

# Family Planning in Tanzania: A Systematic Review of Published Empirical Literature from 1970s to 2012

**Mackfallen Giliadi Anasel**

School of Public Administration and Management, Department of Health Systems Management Mzumbe University, Morogoro, Tanzania

**Email address:**

[mganasel@mzumbe.ac.tz](mailto:mganasel@mzumbe.ac.tz), [maremay2k@yahoo.co.uk](mailto:maremay2k@yahoo.co.uk)

**To cite this article:**

Mackfallen Giliadi Anasel. Family Planning in Tanzania: A Systematic Review of Published Empirical Literature from 1970s to 2012. *Central African Journal of Public Health*. Vol. 6, No. 3, 2020, pp. 154-163. doi: 10.11648/j.cajph.20200603.17

**Received:** February 27, 2020; **Accepted:** April 10, 2020; **Published:** April 30, 2020

---

**Abstract:** This article is an output of a systematic review to examine the trend of family planning research in Tanzania. The purpose of the review was to analyse published studies on family planning in the country from 1970 to 2012. The review aimed at examining the focus and key findings of family planning studies conducted during that period in order to identify areas where more research is needed. Searching was first done in Picarta, where a list of articles and abstracts were extracted. Those articles that did not meet the inclusion criteria or not well aligned with the keywords were excluded. This procedure was used in Purple search exploring in PubMed/Medline, Embase, Web of Science, Enconlit and Business Source Premier. The Scopus search engine was consulted and the same procedures were used to enumerate all articles that met the inclusion criteria. During the review, qualitative approach was used, whereby content analysis was used to identify published peer reviewed articles and reports that address family planning programs in Tanzania. The analysis was done to summarize the main themes from reviewed articles and reports. The findings show that most of the studies reviewed employed quantitative approach using secondary data from various surveys conducted in Tanzania. While many of these studies largely focused on the determinants of contraceptive use and change in behaviour; a few focused on policy issues. With regard to thematic focus, accessibility and perceived quality of services, the impact of mass media advocacy on family planning particularly on contraceptive use were the key themes that featured more often in these studies. The paper concludes that the studies conducted in Tanzania from 1970 to 2012 focused at large on individual family planning behaviour and employed quantitative approach. The review also found that the studies were mostly holistic, analysing the whole country as a single unit of analysis ignoring context variations. Besides, the focus of most of the studies was on the determinants of contraceptive use. The studies were inclined on individual behaviour, with no attention to the institutional arrangements in the provision of family planning services, hence, creating a potential research gap. This study suggests that future studies should focus on policy and programme documents that guide implementation of family planning interventions. Furthermore, disaggregated studies examining regional variations in family planning programme implementation are recommended so as to capture context specific practices and challenges.

**Keywords:** Family Planning, Systematic Review, Empirical Literature, Tanzania

---

## 1. Introduction

Several studies on family planning have been done in the Sub Saharan countries (Tanzania inclusive) addressing the supply of contraceptive methods [1], knowledge of the methods, religious affiliation [2, 3] and household wealth [4]. Some of the literatures focus on capacity of women to make decisions on contraceptive use, male involvement in decision making on the same [5-7] and the fear of contraceptive side effects [8, 9]. However, the Contraceptive Prevalence Rate (CPR), in Tanzania is still low, when compared to other

Sub-Saharan countries that have the same socio-economic characteristics [10]. The percentage of married women who are currently using any of the family planning methods increased from 13 percent in 1992 to 38 percent in 2015 and the use of modern methods increased from 6.6 percent to 32 percent over the same period [10]. However, this rate is not comparable with the worldwide average of 64 percent [11].

Family planning Tanzania is regarded as health intervention rather than demographic intervention. In this respect family planning services are integrated within the family planning, maternal, new born and child health (FMNCH) in the Ministry

of Health, Community Development, Gender, Elderly and Children. Family planning services at district level are provided within an integrated clinic for FMNCH services under district reproductive and child health section [9]. The use of contraceptive methods for family planning in the country gained a momentum in 1969 when the Ministry of Health issued a directive to the Regional Medical Officers to render child spacing services as part of maternal and child health services and accelerated the demand for both contraceptive services and trained personnel. Since then it became the responsibility of the health facilities to manage child spacing and the training programmes were set by the government in 1971. These attracted researchers to document and assess the same. The study sought to examine the focus of the research approach used in the articles and reports, methodology used and the major findings, and conclusions drawn in the papers. The articles and reports on family planning in Tanzania published from 1970 to 2012 were reviewed.

