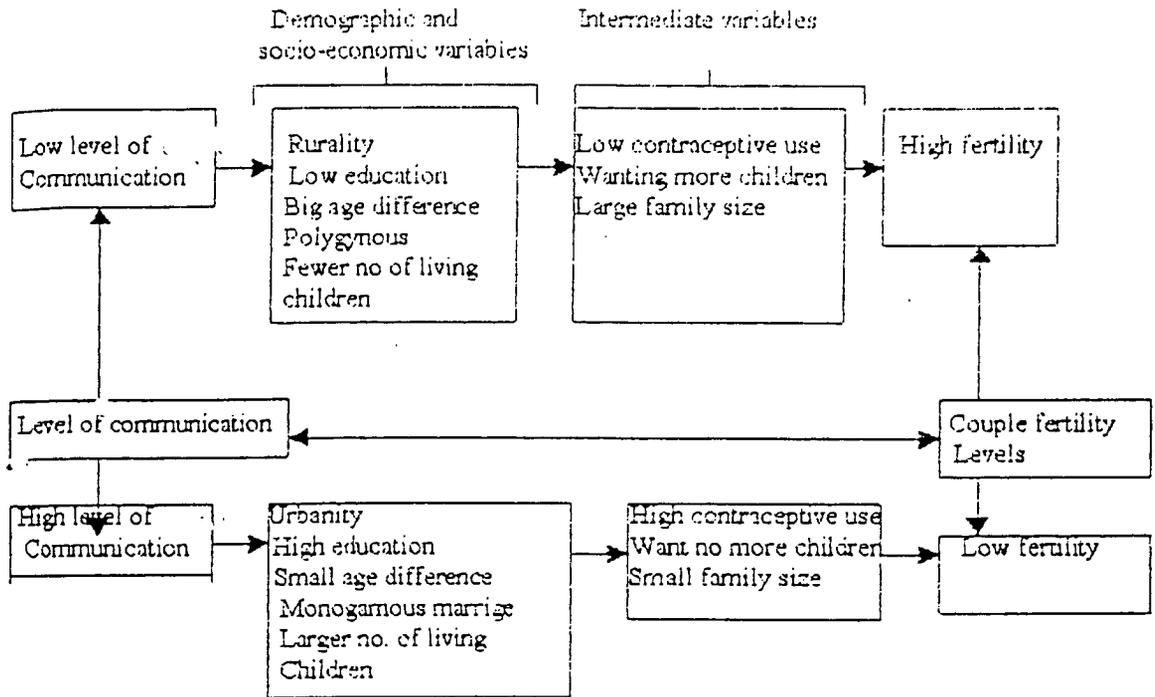
Both theoretical and conceptual frameworks for spousal communication are difficult to find among demography scholars. However, the works of Davis and Blake (1956:211-235) and Bongaarts (1978:105-132) on discussion of the future of the family, fertility



behaviour and related policies will be used as a base toward constructing the conceptual framework for this study. Also, Coale's three preconditions on contraceptive use and hence fertility change are taken as a point of reference and of a critique (Coale, 1973 in Lasee and Becker, 1997:16-19). Coale identified three preconditions to contraceptive use, namely, creating social awareness that fertility can be controlled, making family planning known and available and viewing family control as advantageous by the individual. The conceptual framework for this study is diagrammatically presented in figure 1 and is summarized in the subsequent paragraphs.



Figure: Conceptual Framework for couple communication



Source: Modified works of Blake and Davis (1956: 211-235) and Bongaarts (1978:105-132)



Communication among couples on their fertility behaviour is the function of what can be called demographic and socio-economic variables or control variables and intermediate or proxy variables. The demographic variables include marriage pattern, couples' age and number of living children and place of residence. The socio-economic variables include couples' education. Intermediate or proxy variables include level of contraception, fertility intention, and preferred family size. These variables are then related to the couples' communication about fertility behaviour such as discussion on fertility preferences, approval of contraception and ideal family size.

It is assumed in this framework that where there is communication, there must be agreement or disagreement on the couple's fertility behaviour. In any case, their communication will have a direct impact on their level of fertility whether high or low. However, the degree of agreement or disagreement varies according to the demographic and socio-economic characteristics of the couples. For instance, if couples are not equal in terms of age, they are more likely to differ in their reports of fertility intentions and fertility preferences. Similarly, the more often husbands and wives discuss their fertility behaviour, the more they share similar views on the topic. While this association in itself need not affect contraception practice, the level of communication among couples is positively associated with contraceptive use. Where couples disagree, fertility decision-making may be difficult to be made on consensual basis. Consequently, such decisions may leave one couple's aspirations frustrated at the expense of the other.



Age difference among couples is an important determinant of level of communication. In African societies it is assumed that husbands are always older than their wives (Lasee and Becker, 1997:17). Where the age difference is relatively big and the level of development is low, especially education level, and traditional norms are still dominant, it is expected that the level of communication among couples is undoubtedly low. Likewise, where the society has already advanced economically and there is social improvement in terms of higher educational attainment and upward social mobility, couples' communication is assumed to be relatively high.

Type of marriage, whether monogamous or polygynous, is another factor to be considered in discussing the level of communication among couples. Husbands may decide to marry more women because they want many children or they may want many children because there are many wives around, as was observed by Ezeh (1997:168). Still, the wives may decide to bear the same number of children as their co-wives and probably gain the same status in the family since bearing many children in most of African societies is associated with wealth or good luck.

The number of years that husband and/or wife spends in school has a significant role in facilitating communication among the couples. The higher the level of education couples have, the more likely they are to discuss their fertility behaviours. Also, couples who are more educated are more likely than the less educated to discuss their fertility intentions and use contraceptives to achieve such goal (Bongaarts, 1990:489; Thomson et al, 1993:581).



Place of residence, that is, whether rural or urban, also affects the nature of couple communication in terms of exposure to knowledge and education on contraception.

Apart from the socio-economic and demographic variables discussed so far, there are intermediate or proxy variables that also help to explain the nature of communication on fertility behaviour. These include contraceptive knowledge and use, fertility preference and family size. In short, the control variables work hand in hand with the proxy variables to determine couple communication.

1.7 Definition of concepts

Various concepts have been used in this study. It is important at this stage to operationalise such concepts so as to avoid misinterpretation. The definitions are provided below:

- 1) Couple: This study adopted and modified the DHS definition of what a couple is. The DHS defines a couple as a man and woman who are legally married or who are living together in a consensual union (TDHS, 1996:58). Since the community from which the data was collected from is predominantly polygynous, this definition regards couple as man and woman or women implying that the sample included men that had more than one wife.
- 2) Fertility preference: This is a measure of reproductive preference and is applicable when a husband or wife intends to have another child.
- 3) Desired number of children: This refers to the number of children a husband or wife would like to have if he/she were to choose. However, in demography this measure of reproduction has been regarded as hypothetical since the respondent is asked about the deeds that are irreversible.



4) Contraceptive knowledge: This has been taken to mean the knowledge that a couple has on methods of preventing unwanted or unintended pregnancy by using modern or traditional methods.

5) Contraceptive use: In this study it refers to a situation where a husband or wife uses one or more family planning methods for the purpose of preventing or avoiding unwanted pregnancy.

1.8 Structure of the study:

The study is divided into six chapters: Chapter one presents the background of the study and statement of the problem. It also shows the objectives and significance of the study as presented in the subsections of this chapter. The theoretical framework and definition of terms are also shown in the first chapter.

Chapter two concentrates on review of literature with special emphases on couple communication in fertility regulation in Africa and other developing countries. The chapter explores various works done by scholars on comparative fertility decisions among husbands and wives. Chapter three is concerned with methodology of the study. There are various subsections such as description of the study area, sampling procedure, data collection techniques, data processing and analysis and limitations of the study.

The background characteristics of the study population are discussed in chapter four in which control variables such as age, patterns of marriages, place of residence, education,



number of living children and contraceptive knowledge and use will be presented. The relationship between such control variables and proxy variables such as discussion on number of children desired, approval of knowledge and attitude toward contraceptive use, are presented in chapter five. The last chapter focuses on a summary of the findings, provides conclusions and put forward recommendations of the study. The bibliography and various appendices are presented at the last part of the report.



CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

A general review of relevant and accessible published and unpublished books and articles on couple communication in Tanzania and elsewhere was conducted. The objective of such literature review were to:

- understand the general situation about the topic world wide,
- learn what other countries have accomplished , and
- identify the knowledge gap.

2.2 An overview on couples' communication in developing counties

Developing countries are (Asia, Africa and Latin America) are characterised by low level of development with their economies being more labour-intensive as opposed to the capital-intensive economies of the developed nations. From a demographic point of view, the countries are characterised by a high fertility rate with low levels of contraception knowledge, approval and use. The countries also have high or moderate rates of both infant, under-five and maternal mortality.



2.3 Couple communication on fertility in Asia

Various fertility studies have been done in East Asia to measure the impact of communication among couples on fertility and contraceptive knowledge, approval and use. Studies done in India, Philippines, Malaysia, Pakistan and China have indicated that where couples discuss fertility behaviour and contraception, the level of approval and use of contraceptive is always high and subsequently, fertility starts to decline.

In India it was found that a relationship exists between age at marriage, fertility behaviour and level of communication. Basha and Naidu (1993:9-13) in their findings using a stratified random sample of 250 couples in India concluded that the motivation of couples might improve if communication programmes emphasize the immediate benefits to couples of using contraceptives. Their conclusion was drawn from mainly two observations that can still be questionable. It was found that increased age of wives at marriage had a positive impact to the adoption of family planning. As an evidence, it was found that as the age of wives at marriage increased from below 13 years to 18 years and above, contraceptive users increased from 11.63% to 47.28%. Also it was noted that contraceptive users had fewer live births than non-users (Basha and Naidu 1993:11-12). However, while the researchers (Basha and Naidu) were trying to avoid the chronic demographic bias of excluding husbands in fertility studies, they committed the same error by including men in the sample but hardly anything on them in analysis.



Finally, as observed in Nigeria by Caldwell (1992:212-213), India's fertility differs from one ethnic group to another. Among the tribal community known as Yanadis from Andhra Pradesh, marriage is not stable and very often they remarry in succession. Couples are treated as husbands and wives only at home; outside home extramarital sex is not prohibited. Such tendency cannot encourage couples to plan their fertility.

In Malaysia, communication among couples depends on the marriage duration, type of marriage, wife's age and educational level of couples (Pathmanathan, 1993:161-163). It has been found out that couples who married many years ago (five years and above) discuss their fertility behaviour very easily than the newly married couples. Also, monogamous unions as opposed to polygynous couples discuss their fertility desires but only when age difference is less than five years.

2.4 Couples' communication in selected Sub-Saharan African Countries:

Sub-Saharan African countries are countries that are located in the south of the Sahara desert. It includes regions such as West Africa and Eastern, Central and Southern Africa. The countries found in this region share most of the demographic characteristics such as levels of contraception, desired family size and fertility intentions, though with some variations.

2.4.1 Couples' communication on fertility in Kenya

In Kenya a gap presently exists between husband and wives on communication on their

fertility. In a study done by Omondi-Odhiambo (1992:45) it was found that in rural areas of Kenya, a man is viewed as the patriarch, the head of a large family with several wives, many children and, in some places, with a lot of cattle. New norms and values however, have been added in the husband-wife relationship. The husband is expected to be a breadwinner, a role that used to belong to his wives who produced most of his needs (Omondi-Odhiambo, 1989:47). For instance, women have become members of various social groups that provide forums for female solidarity. From such move husbands are feeling threatened by the groups' activities and regard themselves as inefficient. They no longer have the power and the authority they used to have over family decisions, including fertility decisions. Husbands reported during this study that they feared their wives would be unfaithful if they allowed them to use contraception. Consequently, their wives do not reveal the birth control methods they use. Given such a context, it is difficult to expect joint decisions among the couples on how to manage their fertility.

However, in a more recent study by Lasee and Becker (1997:15-20) using the 1989 Kenya Demographic and Health Survey data, it was found that a great proportion of Kenyan couples do discuss their fertility intentions. This triumphant success was mentioned in earlier work of Omondi-Odhiambo (1989:29-40) who emphasised the reorganisation of Kenya's national family planning programme which, like that of Tanzania, had a limited body of research regarding male fertility.

Currently, 82% of couples in Kenya are said to discuss contraceptives with their partners. It is from such significant improvement in couple communication that the two researchers (Lasee and Becker) have concluded that one spouse's perception of the other spouse's approval is more likely to be correct where the couples have discussed their



fertility behaviour than if they have not. At any rate, this relationship affects the level of contraceptive use. Such a sharp turn from the negative to positive husband-wife communication can be easily linked to the country's increased level of current contraceptive use as predicted by Caldwell (1992:237-238).

However, even after recording a relatively great success in husband-wife communication, it is not easy to testify the extent of communication among couples by using such data. This is because the data simply paid attention to questions focusing on communication on family planning dimensions alone as suggested by Hill and colleagues (1959:276) leaving aside other aspects related to fertility. These aspects include family economics and property ownership. In recognition of such inadequacies, researchers in Kenya suggested that more informative studies based on ethnic groups, regions, economy and religion demand research coverage.

2.4.2 Couples' communication on fertility in Nigeria

Nigeria is one of the countries in West Africa where most of the fertility studies have been conducted (Caldwell & Caldwell, 1987:410; Kritz et al, 1995:22-24). Couples' agreement on demand for children, couples' communication, wife's input concerning family size and use of family planning can be used to measure the level of communication on fertility among couples. Evidence from five ethnic groups in Nigeria, have shown that where couples have consensus on their reproductive preference, it becomes easier to estimate their fertility desires and contraceptive uses.

