Reproductive health care in Tanzania

Introduction

Tanzania is located on the eastern coast of Africa below the Equator, and comprises the mainland and Zanzibar Island, the latter having two parts, Unguja and Pemba. In common with many other developing countries, Tanzania is faced by multiple social and economic problems, including rapid population growth. The Bureau of Census estimates that by 2025, Tanzania's population will increase by approximately 60%. Unfortunately this change is not matched by economic growth.

Although the Population Bureau reports that between 1980 and 2005 the fertility rate (i.e. the average number of children that a woman gives birth to in her lifetime) has dropped from 6.5 to 5.3, it is still high given the resource-poor setting. The Reproductive and Child Health Department of the Ministry of Health has made great efforts to ensure family planning and child health services are available, accessible and affordable to all areas including the underserved communities. Through the national family planning programme, the Ministry of Health has worked closely with international organisations and non-governmental organisations such as EngenderHealth and other faith-based organisations. These efforts have proved effective, as the prevalence of contraceptive use increased from 10% in 1991 to 25% in 2004. However, progress is considered to be slow when compared with neighbouring countries like Kenya and Zimbabwe.

The commonly used contraceptive methods in Tanzania are oral contraceptives and injectables. There is very low use of permanent surgical methods, especially vasectomy, and other methods like spermicides. Many factors could be contributing to this scenario, including inadequate dissemination of information to clients, unavailability of the service, and unskilled personnel. The following three recently published articles describe some of the challenges of reproductive health care provision in Tanzania.

Knowledge, attitude and acceptability of spermicidal contraception among university students in Dar es Salaam, Tanzania. Mwambete K, Mogasa C. *East Afr J Public Health* 2008; **4**: 23–27

Mwambete and Mogasa report on a study that aimed to assess the knowledge, attitudes and acceptability of spermicidal contraception amongst university students in Dar es Salaam. This topic is very important since spermicides appear to be a forgotten method of contraception (oral and injectable forms of contraception are the most popular methods). Furthermore, some of the spermicides such as nonoxynol-9 (N-9) are said to have a dual action of contraception, also killing HIV and other STI pathogens. The study was a cross-sectional questionnaire study involving 300 students drawn from the three university campuses. The findings show that the majority of the students had heard about the spermicidal contraceptive method, however they had very poor knowledge of its benefits. In addition, the actual number of users of the method was very low, accounting for 0.7% of all contraceptive methods. The authors asked students the reasons why they did not use spermicides. The majority responded that it was due to lack of familiarity with the method, although some had simply opted for other methods. Some of the students felt that the spermicides were expensive, and a small percentage feared the possibility of developing cancer with their use. The lesson we learn from such a study is the importance of raising awareness in the community and academic institutions about different contraceptive methods and of ensuring accessibility of the service. Interestingly, one of the campuses was a medical school and even the medical students demonstrated poor knowledge of this method.

Factors affecting vasectomy acceptability in Tanzania. Bunce A, Guest G, Searing H, *et al*. *Int Fam Plann Persp* 2007; **33**: 13–21

Bunce *et al*. report on a qualitative study they performed on the factors affecting vasectomy acceptability in Kigoma, Tanzania. The approach was through focus group discussions and in-depth interviews with potential and actual sterilisation clients and their partners, addressing the vasectomy decision-making process. The analysis of the discussion generated six influences on decision-making: economic hardship; spousal influence; religion; provider reputation and availability; uncertainty about the future; and poor vasectomy knowledge and understanding. This study highlighted the fact that spousal discussion was important in the decision to have a vasectomy but that such discussion needed to be initiated by the male partner. This suggests that more effort should be made to ensure that male partners have knowledge of contraceptive options and are involved in reproductive health discussions. A number of issues also arose from the discussions about religious barriers to vasectomy. For example, Roman Catholics believe that family planning methods such as vasectomy and pills do cause cancer, while the Seventh Day Adventists are strong advocates of family planning. The authors clearly outline several limitations to the study and caution readers that the findings obtained from this small, qualitative study cannot necessarily be generalised to other settings. It would also be interesting to ascertain views about acceptability of vasectomy among other men and women who are neither potential, nor actual, sterilisation clients.