## 2. Method

### 2.1. Study Approach

The study employed qualitative approach particularly content analysis of the identified articles and reports that focused on family planning in Tanzania. Content analysis was used to summarize the main themes from reviewed 100 articles and reports. Specifically, content analysis was meant for: (1) developing an overall understanding of the focus of the published documents; (2) defining categories and (3) constructing patterns prevailing in all documents based on the focus, methodology used and the conclusions that were drawn [12].

### 2.2. Searching Strategy and Selection Criteria

The search to access published articles and reports on family planning in Tanzania was conducted using the keyword “Tanzania” with the following substantives: ‘family planning’, ‘fertility control’, ‘child spacing’, ‘contraceptive use’, and ‘contraception’. Family planning, fertility control and child spacing are usually used synonymously [13], whereas contraception is the major component of family planning [14]. These were supplemented by other keywords from categories of family planning methods such as ‘traditional methods’, ‘natural methods’, ‘modern methods’, ‘temporary methods’, ‘permanent methods’, ‘pills’, ‘intra-uterine devices’ (IUDs), and ‘injection’ (Depo-Provera). Furthermore, ‘female sterilization’, ‘vasectomy’, ‘adolescent pregnancy’, and ‘unwanted pregnancy’ in combination with “Tanzania” were also used.

Only the documents that were written in English language were reviewed. The focus was on the literature published from 1972 to 2012 and the final search was undertaken in December 2012. The search was confined to the period between 1972 and 2012. The databases accessed were PiCarta, Purple search and Scopus using a range of relevant key words as explained

above and summarised in table 1. Articles and reports were selected only when they explicitly included ‘Tanzania’ in the title or as a keyword.

*Table 1. Keywords Used.*

Search terms:	
Tanzania family planning (FP)	Tanzania contraceptive use injection
Tanzania Child spacing	Tanzania FP traditional methods
Tanzania fertility control	Tanzania FP modern methods
Tanzania contraceptive use	Tanzania FP permanent methods
Tanzania contraception	Tanzania contraceptive use IUDs
Tanzania FP/reproductive policy	Tanzania contraceptive use vasectomy
Tanzania FP natural methods	Tanzania contraceptive use female sterilization
Tanzania FP temporary methods	Tanzania unwanted pregnancy
Tanzania contraceptive use pills	Tanzania adolescent pregnancy
Inclusion Criteria	
Published in English	Focus on Family planning
Full article/report accessible	Research conducted in Tanzania

### 2.3. Data Collection and Analysis

The search was first done in Picarta and the list of all articles and abstracts were generated. Those articles that did not meet the inclusion criteria (table 1) or not addressing the keywords were excluded. Similar procedures were done in Purple search exploring in PubMed/Medline, Embase, Web of Science, Enconlit and Business Source Premier. Moreover, Scopus search engine was consulted and the same procedures were done to enumerate all articles that meet our inclusion criteria. Lastly the list created from the databases (Picarta, Purple search and Scopus) was manually merged in excel to create one file with the list of all documents. Screening was done to remove all documents which seemed to be the same from all databases. After the screening, repeating documents searched from the three-search engine were removed leaving only 100 articles (*Annex 1*) which met the specified inclusion criteria. These documents were then entered into the excel spreadsheets for analysis based on the following topics: focus of research title (abstract), methodological approach and conclusion.

Content analysis technique was used to analyse accessed abstract and full documents [15, 16]. It starts with carefully reading the documents from the beginning to end then re-reading them while highlighting the text fragments that reflect the topic of study. The processes of managing the similar themes that emerge from accessed data was done by the excel spread sheet®.

## 3. Results

A total of 100 titles and abstracts of studies were enumerated, starting from 1972 to 2012 as indicated in *table 2*. The abstracts were analysed inductively. Twelve articles explained the sexual behaviour and condom use in relation to HIV/AIDS and sexually transmitted infections (STIs/STDs) and therefore they were omitted from the analysis and remained with 88 articles and reports that addressed family planning issues in Tanzania. Out 88 articles and report 29 were

analysing the country as single unit of analysis while 24 articles and reports were focusing on specific regions and/or districts and rural or urban. Finally, 45 (51.1%) out of 88 articles and reports written in the period of 2000 to 2012 were selected and downloaded for detailed analysis. The aim was to ensure a thorough review of at least half of the articles and reports that met the inclusion criterion. The purpose was to examine the focus of the articles and reports, methodology used and the main findings and the conclusions that were drawn in the articles and reports.