Kritz et al (1995:22-24) found that couples do communicate on their fertility intentions though they may not necessarily reach agreement. In Nigeria they observed that the



majority (56.2%) agreed that they had talked to each other about family planning in the past year, with 35.4% agreeing that the wife had no say concerning family size, and 32.5% agreeing that the wife had some contribution to make in determining family size.

However, as stated earlier in this chapter, the level of couple communication does vary from one area or region to another, and likewise in ethnic groups. Of the five Nigerian ethnic groups, it is only Kanuri (others being Hausa, Ibo, Ijaw and Yoruba) where couples were more likely to agree on God's will as a means of determining couples' family size. Reluctance to talk about family planning ranges from 78% among the Kanuri to 27% among the Ibo. Further differences indicate that the Ibo, Ijaw and Yoruba have positive attitude toward family planning while the Kanuri and Hausa are resistant to it.

The Nigerian study, interesting to note in gender relations studies, found that wife's power expressed as ethnic membership has an important role in contraception use. Other contradicting findings were that, in the tribes studied, the husband's secondary education had a stronger impact on contraception than wife's same level of education. Also, work before marriage was found to increase couples' agreement on contraception and fertility intentions. The findings from Nigerian ethnic groups imply that there is a need to study fertility behaviour and contraception from various socio-economic and cultural levels, one of them being ethnicity.



2.4.3 Couple communication on fertility in Zimbabwe

The role of husbands in Zimbabwe on influencing fertility behaviour among couples was consistently underestimated until the research findings proved it otherwise in 1991. In his study on Zimbabwe family planning knowledge, attitude and practice among men, Mbizvo and Adamchak (1991:31-38) concluded that basing on their influence, men should be included in the information, education and communication programmes without delay for future effective planning of family size and decline of fertility. However, the most challenging idea was to demonstrate how men from all socio-economic levels could be included in fertility programmes and bring positive impact on fertility without deterring social equilibrium.

The study found that the majority (98%) of all men interviewed knew at least one method when unprompted and prompted responses were combined. Interesting to note in this study was that males knew more about female contraceptive methods such as pills and injectables than it was perceived before. The main reason stated for the use of contraceptives by couples was to space their births or limit the number of children. The assertion that most of the males used contraceptives for spacing rather than preventing births implies that the use of contraceptives would not necessarily result into fertility decline but simply fertility regulation. However, since the country had already raised the proportion of girls going to secondary school to between 20% and 40% and infant mortality to 70 per 1000 live births (Caldwell, 1992:213), it would be feasible to attain fertility decline. Going to school would delay exposure to marital fertility and lowered

infant mortality would assure couples survival of the children even if it were two, thus reducing the risk phobia.

Husbands in Zimbabwe were reported to approve and have ever used (modern) contraceptives and indicated a positive involvement in fertility decision-making in their families. It was also found that husbands had experience in obtaining information and methods, communication with their wives about fertility behaviour and gave their opinions about when contraception use should commence by parity (Mbizvo and Adamchak, 1991:34). Zimbabwe had an advantage that family spacing among couples had already been attained.

Thus using the positive signs shown by men's involvement in fertility planning would be a stepping stone to promoting family size limitation so as to bring about a decline in fertility levels. The total fertility rate of Zimbabwe has declined by 17.9% within 13 years from 6.6 in 1969 to 5.6 in 1992 and is estimated to have declined further by 1998.

2.4.4 Couples' communication on fertility in Tanzania

As stated in Chapter One (sections 1.1 and 1.2), Tanzania has been lagging behind in involving men in fertility and contraception programmes compared to other African countries. It is only recent in 1996 Demographic and Health Survey (TDHS, 1996:177) that a small proportion of married and unmarried men (about 20%) was involved in the study. This measure was probably a response to the implementation of the 1994 Cairo



International Conference on Population and Development and the 1995 Beijing Women and Gender Conference resolutions of which the county was a signatory. It is noted however, that even after including such a small proportion not even a single programme has been geared towards men to promote their participation in fertility planning.

According to the 1996 TDHS, a Tanzanian woman is capable of bearing up to 6 children by the end of her reproductive childbearing years (normally 15-49 years) if she were to pass through the currently observed age specific fertility rate. This fertility rate in Tanzania is the result of low contraceptive use now averaging below 20%, very short birth intervals of less than 24 months, modest levels of breastfeeding and relatively early age at the first marriage (averaging 18 and 24 years for women and men respectively) indicating longer exposure to marital fertility (TDHS, 1996:76-77).

The total demand for modern contraceptives in Tanzania, that is those with unmet needs and those currently using contraceptives, constitute a total of 41% of which 24% is a demand for spacing purposes and 17% is a demand for limiting purposes. Further analysis indicate that the demand appears to be the highest among the currently married women living in urban areas such as Dar es Salaam or other urban areas (50%) and among women with secondary or higher education (60%). The impact of education and place of residence on fertility has also been documented in other demographic literature (Bongaarts, 1978:130; Caldwell & Caldwell 1987:412; Van de Walle, 1987:188; Davis & Blake, 1956:215).

Though it is not yet clear to what extent the couples communicate on their fertility desires, Tanzania has recorded an increase over time in the proportion of women and men who have heard of methods of contraception (TDHS, 1996:58). The proportion of women who have heard of at least one method has increased from 74% in 1991-92 to 80% in 1994 and to 84% in 1996. However, since the data on men were always not reported, the country lacks sex comparative figures. It is noted that ever use of modern contraceptive methods has been on the increase from 14% of all women who had ever used any method in 1991-92 to 21% in 1994, then to 23% in 1996 with the greatest increase in the use of injectables.

As was observed in Zimbabwe (Mbizvo and Adamchak, 1991:31-38), husbands in Tanzania were more knowledgeable on both traditional and modern methods than their wives. According to the TDHS (1996:39-40) about 7.3% of all husbands knew at least one method of contraception compared to only 3.9% of all wives sampled. Similarly, 7.7% of all husbands managed to mention any modern methods more consistently compared to only 3.8% of wives. The knowledge level on traditional methods was 26% for husbands and 10.2% for wives (TDHS 1996:39-40). The differences in 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 contraception use at the family level.

As regards approval of contraception, it was found out that 59% of couples reported that they both approve contraceptive use with 20% of couples differing on such approval and 6% of couples both disapproving contraceptive use. Although the age difference of less than fifteen years between husbands and their wives did not change the likelihood of approval or disapproval the joint acceptance of the methods is generally affected by the age difference of 15 years and above.

However, where couples reported their spouses' attitudes towards approval of contraception, it was reported more accurately when couples said their spouses approve and less accurately when spouses said spouses do not approve. For instance, in 88% of the couples in which the wife reported that the husband was approving the methods, the husband also responded positively. Similarly, where the husband reported the wife to approve contraception use, the wife also said she approved the use (TDHS, 1996:58-59). The differences between couples' responses are also evidenced in their responses to the desired family sizes and ideal family sizes. As observed elsewhere in this chapter (Bankole and Singh, 1998:18-18), where couples agree on having no more children, it is fewer husbands who are likely to support such view. In the TDHS, (1996:58) it is only 13% of husbands compared to 26% of wives who wanted no more children and six children is regarded as their ideal number of children compared to five children for women. All in all the level of fertility among Tanzanian husbands and wives is still high compared to other countries like Zimbabwe (less than five), Botswana (five), and Kenya (less than five) (Caldwell, 1992:212-214).

Basing on the socio-economic status and demographic realities in Tanzania, it is imperative that for a clear understanding of fertility behaviour and subsequent fertility control, studies on discussion and ultimate decision-making among couples be broadly researched. The thesis for this study is that once the nature of communication among couples on fertility behaviour and decision-making process on contraception is well understood, then it becomes easy to implement programmes aimed at regulating fertility

CHAPTER THREE

STUDY AREA AND METHODOLOGY

3.1 Introduction

This chapter will outline the methodology used in the study. The chapter will be divided into two major sections: In the first part, a description will be given of the geographical location, historical background of the area, socio-economic and demographic issues and administrative locations. The second part explains sampling procedure, techniques of data collection, the problems encountered in the field and quality of the data.

3.2 The area of the study

3.2.1 Choice of the study area

The study area was Bagamoyo district in the Coast region. The area was chosen because it is one of the regions in Tanzania where fertility has shown signs of decline. The Coast region has marked a decline in total fertility rate (TFR) from 6.3 in 1991/92 to 4.1 in 1996.

Moreover, Islam is a predominant traditional religion in the Coast region, a religion which is still resisting equal participation of husbands and wives in decision making on various matters including fertility desires. Still, the region is accessible in terms of transport from Dar es Salaam where the University of Dar es Salaam is located.

3.2.2 Geographic characteristics of the study area

The Coast region covers a total area of 33,539 square kilometres which is equivalent to 3.8 per cent of the total area of Tanzania Mainland. Dry land area covers 32,407 square kilometres, equivalent to 96.6 percent of the total regional area and the remaining 1132 square kilometres are covered by water. The land earmarked for human settlement in the Coast region is estimated to cover an area of 593 square kilometres while that of state farms for different activities such as cattle farming, beef cattle ranches and plantations is estimated to be an area of 1,021 square kilometres.

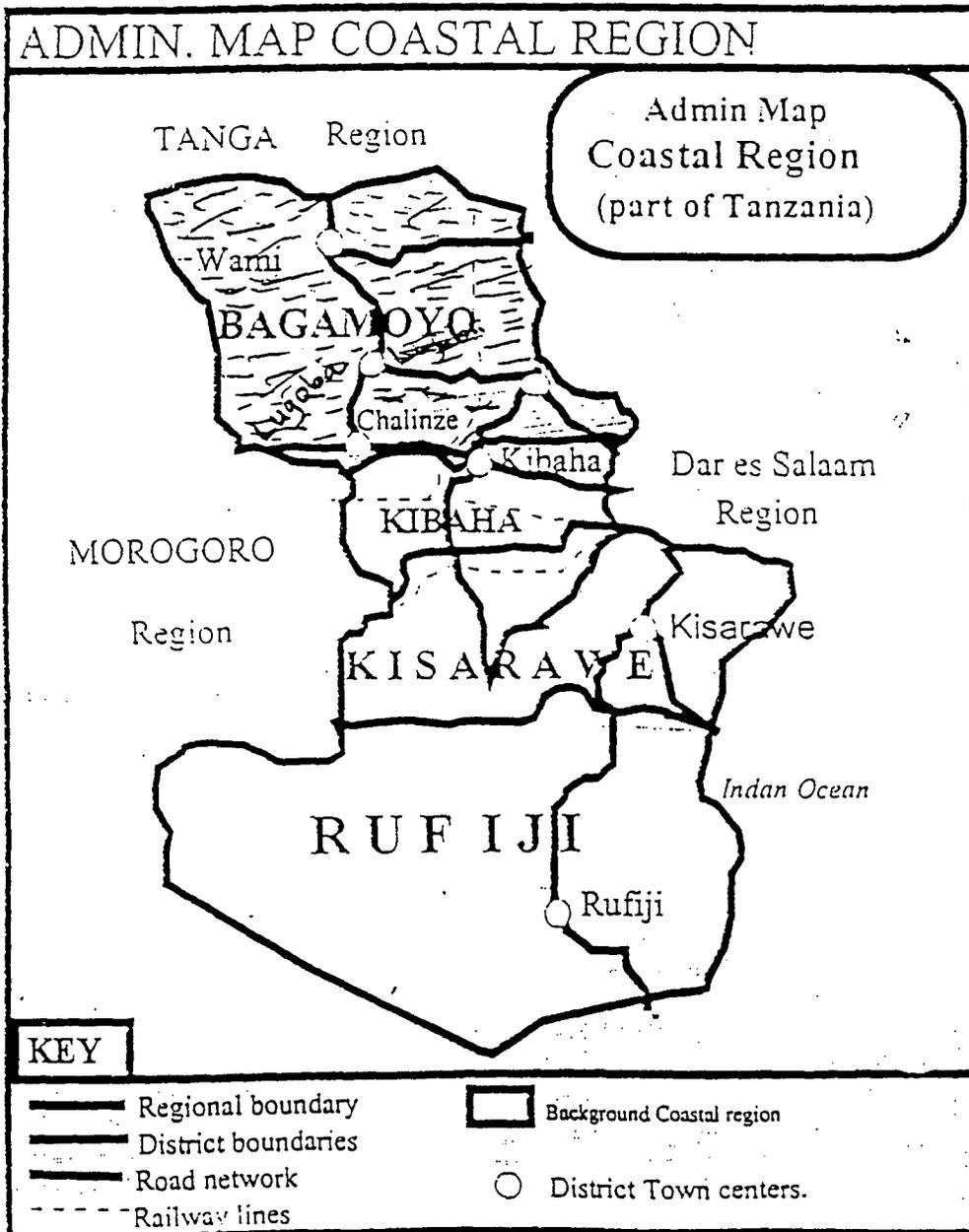
3.2.3 Location of the study area

The region is situated on the Eastern part of Tanzania Mainland along the Indian Ocean coastal belt, between latitudes 6°00' and 8°00' South of the Equator and between longitudes 37°30' and 40°00' East of the Greenwich meridian line. It shares borders with Tanga region to the North, Morogoro region to the West, and Lindi region to the South. On the eastern side, it shares borders with Dar es Salaam region and the Indian Ocean.