Motherhood status and union formation in Moshi, Tanzania 2002–2003. Hattori MK, Larsen U. *Popul Stud (Camb)* 2007; **61**: 185–199

Hattori and Larsen assessed the effect of a premarital first birth on entrance into a first union in the Moshi urban area of Tanzania. The data were obtained from the Moshi Household Infertility Survey of 2002–2003, in which 2019 women in the reproductive age group of 20–44 years were interviewed. It has been noted previously that there has been an increase in age at first union in sub-Saharan Africa. Many studies have shown that the high level of education and urbanisation could be contributing factors. Women from such backgrounds delay making a marriage commitment. However, there is concern that the increase in age of first union may result in a high rate of premarital births, as many of these women do not practise abstinence, nor do they use family planning methods, and at the same time abortion services are still illegal in most African countries. The authors found that women who spent less than a year as single mothers were significantly more likely than childless women to enter into a first union, although the magnitude of this association was weaker for more recent cohorts. The findings are supported by a previous qualitative study performed in the same area, which demonstrated that men postponed paying the bride price and marriage until after the birth of a child. The authors also found that women who had been single mothers for 5 years or more (about two-thirds of women with a premarital birth) were significantly less likely than women without children to enter into a first union. These women are disadvantaged in the marriage market and as a result they end up suffering social and economic problems, since they are stigmatised and lack supportive care of their children from a partner.

Conclusions

In summary, all three studies show the urgent need for the Tanzanian Government, in collaboration with all relevant stakeholders, to strengthen family planning, starting with the local community in the underserved areas to the urban areas of Tanzania. The Government needs to ensure that the people are well informed about the different family planning options, the short- and long-term benefits, and the few side effects associated with the various methods. The next step is to ensure that the services are accessible and affordable. This is a great challenge to such a poor country like Tanzania. However, with commitment from political leaders and stakeholders, resources can be reallocated to this priority problem, with the aim of eventually improving the economy, and health, of the people and the country as a whole.

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Risk factors for arterial and venous thrombosis

Cardiovascular risk factors and venous thromboembolism: a meta-analysis. Ageno W, Becattini C, Brighton T, Selby R, Kamphuisen PW. *Circulation* 2008; **117**: 93–102

Smoking increases the risk of venous thrombosis and acts synergistically with oral contraceptive use. Pomp ER, Rosendaal FR, Doggen CJM. *Am J Hematol* 2008; **83**: 97–102

Risk of venous thrombosis: obesity and its joint effect with oral contraceptive use and prothrombotic mutations. Pomp ER, Le Cessie S, Rosendaal FR, Doggen CJM. *Br J Haematol* 2007; **139**: 289–296

It has generally been held that the risk factors for arterial and venous thrombosis (VTE) are different, though in recent years it has been recognised that obesity is an important risk factor for both conditions. Three papers have recently been published from a systematic review/meta-analysis (Ageno *et al*., 2008) and a large case control study (Pomp *et al*., 2007, 2008), which suggest that smoking, hypertension and diabetes (as well as obesity) are significantly associated with VTE. Although the design of the case-control study has flaws, if anything, these might diminish the magnitude of the effects seen. The researchers found that smokers who did not take the pill were at twice the risk of VTE of non-smoking, non-pill users, while smokers who took the pill had eight times the risk [odds ratio (OR) 8.79, 95% CI 5.73–13.49], suggesting a synergistic relationship between the two. Women with a body mass index (BMI) >30 who took the pill had an OR of 23.78 (95% CI 13.35–42.34) for VTE, while those with a BMI >30 who did not take the pill had an OR of 3.04 (95% CI 1.66–5.57). Apart from the prescribing implications, the findings are of interest when looking at other studies of the pill and VTE, which have often not controlled for these factors. In addition, it highlights the potential for prescriber bias in studies prior to 1995, since it was a widely held view that third-generation pills would be safer for those with arterial risk factors.[1]

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Reference

1 Szarewski A, Mansour D. The 'pill scare': responses of authorities, doctors, and patients using oral contraception. *Hum Reprod Update* 1999; **5**: 627–632.