**Table 2.** Number of titles accessed from 1972-2012.

Years Grouped	Frequency	Percentage
1972-1976	2	2
1977-1981	4	4
1982-1986	7	7
1987-1991	22	22
1992-1996	22	22
1997-2001	21	21
2002-2006	22	22
2007-2012	100	100
Grand Total		

As indicated in table 2, there has a remarkable increase in the number of studies from 1992 onwards with an average of 22 studies in every five years. The possible explanation for the increase is that since 1990s Tanzania has undergone different reforms in all sectors including the enactment of the National Health Policy of 1990 and National Population Policy of 1992 to mention a few. Moreover, between 1991 and 1992, the first Tanzania Demographic and Health Survey (DHS) was done which became a rich source for secondary data for analysis that covered the whole country.

Most of the articles were retrieved from the international studies in family planning perspective journals, contraception, BioMed Central (BMC), African Journal of Reproductive Health, Journal of Sexual Health, Genitourinary Medicine, and some from Reproductive Health, Demographic Research, and Journal of Modern African. Reports were accessed from New York: Palgrave Macmillan ISBN: 0-230-61038-2 (e-book) and Chapel Hill, NC: University of North Carolina, Carolina Population Centre. Orientation of the authors was clear in 28 articles out of 45.

### 3.1. Focus of the Research Titles

At first, we thought it would be an easy task to identify the focus of the researches using the title of articles and reports. Yet, this was not possible. The researcher decided to review abstracts and/or the whole document to know the focus of the researches. Below are some examples of the title articles that required reading the abstract as well as the whole document to grasp the focus of the researches.

‘Construction, control and family planning in Tanzania: some bodies the same and some bodies different’; and ‘Family planning and the politics of population in Tanzania: International to local discourse’.

After reviewing both the titles, abstracts and/or the whole document, the results showed that the majority of researches were solely conducted in Tanzania and some were conducted

in more than one country Tanzania included. The countries studies were conducted mainly in East Africa, Africa as a whole and Asia. The researches focused on family planning experiences using Tanzania Demographic and Health Surveys (TDHS) dataset. This was evidenced in some titles of the articles as shown below:

‘Policies affecting fertility and contraceptive use: an assessment of twelve sub-Saharan countries’; ‘Low use of contraception among poor women in Africa: An equity issue’; ‘Oral contraceptive discontinuation and its aftermath in 19 developing countries’; and ‘The decision makers: What the people of India, Tanzania and Bangladesh have to say about family planning’.

Most of retrieved studies focused on the determinants of contraceptive use or discontinuation, barriers to contraceptive use, resistance to adoption of modern contraceptives, contraceptive use for women engaging in other programs such as Pulmonary Tuberculosis treatment, Maternal and Child Health services, and post abortion complications. Some articles also addressed service provider restrictions on contraceptive use as well as policies that address reduction of fertility and increase in contraceptive use. Some articles explored the refugees’ family planning profile, impact and effects as well as efficiency of multimedia advocacy on family planning. Few articles focused on the distribution of family planning commodities, attitudes and perception towards family planning program, family planning supply and training of different stakeholders on family planning. The articles analysed the individual’s perceptions leading to behavioural changes towards contraceptive use. The following text is an example of the focus of the researchers (the rest can be found in Annex 2).

‘Overcoming barriers to contraceptive use in Zanzibar, Tanzania’; ‘Low use of contraception among poor women in Africa’; ‘Refugee family planning: user profiles from Mtendeli Refugee Camp in Kibondo, Tanzania’; ‘Determinants of Contraceptive Method Choice in Rural Tanzania Between 1991 and 1999’; and ‘Contraceptive use in women enrolled into preventive HIV vaccine trials’.

Themes that were mostly features in the articles focused on the perceived quality, accessibility of family planning and client satisfaction of family planning services. The themes involved around measuring clients’ satisfaction and quality of services by comparing private and public health facilities, skills of health workers; quality of care and accessibility of health facilities. Some focused on the community perceptions on the issues of quality; accessibility, contraceptive use and women’s dispositions on the quality of family planning services. Other themes involve around risk behaviours, condom use, fertility, pregnancy diagnosis and reproductive health to mention few. Most of the titles and abstracts addressed individual perceptions on the quality of services delivered in health facilities and perceived access in terms of time taken and distance from household to the health facility. The following titles are the examples of the themes that appeared frequently in the articles and report analysed:

‘Measuring client satisfaction and the quality of family

planning services: A comparative analysis of public and private health facilities in Tanzania, Kenya and Ghana'; 'Accessibility and use of family planning information (FPI) by rural people in Kilombero District, Tanzania'; 'Contraceptive use in women enrolled into preventive HIV vaccine trials'; and 'Quality, accessibility, and contraceptive use in rural Tanzania'.