3.2.4 Administrative units

The six districts of the Coast region are further divided into smaller administrative units known as divisions, wards and villages. Each district is divided into these smaller units of administration making a total of 25 divisions, 71 wards and 377 villages for the whole region. The figure below shows the administrative areas of the region:

ROAD NETWORK - COAST REGION



Note: No location of Mkuranga District in the above map because in 1988 the district was part of Kisarawe district.

3.2.5 Climatic conditions of the study area

The Coast Region is situated in the eastern part of Tanzania Mainland along the Indian Ocean coastal belt, where the weather is generally hot. The region experiences a typical tropical climate with an average temperature of 28°C. The region has two rainy seasons with average rainfall of about 800 to 1000 mm per year indicating that it gets enough rainfall to support agriculture. The first season, called the main rain season, is characterised by long rains that last for roughly 120 days between March and June every year. The rains are usually heavy and spread almost throughout the region. This is also a planting season especially for seasonal crops such as maize, paddy and cotton.

The second season lasts between October and December each year and is called Short Rain season. This season takes duration of sixty days. The rains are short and unevenly distributed and they are not very much reliable. Such rains are suitable for short-term crops such as pulses.

3.3 Demographic characteristics of the study area

3.3.1 Population size

The Coast Region is the least populated region in Tanzania mainland with only 2.75 per cent of the total population of the country. Mwanza region is the most populated region with 8.10 percent of the total population followed by Shinyanga region that has 7.60 percent of the country's population. According to the 1988 Population Census statistics, the Coast region had a population of 638,015 comprising of 309,751 males and 328,264 females with a population density of 19.7 people per square kilometre.

The data from the Population Censuses conducted in 1967, 1978 and 1988 show that the population of Bagamoyo district has been rising steadily. It rose by 15.8 percent between 1967 and 1978 (from 117,517 to 136,059 people) and by 27.8 percent between 1978 and 1988 (173,918 people) with an annual growth rate of 2.4 percent, being above the regional average of 2.17 percent.

Basing on this growth rate, the population was estimated to reach 215,300 people by 1997 and 231,177 people with a population density of 23.5 by the turn of the century respectively. However, the district's population will still be sparsely distributed with low densities compared to the projected regional average of 25.4 persons per sq. km. It is important to note, however, that the population has been increasing at a lower percentage rate compared to that of the national population. For instance, the national population growth rate for 1967/78 and 1978/88 was 3.3 percent and 2.8 percent respectively while that of the Coast region was 1.7 percent and 2.1 percent in the same periods.

Life expectancy for the Coast region has improved from 47 years in 1978 to 48 years in 1988. When viewed on gender basis, life expectancy for males has deteriorated from 47 years to 46 years while that of females has improved from 48 years to 51 years in the same period. With this situation, a study on fertility behaviour among couples for attainment of longer life both for males and females becomes imperative.

3.4 Socio-economic characteristics

3.4.1 Ethnicity

The main indigenous ethnic group for Bagamoyo district is the Wakwere. Other dominant groups include, Wazaramo who are dominant in all six districts of the region, Wazigua and Wakwavi (Maasai). The Wakwavi are the Maasai who have lived in the district for many years and are now counted among the ethnic groups in Bagamoyo district. Apart from the ethnic groups mentioned above, there are also several other tribes who migrated from other parts of the country and found settlement in the district.

3.4.2 Education

Education is the ladder to success in every social and economic undertakings and it lays foundation in fertility and family planning. However, education in the Coast region as whole and Bagamoyo District in particular has been lagging behind compared to other regions like Kilimanjaro and Dar es Salaam. Statistics show that while Kilimanjaro Region in 1992 had 705 primary schools with a total of 236,174 pupils Coast Region had only 388 schools with 89344 pupils (BEST, 1992:25-28). The same statistics further indicate that for Coast Region registered school age going children who either absconded, were dismissed or transferred was 430 compared to only 51 in Kilimanjaro and none in Dar es Salaam.

Bagamoyo District had a total of 86 primary schools with a total enrolment of 24,486 pupils in 1985. After ten years, the number of primary schools had increased to 93 equivalent to about 8.1 percent increase. Enrolment has increased from 24,486 in 1985 to 27,463 in 1996 equivalent to 12.2 percent increase (Planning Commission, 1997:189-204).

Up to the time of fieldwork the district had a total of seven secondary schools out of which two were government-owned and the remaining five were owned and run by various institutions including public, private and religious institutions. Out of seven secondary schools, two were boarding schools and five were day schools enrolling pupils from all parts of the country.

3.4.3 Economy

It was observed that most of the people were engaged in agriculture. Data from the 1988 Population Census indicate that about 64 percent of the population aged 10 years and above in the Coast region are engaged in agricultural activities.

The major economic activities of Bagamoyo district are farming, livestock keeping, fishing and forestry. Food crops include maize, sorghum and paddy while cash crops include cashew-nuts, coconuts, cotton and fruits. However, it was observed that farms were located far away from places of residence, an aspect which can be linked to the land tenure system of former villagization policy in which people were resettled along the main roads but still maintained their former farms by a distance. During the study

it was observed, however, that youths had a tendency of avoiding farm work and resorting to quick-money-making activities such as charcoal burning, sand mining and brick making.

Livestock keeping includes cattle, goats and sheep. The animals are tended by facilities like dips, livestock health centre and livestock markets, though not all were working.

Forest resources include mangrove forests, forest reserves, timber, honey and beeswax.

However, participation of the local people in such activities has been considerably low leaving them to the people from the neighbouring regions such as Dar es Salaam, Tanga, Arusha and Kilimanjaro.

3.5 Data collection techniques

3.5.1 Sampling Procedure

In order to have a representative sample for this study, a selection of wards, villages and respondents was done with care. The researcher used the 1988 population Census as the working instrument in order to determine the socio-economic and demographic characteristics of the region and then the district. Bagamoyo district was sampled purposively out of the other five districts (Kibaha, Kisarawe, Mkuranga, Rufiji and Mafia) due to its large population and easy accessibility in terms of roads relative to other districts. The district ranks second in the region with a total population of 173,918 (85,536 males and 88,382 females) after Kisarawe which has a total population of 195,709 (94,122 males and 101,587 females).

It was possible to find from the detailed population profile data, the number of wards and villages and the relevant population sizes of the district. The DAS was also contacted in order to obtain information on social and economic activities in the district as well as the accessibility to the sampled areas. Selection of the wards took into account accessibility and distance from the main road. The main reason for such selection was to enable the researcher collect information within a proposed time frame and budget.

Sampling of more remote areas would mean staying longer in the field without financial support. Only wards that would be reached by walking short distances were listed for sampling. This is likely to be one of the sources of bias and hence compromising the validity of findings. However the two sampled wards differed substantially in terms of rural and urban characteristics, thus reducing biases in the sample.

The wards for the sample were randomly selected. Bagamoyo district has 15 wards out of which two were sampled for the study. Five wards, namely, Kiwangwa, Mkange, Zinga, Talawanda and Kibindu were not listed for sampling because according to the DAS, the wards were not easily accessible due to el-nino rains which had washed away some bridges leaving the roads impassable and repair was not yet done. Ten wards were listed and each was assigned a code. The codes were written on separate pieces of papers and then thoroughly mixed, out of which two pieces were randomly picked for the study, hence a simple random sampling giving equal chance to each ward to be selected. Bwilingu (formerly Chalinze) and Lugoba wards were sampled for this study.

Simple random sampling was also applied in selecting the villages. Bwilingu has seven villages and Lugoba has eight. The villages selected were Bwilingu and Pera in Bwilingu ward and Lunga, Msoga and Saleni in Lugoba ward. Only five villages from the two wards were sampled because it was thought that they would be enough to draw required number of responses, that is, 204. The sample size of the target population was obtained from the married couples aged 15-49 years for wives, that is, the assumed reproductive period for females and 20 years and above for husbands. Husbands with more than one wife were interviewed more than once depending on the number of wives they had. Sampling of the required couples then followed.

3.5.2 Fieldwork preparations

Fieldwork preparations for this study had two stages: the first stage was a pre-test study that was conducted within the first two weeks of April, 1998. The Demographic Training Unit (DTU) of University of Dar es Salaam organised the field work study which was done in Coast region, Tanzania. The purpose was to obtain information pertaining to "Population Dynamics and Social Economic and Cultural Change". Under this major theme, students were supposed to develop sub-themes for study and come out with reports. The researcher for this study had chosen the topic "Fertility preference and Decision-making among Couples in Bagamoyo" and three villages of Chalinze division were sampled for the pre-test survey. The purpose of the pre-test study was basically to see whether questions designed could yield the expected responses. It was the same district that I chose for the major study and the fieldwork started in July and ended in September, 1998. As stated earlier, the study was intended to measure the argument that

husbands have a role to play in determining fertility behaviours among couples. The major objective was to measure spousal communication on decisions pertaining to fertility. It was also intended to measure the rationale of excluding men in fertility surveys.

The pilot survey had revealed that questions specially designed to target polygynous husbands were essential. This is because for husbands with more than one wife their fertility behaviour is likely to differ from one wife to another. Bagamoyo district as stated earlier is characterised by polygynous type of marriages and this factor was taken into account.

Preparations for the major study were completed within the first two weeks of July, 1998. During this period, each student presented his/her research proposal to the panel discussion that involved members of the staff in the Demographic Training Unit, the external examiner as well as Master of Arts Demography students. The aim of the discussion was to provide each student a chance of receiving commentaries and critiques for his or her proposal before the actual fieldwork started. Each student was asked to work on the suggestions and recommendations made during the discussion before departing for the fieldwork.

3.5.3 Research Permission

The research was conducted between July and September, 1998. As a starting point, the research permission was obtained from the office of the Vice Chancellor, University of Dar es Salaam with facilitation being done by the DTU Co-ordinator. The same permit was submitted to the regional commissioner at Kibaha, the regional headquarters of

Coast region. Another letter of permit for the Bagamoyo District Administrative Secretary (DAS) was obtained from the regional office. The DAS wrote another letter introducing the researcher to the divisions' executives who also wrote to their ward executive officers on the need to assist in the smooth running of the field exercise.

3.5.4 Sample frame

The sample frame for this study was based on the list of the households compiled by the Village Executive Officers (VEO's) during the 1996 village enumeration exercise. A list of all households for the selected villages was obtained before hand from the VEO's. The total number of households in the study area was 3100. In total, 91 households, 56 in the urban area and 35 in the rural place were selected. The absolute probability of selecting the household was applied by picking every 33rd household so as to maintain a self-weighting sample with equal urban and rural proportions. An addition of ten percent of the total households was selected for the purpose of offsetting the missing cases. However, the peri-urban area comprised more households (hence larger proportion of the sample) than the rural area. As it was noted earlier, households which contained polygynous couples could comprise more than one couple and all present spouses were interviewed. The aim was to draw consistent responses that husbands had on different spouses. Table 3.8 below shows the number of household per each of the selected villages and number of households selected:

Table 1.0 Population size, number of households and sampled households

Division	Ward	Village	Population	No. of households	Sampled households
Chalinze	Bwilingu	Bwilingu	9325	1296	39
		Pera	2734	577	17
Musoga	Lugoba	Lunga	1960	851	25
		Msoga	465	148	4
		Saleni	563	228	6
Total			15047	3100	91

3.5.5 Data Collection and Research Instruments

The main instruments for data collection in this study were interview schedule using questionnaires, documentary sources and observation. Preparations of the questionnaire and library documentation were all completed before leaving for the field. The library research was conducted before because the researcher wanted to have an oversight of what he wanted to study before the fieldwork.

Respondents were asked questions on their knowledge, attitudes and practice of family planning methods, fertility preferences and communication among couples on fertility desires. In addition data on socio-demographic characteristics such as education, age, occupation and number of children were also asked. The questionnaire was designed purposely to target the wives and husbands who were currently married during the study.



The questionnaires had three sections: the first part was devoted to personal particulars of the respondent and included questions relating to demographic and socio-economic characteristics such as age, religion, sex, type of marriages, education, occupation and place of residence.

The second part of the questionnaire focused on knowledge, attitude and practice of married couples on contraceptives. The purpose of this section was to test the awareness of the couples on contraceptives and if at all this awareness was shared through discussion among them. The last section had eleven questions that were focused on the fertility preference among the married couples. This part demanded response on number of children by sex that couples would like to have and if they had ever discussed such preferences. Where the husband and wife were present during the interviews, the husband was interviewed first and the wife later in order to gain acceptance at the household and increase rapport although some husbands were hesitant to leave their wives alone for the interview. All responses were coded after the fieldwork and later analysed.

The questionnaire was prepared in English because it was to be administered by the researcher himself. However, the interviews were conducted in Kiswahili and the researcher did not face any language barrier throughout the study presumably because of the fact that most of people of the Coast region use Kiswahili as their mother tongue.

The exercise started at the end of July and ended by early September.



Respondents for this study were married couples in which females were to be in reproductive ages 15 to 49 years and males of ages 20 and above years. The assumption to involve men of this age was that their effect on fertility as husbands could be experienced after age 20 when most of them start to marry. The Tanzania Demographic and Health Survey (TDHS), indicated that the average age for males to marry was 25 years while that of females was 19 years (TDHS,1996:34). All wives were interviewed once but polygynous husbands were interviewed according to the number of wives they had at the time of conducting the interviews. This was because it was assumed that husband's fertility behaviour and attitude could differ from one wife to another.

After interviews in the evening, the questionnaires were checked if they had consistency in recording. Where it was found that the information collected was inadequate or that some questions were not correctly answered, the researcher had to go back to the respondents and seek clarification. Moreover, during the fieldwork, informal discussions were conducted among various population groups such as young, middle aged and old couples. Issues for discussion included influence of husbands on uses of contraceptives, communication among couples on number of children they would like to bear and the impact of remarriages on number of children both husbands and wives would like to have.



3.5.6 Problems and solutions

Problems in this study were not unique from other problems which researchers encounter. However, here are some of such setbacks:

i) Influence of the third party: Seven husbands rejected the suggestion of interviewing their wives at their absence. They demanded that they wanted to hear what their wives were answering. This had two implications: first, it was a sign that patriarchy in the study area was still dominant, and secondly, it might have influenced the wives to provide answers that would not ridicule their husbands. However, the number of males who stayed for wives' interviews was too small to bias the findings presented in this study report.

ii) Availability of couples at home: It was very difficult to find both couples at home though appointments were often made beforehand. The absence of one couple necessitated frequent visits to the same household. This could not be avoided so long as the study focused only on married couples without substitution. However, as a solution, the researcher decided to be flexible on time schedules in favour of respondents. As a result some interviews were conducted at night hours.

iii) Children outside wedlock: The tendency of having a child or children outside or before marriage for both husbands and wives was another source of problems. Couples were excluding such children in the list and only those that were born together with current marital partner were stated. This may have a serious setback on the findings because it has a direct relationship on fertility desires and desired family size. To solve



such a problem, a researcher was asking a supplementary question on the number of children one had outside marriage and then add to the total.

iv) Financial strap: Finally, the amount of money allocated for the dissertation is considerably small compared with the real costs involved up to the production of the final document. Consequently, it affected the sample size and choice of the study to offset the limited funds.

3.5.7 Techniques for data analysis

After data collection, the researcher prepared a coding sheet for the entry of the data collected. Data was then entered in the Demographic Training Unit of the University of Dar es Salaam. After the exercise of entering data, data processing was done by the use of SPSS programme followed by editing of each questionnaire to see if there were errors made and if any, then corrected.

The data was then analysed by the use of cross tabulations in which row variables were correlated with column variables. In addition, a chi-square test of association was applied in order to show the extent to which the variables analysed were significant. The chi-square tests the Null hypothesis (H_0) of no association between the two variables in the population and also tests whether there is any apparent relationship in the sample.

The chi-square is given by:

$$X^2 = \frac{\sum(E_{ij} - N_{ij})^2}{E_{ij}}$$

Where E_{ij} denotes the expected number of observations in cells (ij)

N_{ij} signifies the observed frequency, and



\hat{E}_{ij} stands for the sampled population size.

The null hypothesis (H_0) is rejected if the observed frequencies are or computed value of the chi-square is greater than the expected observations or critical value in the chi-square table distribution at given degrees of freedom and vice versa. Rejection of the null hypothesis indicates that the two variables studied have an association.



CHAPTER FOUR

BACKGROUND CHARACTERISTICS OF THE SAMPLED POPULATION

4.1 Introduction

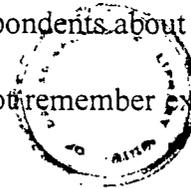
The background information of the sampled population is presented in this chapter. Respondents' age, educational level, occupation, place of residence, type of marriages, number of living children and number of children born with current spouse are studied. The objective of this chapter is to provide a demographic and socio-economic profile of the study sample.

4.2 Demographic characteristics

4.2.1 Age

Age is an important variable in the study of fertility behaviour among couples. Tabulations on age are essential in the computation of measures relating to fecundity, contraceptive use among couples and projections on contraceptive clientele. It is accepted that fecundity (ability to bear children) starts at age fifteen and menarche (a period after reproductive age generally after forty five). Thus age is one of the most important factors in understanding couples' communication on fertility behaviour.

Information on age was obtained by asking the respondents about their current age in completed years. For the respondents who could not remember exactly years of their



of live births and age at first birth for wives and historical events for husbands. For the purpose of comparability, couples who were interviewed resided in the same roofing.

In some settings, the difference in ages of husbands and wives is a determinant of whether the couples have similar reproductive preferences (Hauser, 1967:399). Table 4.1A that shows the age distribution of all respondents, indicates that most of the husbands were older than their wives. The majority of the husbands (43.1%) were in age group 35 and above years while most of their wives were in age group 15-24 (51%). Very few husbands were in age group 15-24 while very few wives were in age group 35 and above years (23.5%).

Similar findings were observed in Nigeria by Caldwell and Caldwell (1987:433-34) when studying the Yoruba society that men tend to marry women who are younger than themselves.



Table 4. 1: Selected demographic characteristics of the couples

A: Percentage distribution of couples by age by marital relationship							
Age	Marital relationship						
	Husband	Wife	Total				
15-24	25 (24.5)	52 (51.0)	77 (37.7)				
25-34	33 (32.4)	26 (25.5)	59 (28.9)				
35+	44 (43.1)	24 (23.5)	68 (33.3)				
Total	102 (50)	102 (50)	204 (100)				
B: Distribution of respondents by type of marriage by place of residence by age							
Type of marriage	Place of residence		Total	Age of respondent			Total
	Peri-urban	Rural		15-24	25-34	35+	
			Total Row				Total Row
Monogamous	83 (74.8)	76(81.7)	159(77.9)	67(87.0)	42(71.2)	50 (73.5)	159(77.7)
Polygynous	28 (25.2)	17(18.3)	45(22.1)	10(13.0)	17(28.8)	18(26.5)	45 (22.1)
Total	111(54.4)	93(45.6)	204(100)	77(37.2)	59(28.9)	68(33.3)	204(100)

4.2.2 Type of marriage

Marriage pattern in demography forms a remarkable focal point in fertility behaviour because it indicates socially and morally accepted procedure of exposure to sexual intercourse, and hence a possibility of pregnancy. It does not matter what form it takes, that is, whether customary, religious or governmental or if it is monogamous or polygynous. For better understanding of the nature of behaviour among couples, it becomes imperative to clearly grasp marriage patterns of the society under study.



The Coast region has 23% of all currently married women in polygynous unions. Traditionally, the Zaramo and Kwere who are the dominant indigenous people in the region follow matrilineal way of lineage including organisation of marriages. However, in practice the economic power that is concentrated in the hands of uncles has invariably forced change from matrilineal to patrilineal way of living and has empowered men to control production, consumption and bride wealth. Thus, the fact that Coast region follows matrilineal system does not erode the importance of collecting fertility data from men. Customs in Coast region do not encourage women to go to school nor to postpone marriage up to a later stage but nurture them to be good wives. One of such customs is the seclusion of young girls at reproductive ages (mwali concept) from puberty until she gets a husband leaving her no chance to attend school, and hence limiting her educational opportunities. Moreover, girls in Coast region experience first intercourse at the median age of 17 years (TDHS, 1996:78-79). They marry early immediately after puberty and therefore being exposed longer to the childbearing period (15-49 years) without high level of education. Such a weak position is likely to influence their participation in decision-making on whether to add, postpone or stop childbearing.

The type of marriage among marital partners has been found to have a major effect on fertility levels and contraception in a society by influencing couples' communication of fertility intentions and family size preferences (Ezeh, 1997:110; Frank and McNicoll, 1987:215-217; Caldwell and Caldwell, 1987:435). As it was seen in earlier findings, husbands may either have more than one wife because they want many children or want many children because they have more than one wife (Ezeh, 1997:364-365). Similarly,



wives in polygynous unions may want many children in order to compete with co-wives in terms of childbearing and social status in the family or may want fewer children because of avoiding the burden of rearing which most women in polygamous marriages face compared to their counterparts in monogamous unions (Frank and McNicoll, 1987:241).

Couples were asked: "what type of marriage are you living in?". The results show that, for the sample as a whole, 77.7% of couples were living in monogamous marriage. Only 22.1% of couples were in polygynous families.

Moreover, a classification was made on the respondents' type of marriage by place of residence. Table 4.1B above which presents the percent distribution of couples' type of marriages by place of residence and by age show that there is no significant difference in the proportions in type of marriage by respondent's place of domicile. For instance, the percentage for rural couples who were living in monogamous marriages (81.7%) was higher than those living in polygynous marriages (18.3%). Similarly in urban areas, the majority of couples (74.7%) were living in monogamous marriages compared to (25.2%) for the polygamous marriages.

From the Table 4.1B above, it is also clearly shown that polygyny is higher in age groups 25-34 (28.8%) and 35 and above (26.5%) than in age group 15-24 (13%). This trend can be explained by the fact that most of the couples in age group 15-24 are newly married and their reproductive preferences are still thought to be achievable compared to other older ages.



4.2.3 Children ever born

Data on the number of children ever born provides a general picture of the level of cumulative fertility in a society and can influence the nature of communication on fertility among couples. The usual demographic bias in collection of parity data is that children born alive who die later are always not reported by respondents. During this study, the question on number of births was carefully asked to avoid under-reporting though it is difficult to state the degree of freedom from such error. It should also be noted that parity data for this study were collected from married couples only. This means fertility levels are likely to be higher than parity levels for the population as whole, basing on the fact that premarital and extramarital births among the Coast region people is culturally instigated.

It is evident from the study results that fertility levels are high in the Coast region. Table 4.2A indicates that all respondents, except 8.3%, had at least one child at the time of survey. The majority of respondents (41.7%) had between one and two children and 63 respondents or 30.9 % had four or more children during the study. The fact that most of the respondents had between one and two children can be explained by the fact that a greater percent of the study sample (37.7) comprised young couples of age group 15-24 compared to the percentage allocated to the age groups 25-34 (28.9%) and 35 and above (33.3%). Most respondents were likely to have more children later.



Table 4.2: Distribution of couples by number of children ever born and children born with current spouse

A: Distribution of respondents by number of children ever-born					
Children ever born	Frequency		Percent		
No child	17		8.3		
1-2 children	85		41.7		
3 Children	39		19.1		
4+ children	63		30.9		
Total	204		100		
B: Distribution of couples by number of children ever-born by children born with current spouse					
No.living children	Children born with current spouse				
	No child	1-2 children	3 children	4+ children	Total Row
No child	14(26.9)	3(3.4)			17 (8.3)
1-2 children	22 (42.3)	62 (70.5)		1 (2.9)	85 (41.7)
3 children	5 (9.6)	15 (17.0)	19 (65.5)		39 (19.1)
4+ children	11(21.2)	8(9.1)	10 (34.5)	34 (97.1)	63 (30.9)
Total	52 (25.51)	88 (43.1)	29 (14.2)	35 (17.2)	204 (100)

4.2.4 Number of children born with current partner

Among the factors which can influence couples' communication on fertility and contraception is the number of children that spouses have given birth to together. In situations where either of the two had a child or children outside the current spousal union, couples are less likely to discuss on their fertility intentions because of possible conflicting interests on desired number of children. This study made an attempt to survey on the number of children that respondents had ever had in relation to the number of children born with a current spouse.

From table 4.2B above, it is shown that 8.3% of respondents had no any child with a spouse during the survey. Also, 41.7% had one or two children and 42.3% of those with one or two children had no child with current spouse. Moreover, of 19.1% respondents who had three children, 9.6% had no child with current sexual partner, 21.2% of those with four or more children had no child with current spouses. Moreover, out of 30.9% of couples with four or more children 17.5% had no children, 12.7% had one or two and 16% had three children in the current spousal union.

The study results also indicate that there is a relationship between number of children born within spousal union and type of marriages of the couples. Out of 159 respondents who were in monogamous unions, 26% did not have even a single child with current spouses and 47.2 had one or two children with the current partners. On the other hand, 24 % of spouses in polygynous unions had no child and 28% had one or two children with current spouses. However, the difference based on number of children born with

current partner according to type of marriage narrows down as the number of children born together increases. For example the percentage of spouses who had four or more children in monogamous unions (16.9%) was almost equal to those born in polygynous families (17.7%).

Nevertheless, the figures are slightly different when viewed from sex difference perspective. Table 4.3 below shows the distribution of respondents according to number of children born with current partner by marital relationship of respondents.

Table 4.3: Distribution of couples by number of children born with current spouse by marital relationship

Children born with current spouse	Marital relationship		
	Husband	Wife	Total Row
No child	23(22.5)	29(28.4)	52 (25.5)
1-2 children	43(42.2)	45(44.1)	88 (43.21)
3 children	20(19.6)	9((8.8)	29 (14.2)
4+ children	16(15.7)	19(18.6)	35 (17.2)
Total	102(50)	102(50)	204 (100)

4.2.5 Knowledge and ever-use of contraceptive methods

The study was based on the assumption that couples whose knowledge and use of contraceptives is high are more likely to discuss fertility intentions than couples whose knowledge and use is low. It is easy for such couple relative to their counterparts to discuss when to have another child or to postpone childbearing. However, it should be

noted from the outset that couples communication in this study was not related to household economic resources that are currently said to have an influence on fertility behaviour. This should be regarded as one of the demographic aspects that are potential for further research.