Moreover, male involvement in family planning was another theme that was featured in some of the reviewed articles. The analysis focused on male involvement in post abortion contraceptive use, reproductive health advocacy, determinants of male fertility and sexual behaviour and factors hindering male involvement in family planning services.

The accessed literatures of family planning in Tanzania focused mostly on individual behaviour than policy issues. About 95% of the reviewed articles and reports did not cover the analysis of policy and program documents or experiences in implementation process at the regional and local authority levels. Of the 88 literatures reviewed, only 4 articles focused on policy issues, all of them written by non-Tanzanian and three of them were written by the same author. The following are the titles of the four articles that focused on policy issues:

From papers to practices: District level priority setting processes and criteria for family planning, maternal, new-born and child health interventions in Tanzania'; 'Population politics and development: from the policies to the clinics'; 'Global knowledge/local bodies: Family planning service providers' interpretations of contraceptive knowledge (s)' and 'Family planning and the politics of population in Tanzania: International to local discourse.

Lastly, five (5) out of eighty eight (88) articles focused on reproductive health financing, stall in fertility, service providers' perceptions on contraceptive use, analysis of demographic and health surveys and women empowerment. The focus of researchers in these five articles dwelled on the contribution of public and private health facilities on reproductive health, relationship between policies and program commodity supplies. More specifically the five articles examined interpersonal relations, analysis of DHS, women empowerment and fertility decline.

### **3.2. Methodological Approaches**

Forty five (45) articles selected and downloaded for detailed analysis (as explained in 3.0) were reviewed to assess the methodological approaches that were used in the articles for data collection and analysis. None of the reviewed literatures explained explicitly the theories used. The methodologies and sources of data were explained. Most of articles employed quantitative methods of data analysis using secondary data from surveys. The data were mainly from the Demographic and Health Surveys, Child Health Facilities Survey, and Service Provision Assessment Surveys. The analysis techniques included single-equation multiple regressions, propensity score matching, reproductive behaviour modelling, socio-economic modelling, institution modelling as well as binary logistic regression. Some articles used qualitative methods in data collection and analysis. The

data collection techniques used included Focus Group Discussions (FGDs), the in depth interviews and observation. Moreover, there were a few studies that used mixed methods by combining both quantitative and qualitative methods at different proportions depending on intentions of researchers.

### **3.3. Conclusions Drawn from the Articles and Reports Reviewed**

Although each article came up with its own findings and conclusions, most of them indicated lack/low awareness on family planning, inconsistent availability of family planning methods, shortage of competent staff, inaccessibility of family planning services and patriarchal gender relations as hindrances to contraceptive use. Education level, income, wealth index, partner' education and occupation have been indicated in the literature as the key socio-economic determinants of family planning in Tanzania. With regard to contraceptive use, demographic factors such as age, parity and religion, quality of family planning services, knowledge on family planning, misconceptions on family planning methods and discourse to construct Tanzania female bodies as traditional or modern were found to be among the explanatories for contraceptive use.

## **4. Discussion**

The purpose of this paper was to review published studies on family planning in Tanzania from 1970 to 2012. The paper dwelled on the focus of researcher, the methodology used and the findings of those studies as well as the conclusion drawn from the articles. The findings highlight several issues related to family planning in Tanzania. Most of the studies that were carried out from 1972 to 2012 in different geographical locations in Tanzania employed quantitative approach using secondary data from various surveys conducted in the country. It can be noted that the studies focused more on the determinants of contraceptive use and behavioural changes than on policy issues. The studies were retrospective in nature, that is, analysing health facilities data for women and men attending maternal and child health clinics as well as those admitted with abortion problems and secondary data from surveys. Accessibility and perceived quality of services, relationship between family planning and diseases and the impact of mass media advocacy on family planning particularly on contraceptive use were some of the themes that often appeared in the articles and reports.