Tables 4.4A and 4.4B present distribution of couples by marriage status and knowledge of family planning method. The methods have been classified in terms of to modern and traditional contraceptives. From Table 4.4A below, it is clear that a substantial proportion of husbands know at least one method of family planning although it is only a small proportion of those who know of a method who are using the contraception. However, the study results show that husbands report to know modern family planning methods slightly more than their wives and wives know traditional methods slightly more than their husbands. While 92.2% of husbands interviewed know injectables, only 90.2% of wives know the method. Similarly, 97.1% of husbands and 90.2% of wives know the condom as a contraceptive. On the other hand, out of those who did not know withdrawal, 75% were husbands and 25% were wives. Also, with exception of one husband all the respondents (husbands and wives) knew abstinence. The above difference, however, between husbands and wives who know either modern or traditional methods is very small, implying that overall, knowledge on contraception is high.

Table 4.4: Couples and their knowledge on selected contraceptive methods

4.4A: Distribution of couples by knowledge on modern contraceptive methods									
Marriage status	Contraceptive methods								
	Pill			Injectables			Condom		
	Yes	No	Total	Yes	No	Total	Yes	No	Total
Husband	98 (50.0)	4(50.0)	102 (50)	94 (50.5)	9(44.4)	102 (50)	99(51.8)	3(23.1)	102 (50)
Wife	98 (50.0)	4(50.0)	102 (50)	92 (49.5)	10(55.6)	102 (50)	92(48.2)	10(76.9)	102 (50)
Total	196 (96.1)	8 (3.9)	204 (100)	186 (91.2)	18 (8.8)	204 (100)	191 (93.6)	13 (6.4)	204 (100)

4.4 B: Distribution of couples by knowledge of traditional family planning methods									
Marriage status	Contraceptive methods								
	Withdrawal			Abstinence			Other*		
	Yes	No	Total	Yes	No	Total	Yes	No	Total
Husband	99 (45.5)	3(75.0)	102(50)	100(49.8)	2(66.7)	102(50)	72 (51.1)	30(47.6)	102(50)
Wife	101(50.5)	1(25.0)	102(50)	101(50.2)	1(33.3)	102(50)	69 (48.9)	33(52.4)	102(50)
Total	200(98.0)	4(2.0)	204(100)	201(98.5)	3(1.5)	204(100)	141(69.1)	63(30.9)	204(100)

Note: * refers in this table to other traditional contraceptive methods.

Respondents were asked during the survey the types of methods they or their current spouses had ever used. Such a question was important in measuring the extent of communication among spouses on the methods they or their marital partners had ever used. Tables 4.5A and 4.5B present the study findings:

Table 4.5: Couples and their use of selected contraceptive methods

A: Distribution of couples by their use of modern contraceptive methods									
Mar. s.tus	Contraceptive methods								
	Pill			Injectables			Condom		
	Yes	No	Total	Yes	No	Total	Yes	No	Total
Husb	10(9.8)	92(90.2)	102(50)	6(5.9)	96(94.1)	102(50)	19(18.9)	83(81.4)	102(50)
Wife	37(78.7)	65(41.4)	102(50)	26(81.3)	76(44.2)	102(50)	11(36.7)	91(52.3)	102(50)
Total	47(23.0)	157(77)	204(100)	32(15.7)	172(82.3)	04(100)	30(14.7)	174(85.3)	204(100)
B: Distribution of couples by use of traditional contraceptive methods									
Marriage status	Contraceptive methods								
	Withdrawal			Abstinence			Other*		
	Yes	No	Total	Yes	No	Total	Yes	No	Total
Husband	57(55.9)	45(44.1)	102(50)	68(66.7)	34(33.3)	102(50)	18(17.6)	84(82.4)	102(50)
Wife	62(60.9)	40(39.2)	102(50)	65(63.7)	37(36.3)	102(50)	22(21.6)	80(78.4)	102(50)
Total	119 (58.3)	85 (41.7)	204 (100)	133 (65.2)	71 (34.9)	204 (100)	40 (19.6)	164 (80.4)	204 (100)

Note: * refers in this table to other traditional contraceptive methods.

Mar. s.tus= marriage status; husb. = husband.

Contrary to the findings on knowledge of contraception among couples, ever use of family planning was reported to be greater among wives than their husbands. Also with the exception of the condom, only a few husbands reported their wives to have ever used

contraceptive methods than what wives reported for themselves on the methods. From the study findings presented in Tables 4.5A and B, only 9.8% of husbands said their spouses had ever used the pill compared to 36.3% of wives who reported to have ever used the method. Moreover, only 5.9% of husbands reported that their spouses had ever used injectables compared to 25.5% of wives who said they had ever used the method. The figures were 18.9% vs 10.8% for condom, 55.9% vs 60.8% for withdrawal, 66.7% vs 63.7% for abstinence and 17.6% vs 21.6% for other methods. Similar disparity on knowledge and use of family planning among husbands and wives was also noted by Bankole and Singh (1998:20-21) in the 18 developing countries when studying spousal attitudes towards fertility and contraception.

While the difference between wives and their husbands in reporting their ever use of contraceptives is essential in understanding extent of communication among couples, it is not yet clear what actually leads to such differences. The disparity can possibly be attributed to having multiple sexual partners, type of method used and the frequency of using such method. Also the fact that husbands underreport the rate of use of contraceptives for their spouses implies that wives decide to use the methods without the knowledge of their husbands.

4.2.6 Current use of contraception

The current use of family planning methods by couples to avoid unwanted or unplanned pregnancy was also studied. Couples who (or whose spouse) were not pregnant during the study were asked if they were doing anything to delay (next) pregnancy. Respondents who reported to do something were asked to specify the type of method they were using.

Table 4.6A below shows the distribution of responses by couples by educational level of their use of any method to avoid unwanted pregnancy.

Table 4.6: Couples and current use of contraception

4.6A: Percentage distribution of couples by use of any method to avoid unwanted fertility by place of residence and type of marriage						
Use contraceptive?	Place of residence			Type of marriage		
	Peri-urban	Rural	Total	Monogamous	Polygamous	Total
Yes	64 (49.2)	66 (50.8)	130 (63.7)	103 (79.2)	27 (20.8)	130 (63.7)
No	47 (63.5)	27 (36.5)	74 (36.3)	56 (75.7)	18 (24.3)	74 (36.3)
Total	111(54.4)	93(45.5)	204 (100)	159 (77.9)	45 (22.1)	204 (100)

4.6B: Distribution of couples by current use of contraceptive methods by education level								
K'ledge	Marital relationship			Education level				
	H'band	Wife	Total	No educ	Primary	Sec'dary+	Other	Total
Yes	67 (65.7)	63 (61.8)	130(63.7)	19(61.3)	92 (63.9)	11 (78.6)	8 (53.3)	130(63.7)
No	35 (34.3)	39 (38.2)	74(36.3)	12 (38.7)	52 (36.1)	3 (21.4)	7 (46.7)	74(36.3)
Total	102 (50)	102 (50)	204 (100)	31 (15.2)	144 (70.6)	14 (6.9)	15 (7.4)	204 (100)

Note: H'band =Husband, K'ledge = Knowledge, Secondary + = Secondary education and above, educ =education

Furthermore, the study results (Table 4.6A) show that most of the couples (63.7%) had efforts to avoid unplanned pregnancy with almost half of the users being husbands (51.5%). Education level was positively associated with couples' attempt to prevent unintended pregnancy. The results presented in Table 4.6B indicate that the proportions

of users increase from 61.3% among couples without education to 63.9% among those with primary education and then to 78.6% among spouses with secondary education. However, the variations noted are too small to allow researchers to make viable conclusions.

Contrary to the conventional knowledge that rural areas are always lagging behind in adopting contraceptive methods, rural couples in the Coast region are more active than peri-urban spouses in avoiding unwanted pregnancies. The data presented in Table 4.6B above reveals that 71% of rural spouses were taking measures to delay pregnancies compared to only 57.7% of couples in peri-urban areas. Also, 50.8% of all couples who reported to have been doing something on unplanned pregnancies were in the rural areas noting a difference of 0.8% above the peri-urban spouses. Although the difference is considerably small, it may be due to the penetration of family planning education to rural areas through government institution (Family Planning Unit) and other non-governmental organisations such as Marrie Stoppes and UMATI (Association of Family Planning in Tanzania).

4.3 Socio-economic characteristics

4.3.1 Occupation

Respondents were asked about the type of activity they were doing at the time of the survey. Occupation was classified into three categories: business, agriculture, domestic chores and others. Table 4.7A presents the percent distribution of respondents by occupation in the study area.

Table 4.7: Couples and their occupation

4.7A: Distribution of couples by occupation		
Occupation	Frequency	Percent
Business	59	28.9
Agriculture	63	30.9
Domestic chores	73	35.8
Other	9	4.4
Total	204	100

4.7B: Percentage distribution of couples by age and occupation					
Age	Occupation				Total
	Business	Agriculture	Domestic Chores	Other	
15-24	29 (49.2)	11 (17.5)	37 (50.7)		77 (37.7)
25-34	15 (25.4)	27 (42.9)	17 (23.3)		59 (28.9)
35+	15 (25.4)	25 (39.7)	19 (26.0)	9 (100)	68 (33.3)
Total	59 (28.9)	63 (30.9)	73 (35.8)	9 (4.4)	204 (100)

Most of the respondents were engaged in agriculture (30.9%). Although domestic chores had the highest percentage (35.8%), when it was cross-tabulated by sex, it was found that wives had a greater share in this sector.

Business as an occupation ranked third (28.9%) after agriculture and domestic chores. However, as Table 4.7A above shows, business was the major activity for the young

couples involving 49.2% of all respondents in the sector and 37.7% of all couples in age group 15-24. Only 25.4% of couples in age group 25-34 and 25.4% in age group 35 and above were in business. Agriculture was reported to be the major economic activity for the couples aged 25 to 34 (45.8%) and 35 and above (36.8%). Only 14.3% of couples in age group 15-24 were engaged in agriculture.

Thus, from Table 4.7B above, it is evident that business was the main activity for the young couples (ages 15-24) and agriculture for couples of 25-34 and 35 and above years age groups. By contrast, the young couples are also featuring as the majority (50.7%) in the domestic chores which according to this study include those without specific outdoor economic activity. This scenario can be explained in two ways: firstly, our large sample was drawn from the age group of 15-24 since it was the group potential for studying the current fertility behaviour and intentions. Secondly, like in any other community in Tanzania, the Coast region people rarely regard agriculture as occupation and when asked about their main activity most of them end up saying they are not engaged in any work.

Table 4.8: Selected socio-economic characteristics of the couples

4.8A: Distribution of couples by occupation and place of residence			
Occupation	Place of residence		
Business	Peri-urban	Rural	Total
Business	32 (28.8)	27 (29.0)	59 (28.9)
Agriculture	41(36.9)	22 (23.7)	63 (30.9)
Domestic chores	35 (31.5)	38 (40.9)	73 (35.8)
Other	3 (2.7)	6(6.5)	9 (4.4)
Total	111 (54.4)	93 (45.6)	204 (100)

4.8B: Distribution of couples by place of residence		
Residence	Frequency	Percentage
Peri-urban	111	54.4
Rural	93	45.6
Total	204	100

Finally, the respondents' occupation was cross-tabulated with place of residence. The two variables are likely to make an impact on the extent of communication on contraception by couples in the sense that to a large extent occupation influences place of residence as well as exposure to information on contraception and fertility planning. The findings as shown in Table 4.8B, revealed that most of the respondents who were

residing in peri-urban areas were engaged in agriculture (37%) while the majority of couples in rural areas were in the domestic chores (41%). Almost the same proportion of couples both in peri-urban residence (28.8%) and in rural areas were in business sector. Agriculture that was stated as the major economic activity in Bagamoyo District was employing 37% of the peri-urban respondents and 41% of the rural.

4.3.2 Place of residence

The study findings indicate that 54.4% of the couples reside in peri-urban areas and the remaining 45.6% stay in rural areas. When cross tabulated by age, it was indicated that almost half of the respondents (50.6%) in age group 15-24 resided in rural areas. However, most of the spouses in age group 25-34 (61.0%) and in age group 35 and above years (54.4%) were in peri-urban areas as shown in Table 4.8B above.

4.4 Conclusion

This chapter has focused on the background characteristics of the couples involved in the study. The findings have been classified into demographic and socio-economic characteristics. The overall results have indicated that there are some differences between husbands and their wives in terms of both demographic and socio-economic characteristics. The differences have been noted in age, education, knowledge and ever-use of contraceptive methods as well as in occupation and place of residence. The respondents' characteristics will be discussed in relation to their impact on the spouses' communication on fertility and contraception, a discussion that features in the next chapter.

CHAPTER FIVE

HUSBAND-WIFE COMMUNICATION ON FERTILITY AND CONTRACEPTION

5.1 Introduction

The previous chapter reviewed background characteristics of the study sample. This chapter discusses various aspects that are related to husband wife communication on regulating their fertility and use of contraception. The discussion is based on study findings from Bagamoyo district, Coast region. The chapter makes a comparison of responses drawn from both husbands and wives on variables that assist in measurement of couple communication on fertility and contraception. Such variables include: approval of contraception use, desired number of children, discussion on contraception and decision on having next child. The first part deals with the extent to which spouses have similar attitudes by using two dimensions: agreement between partners regarding approval of contraception and fertility preferences including sex preferences. The second section concentrates on the nature and extent of discussion among spouses.

5.2 Desired number of children by couples

The desired number of children is one of the most important measures of fertility preferences on which spouses need to discuss jointly as it indicates the direction that future fertility will take. In this study, couples were asked about the number of children they would like to have if they were to choose. Although this question is regarded as just seeking polite answers to meaning inquiries (Hauser, 1967:398), it still depicts couples' fertility intention. The most common inconsistencies levelled against this measure is that the respondent may give the number that is equal to or greater than the number she or he already has, rather than the number she or he would like to have (Bankole and Singh, 1998:18).