On the basis of the findings, it is evident that the majority of the articles focused on determinants of contraceptive use by looking at individual behaviour, leaving behind the institutional arrangement where the family planning services are provided. This implies that the institutions governing the provision of family planning services is under-researched. The institutions in this case include policy and a program documents that guide the policy/program implementation process. This result concurs the findings by [17-19] who found that the majority of studies in family planning were not on policy and program documents analysis. They further clarified

that literature on whether and to what extent health policy and programme are constructed to address and advocate family planning services in Tanzania is lacking. This was also observed by [20] that the majority of the studies have not adequately addressed family planning program implementation at local authorities and thus the factors for regional and district differences in Contraceptive Prevalence Rate (CPR) are lacking. With the assumption that context matters for family planning, countries, regions and districts are likely to experience differences in terms of socioeconomic factors hence affecting the utilization of family planning services [21].

Despite the fact that there seems to be a recognizable shift in the focus of researchers in recent years from family planning programs and individual perceptions to policy issues particularly policy implementation in relation to contraceptive use, these studies have not sufficiently examined the impact of different health reforms that were embarked on in Tanzania since 1990 (s) on family planning service provision in the local authorities. These gaps constitute potentially relevant opportunities for further research in the field of family planning in Tanzania.

With regard to methodological approach, although there was not an explicit count of qualitative vs quantitative studies in the reviewed literatures, there were more quantitative than qualitative studies, most of them using secondary data from different surveys. The use of quantitative methods implies that the studies were verifying the existing theories or testing hypotheses on family planning and contraceptive use. Only a few studies were qualitative to explore why and how an individual decide to engage in family planning by particularly using contraceptives. This observation indicates a discrepancy in studies seeking to explain some individually embedded meanings, beliefs and perceptions on family planning, hindering or fostering contraceptive use in Tanzania.

Having the new policies and dataset from DHS has attracted more researchers to explore different areas in health systems countrywide. Studies related to family planning programs focusing on improvement of the services have been conducted as a response to a call of donor countries, international organizations, and the government of Tanzania that encouraged research to assess family planning programmes in the country.

## 5. Conclusion and Policy Implications

On the basis of the evidence gathered from the systematic review of the literature on family planning in Tanzania published between 1972-2012, the paper concludes that the focus of the 88 articles and reports was mainly on individual family planning behaviour and quantitative approaches using secondary data from different surveys conducted in the country was predominant. Furthermore, studies were highlighting issues related to family planning in Tanzania and ignoring contextual variations across the country. Yet, little has been written on policy and program documents; particularly on how policy and program implementation can

influence individual behaviour towards contraceptive use.

The findings imply the need for more studies to analyse the power of individual and regional variables in explaining the observed regional variations in contraceptive use and thus inform policy. Such studies might lead to a wider understanding of how the differences in regions and districts in Contraceptive Prevalence Rate (CPR) may be attributed to the differences in programme implementation processes and therefore inform the policy making processes in health sector.

## 6. Limitations of the Paper

This paper is based on a systematic review which was limited to documents that were supported by the selected databases; i.e. Picarta, Purple search and Scopus. Besides, the review was limited to the documents written in English. Because of this restriction, we may have missed other databases with articles of relevance to the study; such as those published based on studies conducted at the local levels by non-governmental organizations in collaboration with local authorities or health departments in the district. One may also argue that the exclusion of some literatures published in Swahili language might have led to a bias since Tanzania is widely a Swahili speaking country. Despite these limitations, we argue that every research must have a specific focus and scope so as to avoid unnecessary methodological complications. The paper has been able to utilize high quality publications from peer reviewed International Journals whose analysis has constituted a potential opportunity for future research particularly in the areas where discrepancies were observed.

## 7. Declaration

Submission of this article I imply that the work described has not been published previously and it is not under consideration for publication elsewhere. It will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. The author declare that they do not have any conflict of interest.

## Appendix: List of Articles

1. Africa: Support for family planning grows. (1978). *PP News*, 1 (1), 5.
2. Agha, S., & Van Rossem, R. (2002). Impact of mass media campaigns on intentions to use the female condom in Tanzania. *International Family Planning Perspectives*, 28 (3), 151-158.
3. Alex C. Ezeh, Blessing U. Mberu, and Jacques O. Emina. (2009) Stall in fertility decline in Eastern African countries: regional analysis of patterns, determinants and implications. *Phil Trans R Soc B* 364 (1532) 2991-3007.
4. Ali, M. M., & Cleland, J. (2010). Oral contraceptive discontinuation and its aftermath in 19 developing

- countries. *Contraception*, 81 (1), 22-29.
5. Angeles, G., Guilkey, D. K., & Mroz, T. A. (1998). Purposive program placement and the estimation of family planning program effects in Tanzania. *Journal of the American Statistical Association*, 93 (443), 884-899.
  6. Norris A., Prickett A., Beckham S., Harrington B., Hindin M. (2011). Overcoming barriers to contraceptive use in Zanzibar, Tanzania *Contraception*, 84 (3), 334.
  7. Ayoub S. A. (2004). Effects of women's schooling on contraceptive use and fertility in Tanzania. *African population studies*, 19 (2) 140-157.
  8. Beegle, K. (1995). The quality and availability of family planning services and contraceptive use in Tanzania. *World Bank Living Standards Measurement Study Working Paper*, 114
  9. Borgdorff, M. W., Barongo, L. R., Newell, J. N., Senkoro, K. P., Deville, W., Velema, P. J., et al. (1994). Sexual partner change and condom use among urban factory workers in northwest Tanzania. *Genitourinary Medicine*, 70 (6), 378-383.
  10. Bradley, J. E., Mayfield, M. V., Mehta, M. P., & Rukonge, A. (2002). Participatory evaluation of reproductive health care quality in developing countries. *Social Science and Medicine*, 55 (2), 269-282.
  11. Bunce, A., Guest, G., Searing, H., Frajzyngier, V., Riwa, P., Kanama, J., et al. (2007). Factors affecting vasectomy acceptability in Tanzania. *International Family Planning Perspectives*, 33 (1), 13-21.
  12. Bureau of Statistics [Tanzania] and Macro International Inc. 1997. *Trends in Demographic, Family Planning, and Health Indicators in Tanzania*. Calverton, Maryland: Bureau of Statistics and Macro International Inc.
  13. Chintowa, P. (1988). UMATI: National family planning trainer. *Africa Link: A Publication of the Africa Region*, 2 (2), 7-9.
  14. Chitama, D., Baltussen, R., Ketting, E., Kamazima, S., Nswilla, A., & Mujinja, P. G. M. (2011). From papers to practices: District level priority setting processes and criteria for family planning, maternal, newborn and child health interventions in Tanzania. *BMC Women's Health*, 46.
  15. Cohen, B. (1998). The emerging fertility transition in sub-Saharan Africa. *World Development*, 26 (8), 1431-1461.
  16. Condoms to be distributed to police, army and students, Tanzania. (1988). *CDC AIDS Weekly*, 11.
  17. Creanga, A. A., Gillespie, D., Karklins, S., & Tsui, A. O. (2011). Low use of contraception among poor women in Africa: An equity issue. [Faible recours à la contraception chez les femmes africaines pauvres: Une question d'égalité] *Bulletin of the World Health Organization*, 89 (4), 258-266.
  18. Damas S. R. M. Muna; Madale M. Mpamila, (2004). From fertility control to reproductive health and reproductive rights: implications of the Cairo and Beijing conferences in Tanzania. *Uongozi: Journal of Management Development*, 16 (1).
  19. Determinants of male fertility and sexual behaviour. A case for Mbeya and Rukwa regions of Tanzania. (1996). *CAFS News: A Centre for African Family Studies (CAFS) Newsletter*, 6 (2), 9.
  20. Dietrich J; Guilkey D; Mancini D, (1998). *Family planning, maternal/child health, and Sexually transmitted diseases in Tanzania: multivariate results using data from the 1996 demographic and health survey and service availability survey*. Chapel Hill, North Carolina, University of North Carolina at Chapel Hill, Carolina Population Center [CPC], MEASURE Evaluation.
  21. Finger, W. R. (1995). Injectables use increasing rapidly. *Network*, 15 (4), 20.
  22. Gertig, D. M., Kapiga, S. H., Shao, J. F., & Hunter, D. J. (1997). Risk factors for sexually transmitted diseases among women attending family planning clinics in Dar-es-Salaam, Tanzania. *Genitourinary Medicine*, 73 (1), 39-43.
  23. GO-NGO collaboration in FP programs. (1997). *Joicfp News*, (280), 4-5.
  24. Goodyear, L., & McGinn, T. (1998). Emergency contraception among refugees and the displaced. *Journal of the American Medical Women's Association* (1972), 53 (5 Suppl 2), 266-270.
  25. Gorosh, M. E., Helbig, D. W., & Revson, J. E. (1980). Teaching family planning management and evaluation skills. *International Journal of Health Education*, 23 (2), 107-115.
  26. Hardee-cleveland, K. (1992). Communication key for family planning. *Network*, 13 (1), 13.
  27. Hautva, J., & De Jonge, K. (1972). Family limitation in rural Tanzania. *Tropical and Geographical Medicine*, 24 (1), 91-94.
  28. Hodgson, M. (1988). Training of family planning personnel. *Africa Link: A Publication of the Africa Region*, 2 (2), 3-4.
  29. Hotchkiss, D. R., Rous, J. J., Seiber, E. E., & Berruti, A. A. (2005). Is maternal and child health service use a causal gateway to subsequent contraceptive use?: A multi-country study. *Population Research and Policy Review*, 24 (6), 543-571.
  30. Hutchinson, P. L., Do, M., & Agha, S. (2011). Measuring client satisfaction and the quality of family planning services: A comparative analysis of public and private health facilities in Tanzania, Kenya and Ghana. *BMC Health Services Research*, 11
  31. Hutchinson, P., & Wheeler, J. (2006). Advanced methods for evaluating the impact of family planning communication programs: Evidence from Tanzania and Nepal. *Studies in Family Planning*, 37 (3), 169-186.
  32. Olenick I., (1998). In Tanzania, Ideal Family Size