Table 5.1: Distribution of couples by their fertility desires

A: Percentage distribution of couples by number of children preferred				
Desired no. of children	Marital relationship			
	Husband	Wife	Total	
Below 3	12 (11.8)	12 (11.8)	24 (11.8)	
3-4	45 (44.1)	41 (40.2)	86 (42.2)	
5+	45 (44.1)	49 (48.0)	94 (46.1)	
Total column	102 (50)	102 (50)	204 (100)	
X ² = 5.991 X ² 0.05, 2df = 0.35626				
B: Percentage distribution of couples' desired number of children by age				
Desired no. of children	Age of respondent			
	15-24	25-34	35+	Total
Below 3	12 (15.6)	4 (6.8)	8(11.8)	24(11.8)
3-4	36 (46.8)	28 (47.5)	22 (32.4)	86(42.2)
5+	29 (37.7)	27 (45.8)	38 (55.9)	94 (46.1)
Total	77 (37.7)	59 (28.9)	68(33.3)	204(100)

From the study findings presented in Table 5.1A above, overall, most of the spouses prefer large families, that is, more than five children (46.1%) and very few would like to have small family size of below three children (11.8) with only 42.2% aspiring to have three or four children. The figures conform to the national average of 5.5 children

for women and 5.9 for men (TDHS, 1996:29). Despite the high fertility preference, the data further indicate that there is minimal difference in family-size preferences between husbands and wives implying communication among couples. It has been found out that the difference in percentage between husbands and wives who desire five or more children is only 4%. Moreover, the difference in spouses' preference of three to four children is only 3.9%. 44.1% of husbands and 40.2% of wives like to have three to four children. Similarly, the same proportion of husbands and wives, that is 11.8%, would like to bear not more than two children. The above results indicate two aspects: on one hand the data concur with a conclusion by Fapohunda and Todaro (1988:588-590) that African women are historically significant for their childbearing. The study findings were reported in Nigeria and were associated with dominance of husbands on economic resources and desire of wives to please their husbands. On the other hand, it can be said that probably couples communicate and agree on the number of children they would like to have and that is why their responses do not have a significant difference. A chi-square test of association between number of children desired and marital relationship shows that they are significantly associated at five percent level.

Although most of the couples (46.1%) in all ages prefer large families of five children or more, the number of children preferred by couples increases in relation to age. The percentages tend to rise from 37.7% of those in the age group 15-24 to 45.8% of spouses in the age group 25-34 before increasing to 55.9% for spouses in the age group 35 and above years. The fact that young couples do not want to bear many children implies a demographic trend that fertility is likely to decline. Similar fertility trend among young

couples was reported in the TDHS (1996:93) on relationship between number of children preferred by age of respondents. This is probably because couples in age group 15-24 have just entered the reproductive age with a full realisation of costs of bearing and rearing children. Those in the subsequent age groups may be affected by the fact that they are already caught in the trap of having many children such that their responses on fertility desires are influenced by the actual number of children they have. Table 5.1B above shows distribution of respondents by number of children preferred by age.

5.3 Couples' desire for additional children

Respondents were also asked, apart from the number of children they had during the survey, if they wanted to have more children. This was also considered as another aspect that demands joint decision of couples. Such information, apart from being a dimension of measuring communication on fertility preferences, can also be indispensable in estimating unmet needs of contraception. In order for this study to estimate the extent of agreement among couples both in monogamous and polygynous marriages, husbands in polygamous unions were asked whether or not they intended to have another child with each wife. We assume that husband's fertility preference differs from one wife to another.

From the study findings, it is evident that couples have a high degree of agreement (that is, their responses are similar) about their fertility intentions. Table 5.3 shows that majority of couples (79.9%) want more children. However, contrary to earlier findings in TDHS (1996:85-87) and to our assumption in hypothesis three (that more husbands

than wives want more children) a slightly higher proportion of wives (85.3%) than that of their husbands (74.5%) want to add a child or children to the current number they have. Only one percent of couples is undecided on whether or not to add a child or children.

The findings are slightly different from the results shown in the TDHS (1996:87) which show that nationally, the percentage of men who want more children is slightly higher (74%) than that of women (60%). The variations, however, can be explained by the fact that with economic changes taking place in Tanzania, many husbands being main breadwinners have realised economic hardships of raising and supporting a child. Various study findings by Kamuzora had earlier shown a positive relationship between costs of rearing children and family size preference in developing countries (Kamuzora, 1987 in van de Walle, 1987:307-330).

More variations are noted in the 19.1% of couples who do not want to add more children. Compared to proportion of wives (12.7%), most of the husbands (25.5%) would like to stop childbearing. The fact that most of the husbands, relative to their wives, do not want to continue with childbearing and that more of them, as noted earlier in this study, use contraceptives than their wives is an implication that husbands are a big potential for regulation of fertility and contraceptive use. The findings in this study refute the assumption by earlier researchers who found out that more husbands than wives prefer having another child to stopping childbearing (Khalifa,1988:241) . The results also differ from the earlier studies by Coombs and Chang, (1981:124) which concluded that when couples disagree about future childbearing the wife wants no more children but the husband wants more. Moreover, when age difference is considered, fertility intention declines with age of couples. It decreases from 44.2%of couples in age

group 15-24 to 31.3% in age group 25-34 and decreases further to 24.5% for spouses aged 35 and above years. Desire for additional children also changes in correspondence with level of education of couples. The percentage rises from 74.2% of spouses with no education to 81.3% of those with primary education and 85.7% for spouses with secondary education. Still, the childbearing desire is slightly higher among rural couples (83.9%) than their peri-urban counterparts (76.6%).

Table 5.2: Distribution of couples by marital unions and type of marriages

A: Percentage distribution of couples fertility intentions by marital unions			
More children?	Marital union		
	Husband	Wife	Total
Yes	76 (74.5)	87 (85.3)	163 (79.9)
No	26 (25.5)	13 (12.7)	39 (19.1)
Undcd/dk*		2 (2.0)	2 (1.0)
Total	102 (50)	102 (50)	204 (100)
B: Distribution of couples type of marriage and fertility preferences			
More children?	Type of marriage		
	Monogamous	Polygynous	Total
Yes	128 (80.5)	35 (77.8)	163 (79.9)
No	29 (18.2)	10 (22.2)	39 (19.1)
Undcd/d.k*	2 (1.3)		2(1.0)
Total	159 (77.9)	45 (22.1)	204 (100)
$X^2 = 5.991$		$X^2 0.05, 2 df = 0.88972$	

Note: Undcd/dk *=Undecided/don't know.

The relationship between the type of marriage and fertility preference was studied in order to see how the two variables could have an impact on spousal communication. Table 5.2B above presents the study findings.

Although Ezeh' perspective (1997:358) indicates a relationship between the type of union and fertility desires, our study findings suggest that the type of union has a very small influence in determining couples' fertility intentions. The percentage of couples who wish to limit their fertility in polygynous unions (22%) is being slightly higher than in monogamous partnerships (18%). With such very small difference in percentage, however, it is difficult for this study to adequately testify the assertion by Frank and McNicoll (1987:210-211) that women in polygynous unions want few children because they shoulder greater responsibilities in rearing their children than do those in monogamous marriages

Nevertheless, the above findings on fertility preference and type of marriage had some reservations. Although the majority of couples are in agreement on adding more children and wives have higher fertility intentions than their spouses, there is still a room for agreement or disagreement on childbearing. It is not known from this study how long couples wishing to continue with childbearing would like to wait before fulfilling their fertility intentions. Wives' great desire for more children may not necessarily mean they want to bear children sooner than their marital partners. Thus further fertility behaviours in relation to fertility intentions need to be studied.

After all the demographic and socio-economic variables have been considered, it is still indicated that the desire to limit fertility is generally low (almost less than 25%). Field discussion with couples revealed that there is an association between the number of children born with the current partner and desire to limit childbearing. The tendency, found common in Bagamoyo district, of staying under same roof with children who the husband or wife did not bear with the current marital partner affects couples' family size preference as well as their communication on contraception. However, the desire to stop childbearing tends to occur earlier among husbands than among wives. The results imply that husbands probably have a better understanding of benefits of having a planned family size than their spouses and that in order to achieve the couples' fertility preference spousal communication becomes an inevitable aspect.

5.4 Husband-wife approval of contraception

Husband-wife communication on contraception is facilitated when couples have a positive attitude toward it. Our study attempted to investigate spousal approval of family planning as one of the precursors of communication dimensions. Couples were asked whether they approve of the use of family planning methods in regulating fertility.

Table 5.3A below considers data collected in the survey on this topic. It shows that the level of approval among all couples is generally high, though with some variations according to age, type of marriage, number of living children, educational level and place of residence. Overall, 94% of all respondents involved in the study approve the use of the methods to regulate fertility. Furthermore, 92% of all husbands and 96% of all

wives approve the use of the methods. However, the percentage of husbands who do not approve the use is twice as that of wives (8% vs.4%). Also, the proportion of wives approving the methods is almost the same as that of husbands, only differing by 4%. However, from the chi-square test of association, it is evident that there is relationship between approval of contraception and sex of the spouses. The association is significant at five percent level. Such statistical calculation may be influenced by the smallness of the sample.

Table 5.3: Couples and their approval and discussion on contraception

A: Percentage distribution of couples by approval of family planning methods			
Approval	Marital relationship		
	Husband	Wife	Total
Yes	94 (92.2)	98 (96.1)	192 (94.1)
No	8 (7.8)	4 (3.9)	12 (5.9)
Total	102 (50)	102 (50)	204(100)
$X^2 = 3.841$ $X^2 0.05, df1 = 1.41667$			
B: Percentage of couples who have ever discussed on contraception			
Discussion	Marital relationship		
	Husband	Wife	Total
Yes	64 (62.7)	69 (67.6)	133 (65.2)
No	38 (37.3)	33 (32.4)	71 (34.8)
Total	102 (50)	102 (50)	204 (100)

Despite the fact that level of approval is generally high among all marital partners, any conclusion on ascertaining spousal communication should be taken with care. Some couples may report some more favourable attitudes than they actually do in order to appear knowledgeable on them. When age is considered, the study results show that young couples (age groups 15-24 and 25-34) approve contraceptive methods slightly more than older spouses (age group 35 and above years). 96% of spouses in age group 15-24 and 95% of partners in age group 25-34 accept family planning methods as means of regulating fertility compared to only 91% of spouses aged 35 and above years. Such a high rate of approval indicates that the possibility for couples to communicate on contraception is high. However, the above results do not alter the contention that the rate of approval among all couples is high. The small variation noted may have been influenced by the fact that young couples are more mobile and more exposed to information than older spouses.

The rate of approval of contraceptive methods, according to study results is extremely high among the couples who, in the previous studies (Mason and Taj, 1987:618-622; Thomson et al, 1990: 579-588) were reported to have negative attitude to the methods. For instance, the level of approval among couples with no education is 96.9% with slight difference among spouses with primary education (94.4%). Also, the type of occupation had a negligible impact on approval of contraceptive methods. In the agricultural sector, the proportion of spouses who support the methods is 95.2% and the percentage of approval was 95.9% for couples engaged in domestic chores and 91.5% for spouses in the business sector. Thus, level of education and occupation of couples did not reflect big differences on approval of contraceptive methods.

Moreover, it was difficult to establish a relationship between the number of living children and the approval of contraception among spouses as the overall percentage of

approval was generally high. For instance, 93.7% of couples with four or more children, 92.9% of those with one or two children and 94.9% of those with three children approve the use of contraceptives. Still, all the spouses with no education had similar attitudes. From the above findings on level of approval of contraceptive methods, there is an implication that couples are probably aware of the importance of regulating their fertility. Therefore, the possibility for such marital partners to communicate on use of contraceptives for spacing childbearing or limit fertility is high. This assertion will be discussed in the next section.

5.5 Discussion on contraception

The study results show that there is a substantial extent of discussion among couples. As indicated in Table 5.3B above, 65.2% of all spouses say they have ever discussed something on contraceptive use. Also it is indicated that slightly more wives (67.6%) than their husbands (62.7%) say they have, at least once, talked about the subject with their husbands.

The proportion of approval by spouses, however, is slightly lower than that of a neighbouring country, Kenya that is 82% as reported by Omondi-Odhiambo (1989:36-41). The difference could be due to Kenya's higher level of education for both men and women and thus higher rate of contraceptive use of around 40% (Msuya, 1994:24) and early involvement of husbands in contraception programmes (Omondi-Odhiambo, 1989:38). Similarly, Zimbabwe noted a high rate of spousal approval of contraception after reorganising her family planning programmes to involve men (Mbizvo and Adamchak, 1991:36-37).