- Closely Resembles Actual Number of Children. *International Family Planning Perspectives*, 24 (3) 147-149.
33. Jan Herman K., The implications of family planning in the changing socio-economic structure of the Nyakyusa, Rungwe district, Tanzania: seminar on population and economic growth in Africa, Leiden, 18-22 December, 1972.
  34. Jato, M. N., Simbakalia, C., Tarasevich, J. M., Awasum, D. N., Kihinga, C. N. B., & Ngirwamungu, E. (1999). The impact of multimedia family planning promotion on the contraceptive behavior of women in Tanzania. *International Family Planning Perspectives*, 25 (2), 60-67.
  35. Kapiga, S. H., Hunter, D. J., & Nachtigal, G. (1992). Reproductive knowledge, and contraceptive awareness and practice among secondary school pupils in Bagamoyo and Dar-es-Salaam, Tanzania. *Central African Journal of Medicine*, 38 (9), 375-380.
  36. Kapiga, S. H., Lyamuya, E. F., Lwihula, G. K., & Hunter, D. J. (1998). The incidence of HIV infection among women using family planning methods in Dar es salaam, Tanzania. *AIDS*, 12 (1), 75-84.
  37. Kapiga, S. H., Vuylsteke, B., Lyamuya, E. F., Dallabetta, G., & Laga, M. (1998). Evaluation of sexually transmitted diseases diagnostic algorithms among family planning clients in Dar es Salaam, Tanzania. *Sexually Transmitted Infections*, 74 (SUPPL. 1), S132-S138.
  38. Keele, J. J., Forste, R., & Flake, D. F. (2005). Hearing native voices: Contraceptive use in Matemwe village, east Africa. *African Journal of Reproductive Health*, 9 (1), 32-41.
  39. Keogh, S. C., Urassa, M., Kumogola, Y., Mngara, J., & Zaba, B. (2009). Reproductive behaviour and HIV status of antenatal clients in northern Tanzania: Opportunities for family planning and preventing mother-to-child transmission integration. *AIDS*, 23 (SUPPL. 1), S27-S35.
  40. Kibuuka, H., Guwatudde, D., Kimutai, R., Maganga, L., Maboko, L., Watyema, C., et al. (2009). Contraceptive use in women enrolled into preventive HIV vaccine trials: Experience from a phase I/II trial in east africa. *PLoS ONE*, 4 (4)
  41. Krehbiel Keefe, S. (2006). "Women do what they want": Islam and permanent contraception in northern Tanzania. *Social Science and Medicine*, 63 (2), 418-429.
  42. Larsen, U., & Hollos, M. (2003). Women's empowerment and fertility decline among the Pare of Kilimanjaro region, northern Tanzania. *Social Science and Medicine*, 57 (6), 1099-1115.
  43. Lugoe, W. L., Klepp, K. I., & Skutle, A. (1996). Sexual debut and predictors of condom use among secondary school students in Arusha, Tanzania. *AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV*, 8 (4), 443-452.
  44. Madulu, N. F. (1995). Contraception prevalence under rural poverty: The case of the rural areas of Kondoa district, Tanzania. *Genus*, 51 (1-2), 155-162.
  45. Magoma et al. (2010), High ANC coverage and low skilled attendance in a rural Tanzanian district: a case for implementing a birth plan intervention. *BMC Pregnancy and Childbirth* 10 (13).
  46. Mandara, N. A., Takulia, S., Kanyawana, J., & Mhalu, F. (1980). Asymptomatic gonorrhoea in women attending family planning clinics in Dar es Salaam, Tanzania. Results of a pilot study. *Tropical and Geographical Medicine*, 32 (4), 329-332.
  47. Marchant, T., Mushi, A. K., Nathan, R., Mukasa, O., Abdulla, S., Lengeler, C., et al. (2004). Planning a family: Priorities and concerns in rural Tanzania. *African Journal of Reproductive Health*, 8 (2), 111-123.
  48. Mary Arend-Skuenning and Flora I. Kessy (2007). The impact of demand factors, quality of care and access to facilities on contraceptive use in Tanzania. *Journal of Biosocial Science*, 39 (1) 1-26
  49. Mavanza, M., & Grossman, A. A. (2007). Conservation and family planning in Tanzania: The TACARE experience. *Population and Environment*, 28 (4-5), 267-273.
  50. M. W. Borgdorff, L. R. Barongo, J. N. Newell, K. P. Senkoro, W. Devillé, J. P. Velema, & R. M. Gabone, (1994). Sexual partner change and condom use among urban factory workers in northwest Tanzania. *Genitourinary Medicine*, 70 (6), 378-383.
  51. Mensch, B., Fisher, A., Askew, I., & Ajayi, A. (1994). Using situation analysis data to assess the functioning of family planning clinics in Nigeria, Tanzania, and Zimbabwe. *Studies in Family Planning*, 25 (1), 18-31.
  52. Mnyika, K. S., Klepp, K. -, Kvale, G., & Ole-King'ori, N. (1997). Determinants of high-risk sexual behavior and condom use among adults in the Arusha region, Tanzania. *International Journal of STD and AIDS*, 8 (3), 176-183.
  53. Mnyika, K. S., Klepp, K. -, Kvale, G., Schreiner, A., & Seha, A. M. (1995). Condom awareness and use in the Arusha and Kilimanjaro regions, Tanzania: A population-based study. *AIDS Education and Prevention*, 7 (5), 403-414.
  54. Mnyika, K. S., Kvale, G., & Klepp, K. I. (1995). Perceived function of and barriers to condom use in Arusha and Kilimanjaro regions of Tanzania. *AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV*, 7 (3), 295-305.
  55. Morof DF, Atwine B, Luguku G, Purdin S. Refugee family planning: User profiles from Mtendeli refugee camp in Kibondo, Tanzania. *Contraception*. 2007; 76 (2): 175.
  56. Mpangile, G. S. (1988). Summary of the third national workshop of the integrated family planning, nutrition and parasite control project. *Integration (Tokyo, Japan)*, (18), 42-44.