Overall, the proportion of couples who have never discussed the topic varies slightly by number of living children. The level of discussion increases as the number of living children increases. The data largely confirm the predicted results on discussion among couples by the number of living children (hypothesis 1). While the proportion is 58.8% among the childless spouses, it rises to 65.9% among those with one or two children before increasing to 69.2% among those with three children. However, the percentage slightly drops to 63.5% among the partners with 4 or more living children and the causes are not clear. Table 5.4A below shows the results:

Table 5.4: Couples' discussion on contraception and main influence on the next birth

5.4A: Distribution of couples by discussion on contraception by number of living children					
Discussion	Number of living children				
	No child	1-2	3	4+	Total
Yes	10 (58.8)	56 (65.9)	27 (69.2)	40 (63.5)	133 (65.2)
No	7 (41.2)	29 (34.1)	12 (30.8)	23 (36.5)	71 (34.8)
Total	17 (8.3)	85 (41.7)	39 (19.1)	63 (30.9)	204 (100)

5.4B: Distribution of spouses by their responses on who has main influence on having next child			
Influence	Marital relationship		
	Husband	Wife	Total
Both	34 (33.3)	44 (43.1)	78 (38.2)
Husband	54 (52.9)	47 (46.1)	101 (49.1)
Wife	14 (13.7)	11 (10.8)	25 (12.3)
Total	102 (50)	102 (50)	204 (100)

Some differences exist in discussion on contraception of marital partners by type of union. The proportion of couples who discuss is higher in monogamous than in polygynous unions. The proportion for monogamous couples is 66.7% while that of polygynous spouses is 60%. However, the above variations can be explained by the fact that the Coast region, from field observation, is characterised by a high rate of divorce and remarriages such that being in polygynous or monogamous union is less meaningful. What matters most is the number of children each spouse has.

The proportion of couples who discuss also differs by place of residence. The subject is more often discussed among rural couples (74.2%) than among their peri-urban counterparts (57.7%), implying that probably proximity to urban areas of the nearby towns (Tanga and Dar es Salaam) has increased exposure to information. The proportions of couples in all religious groups who have ever discussed the methods is more than half; 64.1% of all Muslims and 67.1% all Christians interviewed said they

have ever discussed and, as seen before, have a greater percentage of method use. Such finding is slightly different from a situation in Mali where, because the majority of couples are Muslims, communication on contraception had proved a failure (Fulton and Randall, 1988:208-210). In our study, the percentage of Muslims is 64.2% and the remaining 35.8% is Christians.

5.5.1 Initiation of discussion on contraception

A question was also asked during the survey with respect to who specifically initiates the discussion. The results in Table 5.4B above shows that almost every spouse claims to have initiated the discussion. For example, 35.3% of husbands interviewed said they initiated the discussion, with only 23.5% saying their wives initiated the idea and only 6.9% saying both started the discussion. Similarly, 33.3% of wives claimed to have initiated the subject leaving 12.7% saying it was their husbands and 8% saying both initiated the topic. Thus, from such findings, there is an implication that either the couples wanted to please the researcher that they care about their future fertility or that it is what they really hold.

5.5.2 Influence on next child

Knowledge on who among couples has the main influence on having a next child is vital in understanding husband-wife communication on fertility. Table 5.4B shows that the majority of husbands (53%) think they have a final word on when to have a next child. Similarly, most of the wives (46%) believe that their husbands have the main influence on next child. Significantly, 38% of respondents think that having a child should be a

joint decision. Such findings are different from the studies done elsewhere such as in Egypt where it was found that the majority of couples (64%) thought husband and wife should jointly decide on next child than being decided by husband alone (Sayed and Way, 1985:238). The results probably indicate the gender differences that treat a wife as of low status and object of fertility.

Surprisingly, education is inversely associated with the influence on next child. As educational level increases, couples think one spouse, that is, husband, should decide on the next child. For instance, the percentage of those who think husbands should determine when to have a next child rises from 45.4% of illiterate couples to 64.3% of couples with secondary education. Also, as expected, more rural couples (50.5%) than peri-urban counterparts (48.6%) think husbands should have a last word on childbearing. This is probably the impact of low level of education with high rate of drop-outs in Coast region as a whole. For instance, 39.4% of pupils who were enrolled in primary school between 1989 and 1995 dropped before they completed standard seven (Planning Commission, 1997:191-203).

5.5.3 Involvement of husbands in fertility programmes

Previous studies in demography have already recognised the influence of husbands in decision-making regarding family size and adoption of contraception (Shah, 1974:454-457; Lozare, 1976:307-322; Joesoef et al, 1988:162-168). Also, both the 1994 International Conference on Population and Development in Cairo and the 1995 Fourth World Conference on Women in Beijing resolved to incorporate reproductive health

services that include men, mandating that men's constructive roles be made part of the broader reproductive health agenda. The TDHS 1996 also states that husband involvement in contraception programmes can facilitate extent of communication with their wives on the subject.

In this study, respondents were asked about their approval of involving husbands in fertility planning programmes. The results show that 92.2% of couples want husbands to be involved in the programmes (see Table 5.5).

Table 5.5: Percentage of couples who approve involvement of husbands in contraception programmes

Involvement of husbands	Marital relationship		
	Husband	Wife	Total
Yes	95 (93.1)	93 (91.2)	188 (92.2)
No	4 (3.9)	3 (2.9)	7 (3.4)
Don't know	3 (2.9)	6 (5.9)	9 (4.4)
Total	102 (50)	102 (50)	204 (100)

From field discussion, spouses favour the involvement of husbands by saying that if husbands are knowledgeable about contraception communication with their partners can be facilitated. Others said husbands, like wives, need to share responsibilities as well as risks and benefits of contraception.

5.6 Conclusion

This chapter has reviewed basic communication dimensions that would assist to measure the extent to which husbands and wives talk about their fertility behaviour. It has been found out that generally, all the measurements, that is, the desired number of children, desire for additional children, approval of contraception, discussion and influence on the next childbearing, have a high level of agreement. This means couple communication has been proved existent though with some differences which were insignificant. Thus, the task ahead is to see how this communication can have an impact on the use of contraception.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This study was prompted by the need to investigate the existence of communication among couples on fertility planning and contraceptive use. Four measurements of communication were studied: approval of contraception, ideal number of children, discussion and influence on next childbearing. The aim was to establish the impact of such measures on couples' communication on childbearing behaviours and contraceptive use in Bagamoyo District. The dimensions were correlated with demographic and socio-economic characteristics such as age, marital relationship, religion, number of living children, number of children born with current spouse, education and occupation as well as place of residence. This chapter provides a summary of findings and end up with recommendations.

6.2 Summary of findings

6.2.1 Knowledge and ever-use of contraception

This study attempted to examine knowledge and use of contraceptives by couples in relation to how the two could influence spousal communication. The study managed to compare responses of both husbands and wives separately. It was observed that knowledge on contraception for couples was almost universal with almost every spouse knowing at least one method. However, knowledge on modern methods was found to be higher among husbands than wives. The percentages for husbands and wives, for

instance, were 92% versus 90% on injectables, 97% versus 90% respectively for condoms. The trend was similar to other types of methods. On the other hand, more wives than husbands were reported to be familiar with traditional methods, particularly withdrawal and abstinence. The findings can be explained by the fact that women in Bagamoyo District go through initiation rites after puberty and part of the training in these rites is to make the young girls understand basic reproductive processes.

Our study found a positive relationship between education of couples and their knowledge on contraception. As expected, the level of education of couples increased concurrently with knowledge on contraception. Awareness on family planning among illiterate couples was 61%, 63% for spouses with primary education and 79% for couples with secondary or higher education. The knowledge level nationally is 84% for women and 89% for men; for the Coast region the percentages are 95.3% and 93.5% for women and men respectively (TDHS, 1996:58).

From our findings, it was noted that husbands under-reported the extent of use of female contraceptive methods for their wives while wives themselves reported a higher rate on the same methods. Greater disparity was noted in traditional rather than modern methods. It was then concluded that probably some wives use the methods without the knowledge of their husbands thus implying little inter-spousal communication.

6.2.2 Current use of contraception

On current use of contraception for the purpose of avoiding unplanned or unwanted pregnancies, 63.7% of all couples were using methods to avoid unwanted pregnancies. Moreover, it was found that more husbands than wives were doing something to avoid unwanted pregnancy. About 66% of husbands and 62% of wives were taking measures to plan their fertility. Still, more rural than peri-urban couples were reported to have used methods for the purpose of delaying next childbearing and spouses in monogamous unions had a higher rate of avoidance of unplanned births than in polygynous unions.

6.2.3 Ideal number of children by couples

Overall, it has been found out that a large proportion of the study sample wanted large families of five or more children, though with a high percentage of knowledge and approval of contraception. Our findings have also shown that a large proportion of both wives and husbands prefer larger families of five or more children. There was an insignificant difference of only four percent between the couple's preferences, again indicating the existence of spousal communication. The TDHS, 1996 reports similar differences with fertility preferences of husbands being 5.9 lifetime births and that of wives being 5.5 children. Cross-tabulation of spouses' response with age also showed that across all ages, couples plan to have five or more children. Thus it was concluded in this section that since such persistency of high fertility preferences was largely shared by couples, there was an indication, using fertility preference as one of the communication dimensions, that inter-spousal communication on fertility planning and subsequent fertility limitation exists.

6.2.4 Desire for additional children

Our study results have shown that most of the couples have an agreement on having next child and a large proportion want to continue having more children on top of their current family size. Moreover, earlier research findings had shown that where couples differ on having next birth, the wife wants no more children but the husband wants more. In our study findings, contrary to earlier publications, it has been noted that a large proportion of husbands wants to stop childbearing. Even after controlling some variables like age, education and place of residence of couples, it was still evident that more husbands than wives did not want to continue with childbearing. This was a complete turn-about to earlier research findings that more husbands than wives wish to have more children in addition to the current number. Also, more couples in polygynous unions than in monogamous marriages did not want to have more children on top of the children they had. Such a finding was related to the fact that as previous research had shown, women in polygynous unions have a greater burden of rearing children than their counterparts in monogamous marriages.

Moreover, it was found out that, different from many parts of Tanzania, the desire to have another child by a couple in Bagamoyo district is to a large extent associated with the number of children a husband or wife has borne with his or her marital partner. The findings revealed that communication among such spouses exist but consensus on the desired number of children and family size is less likely. The desires of each couple are based on the number of children he or she has.

6.2.5 Approval of contraception by couples

It was noted in our study findings that approval of contraception by couples was generally high with almost all couples approving the fertility control methods. However, some variations according to age, type of marriage, number of living children and place of residence were seen. There was no difference between wives and husbands on level of approval of use of the methods. Also, younger couples than older ones were observed to approve the methods.

An observation was made from our study that a large proportion of couples regardless of their level of education and occupation had a high rate of approval of contraceptive methods. The differences noted were less significant compared to the level of agreement. From the findings that the rate of approval was high, it was concluded that chances for such couples to communicate on their future fertility are high.

6.2.6 Discussion on contraception

From the data collected for this study, a large proportion of both husbands and wives communicate on their fertility intentions and contraceptive use. It was found that, overall, 65% of couples interviewed had at least once discussed with their marital partners about future childbearing and how to postpone unwanted births. It was also found that slightly more wives than husbands, with a difference of five percent, said they had discussed the subject with their partners. As hypothesised, the extent of discussion has been noted to increase as number of living children per couples rise. Moreover, a very small difference of level of discussion was observed among couples in



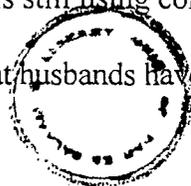
monogamous and polygynous unions. Other negligible differences were seen among peri-urban and rural couples and Christians and Moslems. Basing on the insignificant differences observed among couples by using various variables, it was concluded that despite the anticipated complex web of social and cultural factors, husbands and wives in Bagamoyo district talk about their future fertility.

6.2.7 Influence on next childbearing

Our data findings have shown that the majority of both husbands and wives believe that husbands have the main influence on the next childbearing. The level of education of couples, according to our data, does not change spouses' attitudes that a decision on next childbearing is the domain of the husband. The place of residence, that is rural and peri-urban, also did not alter the results. Finally, almost all couples approved involvement of males in family planning programmes so that spouses may share responsibilities, benefits and risks of childbearing contraception.

6.3 Conclusion

It is evident from our study results that husbands and wives in the study area do communicate on their contraception. Already husbands have a high rate of use of contraception, are taking measures to delay unwanted childbearing, preferring small family size and initiating discussion on fertility planning. Significantly, there is an indication that husbands are using contraception and are supporting use for their spouses. On the other hand, a proportion of wives is still using contraceptives without the knowledge of husbands although they believe that husbands have a final say on when



to have next child. This study concludes that approval of contraception is not a barrier or facilitator of couples communication on contraception. What matters is to ensure that each spouse knows that contraceptive use is for the benefit of the whole. From such acknowledgement husbands and wives are likely to freely exchange information on fertility and contraception.

Moreover, experience in Bagamoyo district, like most parts of Tanzania, has proved to us that to assume that husbands want large families is an exaggeration and a misconception that most of the contemporary policy makers have. Also, an ideal or desired number of children holds water only when both couples are childless. Where the number of living children and the number of children born with current couple differ, the ideal number of children per couple differs and each couple is likely to prefer having more children until the number of his or her choice is attained. Under such circumstances each spouse will tend to shy away from discussing on joint future fertility behaviour. Consequently, data collected for matching husband and wife responses by using the ideal number of children as one of the measurements, will consistently show that couples desire large families implying a lower rate communication. Thus, although it is a factor, the ideal number of children is not a good measure of couples communication on fertility behaviour unless its relevance is seen in the context of socio-economic and cultural dimensions of the community studied.

Moreover, as observed in this study, the percentage of couples who have ever discussed anything on their fertility behaviour is 65%. The percentage, in our opinion, is relatively high in a country like Tanzania where educational levels are low and where there is no strategic programme yet of involving males in family planning and where the available



programmes have been stereotyping women. The assumption from programmers has been that designed messages also reach men.

The study concludes that given the changing economic forces in the country, couples are forced by circumstances to consider the number of children they have and the number they want to achieve before adding a new born, hence communication on their fertility. However, since realisation of needs and wants per couples vary and very much depends on education level and occupation, among others, of spouses, this study has come out with various recommendations to be discussed in the next section.

Finally, our study results have shown that husbands are a big potential in determining couples communication on contraception although they have been sidelined in current fertility programmes. In a community which is organised on patriarchal basis, neglecting to provide correct information and timely services for husbands can detract wives from the overall fertility programme in terms of safe sex and unplanned pregnancies as well as use of available family planning services.

6.4 Validity of the Hypotheses

Three assumptions were put forward in chapter one so as to guide the researcher in collecting and analysing the data. This section makes an assessment of the extent to which the assumptions are valid. The assessment is based on the analysis of the communication dimensions as were presented in chapters four and five. The conclusions for each of the proposed hypotheses are given below:



Hypothesis one: The number of living children influences couples' communication on contraception

We have seen that the level of communication among couples increased with the increase of the number of living children. Low levels of communication have been noted strongly among the childless couples while those with two or more children have higher level of communication. Furthermore, the chi-square test of association proved that the variables were significantly associated. These findings point to the conclusion that the hypothesis is accepted.

Hypothesis two: There is relationship between type of marriage and couple communication on family planning

Couples both in monogamous and polygynous marriages were found to have high level of communication. Statistical analysis of the data gave similar results. An examination of the findings showed consistent high levels of approval of contraception, desire for another child, discussion on family planning and influence on the next child. On the basis of the study results, type of marriage in the study area does not affect level of communication.

Hypothesis three: Place of residence influences couples' communication on fertility and contraception

The analysis of the data has shown that the level of communication increases as one moves from peri-urban to rural areas when other independent variables are not controlled for. This shows that the advantage the urban has over the rural residence in



terms of exposure to information, education and communication (IEC) is embedded in factors other than the mere locality of the couples. Since it is conventionally accepted that urban residences have advantages over rural counterparts, it can be said in this regard that the relationship between the place of residence and communication is there but is negative. However, the statistical evidence by use of chi-square, mediocre as it is to verify the extent of association, shows that the two variables are significantly associated providing the basis for accepting the hypothesis. However, we cannot indisputably conclude that the place of residence influences couples' communication but we can simply state that the two variables are significantly related.

Hypothesis four: Education has influence on communication of couples on fertility and family planning

The education level as an independent variable has shown a weak influence on the couples' communication on fertility and family planning. The dimensions of measuring communication did not show significant differences between the couples who were illiterate and those with various levels of education. In some cases such as who has main influence on the next childbearing, the dogma that such influence is to be shared by all couples was decreasing from 45% of couples with no education 39% with primary education to 21% of spouses with secondary education and above. Similarly the assumption that it is husbands who have influence on the next birth was steadily increasing as level of education of couples increased. These findings suggest that the influence of education on couples' communication is remote and that there are more other factors that influence communication among couples. In this way, we can conclude



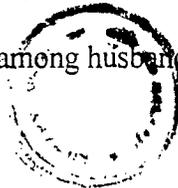
that the education of the couple alone is not a determinant factor of the level of communication because even those with low level education were found to have a high level of communication. On the basis of the above findings, the proposed hypothesis is therefore rejected for the research area. Nevertheless, the influence of education on communication and fertility should not be underestimated.

6.5.0: Recommendations

Major summary findings and conclusion of the survey have been presented in the previous sections. Key concern after the findings is that although the survey has found out that communication on fertility and contraception among husbands and wives is relatively high in Bagamoyo district, there remains a considerable degree of couples who do not hold dialogue. Also, the study has identified substantial differences between spouses in terms of their fertility intentions and contraceptive uses. To help close or narrow gaps between husbands and wives, the following recommendations are essential:

6.5.1: Recommendations to policy makers

1. Knowledge about patriarchy, gender roles and values and husbands position in marital unions should be taken care of in designing family planning programmes which intend to provide couple-oriented services. Programmes that recognise the widespread influence of gender, particularly how inequality between husbands and wives or between men and women affects their extent of communication will be able to avoid harmful gender differences and unintended consequences in fertility regulation.
2. In order to wave away misconception among husbands that fertility and contraception



are wives' domain, policy makers should design a plan of action information, education and communication special for men in general and husbands in particular. In fact, addressing practical needs of husbands in family planning can be an entry point to establishing programmes whose strategic interest is to minimise opposition and gain support from husbands. This demands massive reorganisation of current family planning programmes.

3. In family planning promotional efforts, information, education and communication messages should emphasise benefits of planned family for wives, husbands and children. The current efforts are propagating the benefits for women and children alone. However, if this strategy is not carefully conducted, it is likely to result into reinforced stereotypes about male-dominated decision-making in which husbands may interpret that the messages mean that they should make family planning decisions by themselves.
4. Programmes to promote couple communication should be built on current men's approval of family planning. Surveys and other studies have shown that many men appear ready to change their reproductive health behaviour and are willing to participate more in family planning activities. This opportunity should be effectively utilised by the policy planners to facilitate communication between husbands and wives.

5. In order to realise the extent to which communication between spouses can promote contraceptive use and to what extent the use of contraception can lead to spousal communication, the Demographic and Health Surveys (DHS) should also study the occurrence and frequency of discussion on family planning by couple. Such attempt would offset the current excessive reliance on data from women as basis for designing



programmes on fertility and contraception.

6. Since it is accepted that the mass media raises people's awareness, massive media coverage should be extended to addressing communication of couples on their needs to plan fertility. The coverage should provide accurate information to both spouses on issues like contraceptive methods, women's menstrual and fertility cycles, transmission of sexually transmitted diseases (STD's), pregnancy, child health and their reproductive health. The media should also state clearly where spouses should go for services, counselling and answers for their queries.

6.5.2: Recommendations to other researchers

1. In order to verify and rely on results of this study, it is recommended that surveys like the one conducted in Bagamoyo District be carried out in other parts of the country.
2. Attempts to examine why husbands and wives differ on their fertility intentions and contraceptive uses should be made. Researchers should strive to break such gap by use of both qualitative methods such as focus group discussion and in-depth interviews and quantitative ones in order to benefit from information that is not always gathered on fertility and contraception.



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APPENDICES

Appendix A

UNIVERSITY OF DAR ES SALAAM

DEMOGRAPHIC TRAINING UNIT

QUESTIONNAIRE FOR THE COUPLES ON:

COUPLE COMMUNICATION ON FERTILITY AND CONTRACEPTION
IN TANZANIA: THE CASE OF BAGAMOYO DISTRICT, COAST REGION.

Name of interviewer.....

Date.....

1. Administrative area:

1.1 Village.....

1.2 Ward.....

1.3 District.....

2. Demographic and socio-economic characteristics of respondent:

2.1 Name of respondent.....

2.2 Marital relationship:

Husband.....1 Wife.....2

2.3 Age of respondent (in complete years).....

2.4 Education of respondent:

No education.....1 Primary education.....2 Secondary education and
above.....3

Other (specify).....4

2.5 Religion of respondent:

Muslim.....1 Christian.....2 Other (specify).....3

2.6 Occupation :

Business.....1 Agriculture.....2 Domestic chores.....3 Other
(specify).....4

2.7 Place of residence:

Peri-urban.....1 Rural.....2



2.7 Type of marriage:

Monogamous.....1 Polygynous.....2

2.8 Number of living children (if husband: number of living children whom you are a father).....

2.9 Number of children born with current husband/wife.....

3. Family Planning (Knowledge, attitude and Practice):

3.1 Have you ever heard of:		3.2 Have you ever used		3.3 Using now?		
	Yes...1	No...2	Yes...1	No...2	Yes...1	No...2
Pill						
IUD						
Injectables						
Condom						
Spermicide						
Abstinence						
Calendar/rhythm						
Diaphragm						
Vasectomy						
Tubal ligation						
Norplant						

3.4 Did you discuss with your husband/wife before using any of the methods you mentioned above?

Yes....1 No.....2 Have never used any.....3

3.5 Do you approve the use of family planning methods?

Yes.....1 No.....2

4.0 Fertility preference:

4.1 Would you like to have another child? (To a childless couple: Would you like to a child?)

Yes...1 No....2 Undecided/Don't know..... 3



4.2 For respondents with no children: How many children are you planning to have in your whole life?

For those already with children: If you were to start from the beginning, how many children would you like to have?.....

4.3 How many male children would you prefer in your whole life?.....

4.4 How many female children would you prefer in your whole life?.....

4.5 What do you think is an ideal number of children that couples must have?.....

4.6 Have you ever discussed anything with your wife/husband on the following:

Number of children you would like to have	Yes...1	No 2
Specific method of family planning you would like to adopt	Yes...1	No 2
When to have a child (or next) child	Yes...1	No 2
We have never discussed anything concerning family planning	Yes...1	No 2

4.7 In cases where you have ever discussed , who always initiates the discussion?

I myself.....1	My husband/wife....2	Both.....3
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4.7 Do you expect in future to discuss the following with your husband/wife?

Number of children you would like to have	Yes...1	No 2
Specific method of family planning you would like to adopt	Yes...1	No 2
When to have a child (or next) child	Yes...1	No 2
Anything concerning family planning	Yes...1	No 2

4.8 Who do you think has the main influence to have another child?

Both...1	Husband...2	Wife...3	Relative....4	Other (specify).....5
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4.9 What do you think is the appropriate time after birth to have a next child?

One year...1 Two years...2 Three years...3 Four years ..4 After three years.
.5 Any time...6

4.10 Would you like males to be involved in family planning programmes?

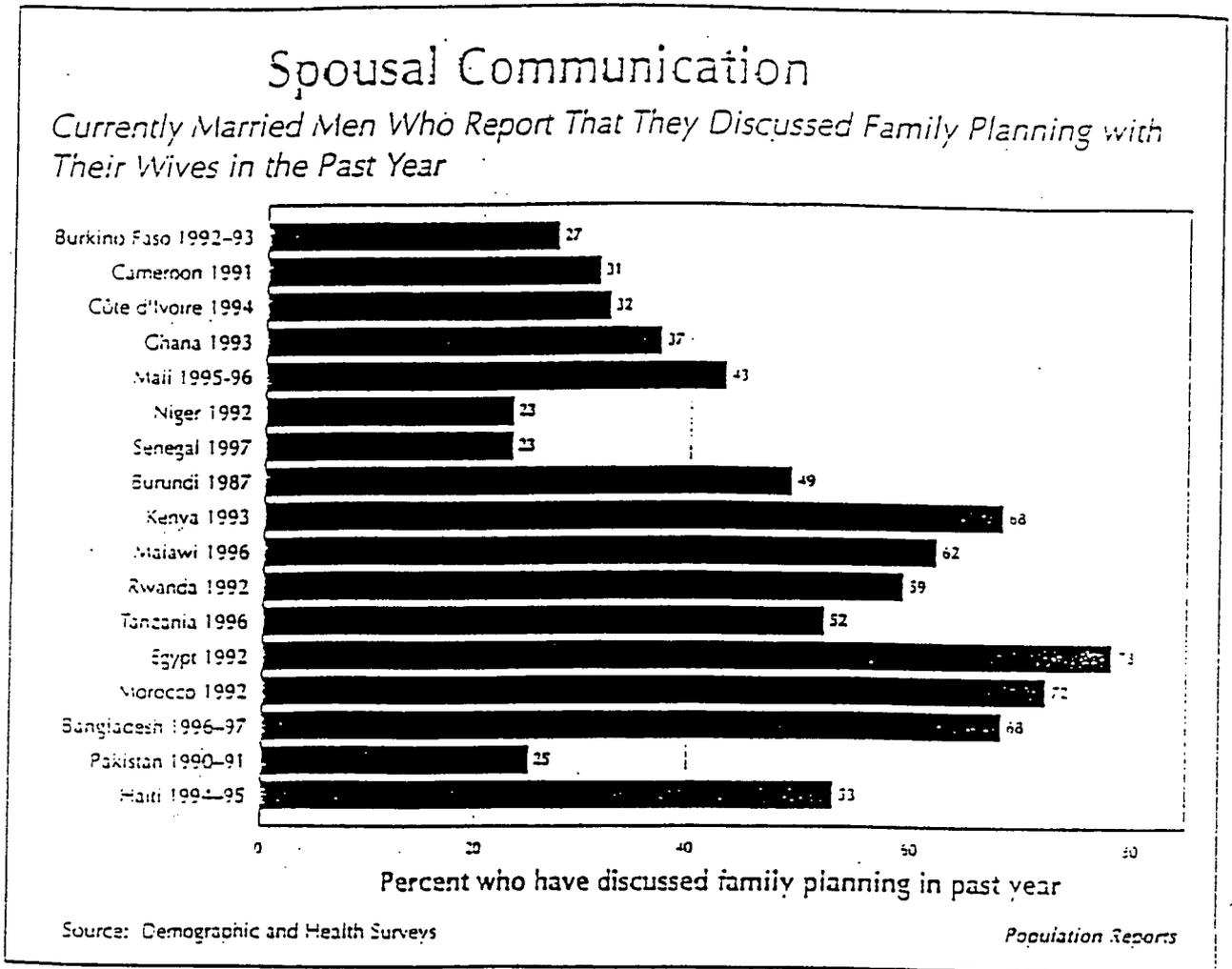
Yes...1 No...2 Don't know/Undecided...3

END OF INTERVIEW



Appendix B

Couple communication in the selected developing countries



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