57. Mpangile, G. S. (1991). 6.7% practice family planning. Findings of a baseline survey of knowledge, attitudes and practice in a Tanzanian village. *Integration (Tokyo, Japan)*, (30), 34-37.
58. Mroz, T. A., Bollen, K. A., Speizer, I. S., & Mancini, D. J. (1999). Quality, accessibility, and contraceptive use in rural Tanzania. *Demography*, 36 (1), 23-40
59. Msofe, Grace E. P Kiondo, Elizabeth. (2009). Accessibility and use of family planning information (FPI) by rural people in Kilombero District. *Africa Journal of Library, Archives and Information Science* 19 (2), 117-127.
60. Mtawali, G., Muhuhu, P., Angle, M., & Lea, J. (1990). Pregnancy diagnosis and contraception. *Africa Health*, 13 (1), 36-37.
61. Mturi, A. J., & Hinde, P. R. A. (1994). Fertility decline in Tanzania. *Journal of Biosocial Science*, 26 (4), 529-538.
62. Murty, J. (1998). Introduction of gynefix as a choice in reproductive health care. *British Journal of Family Planning*, 24 (2), 87.
63. Mwageni, E. A., Ankomah, A., & Powell, R. A. (1998). Attitudes of men towards family planning in Mbeya region, Tanzania: A rural-urban comparison of qualitative data. *Journal of Biosocial Science*, 30 (3), 381-392.
64. Ngadaya, E. S., Mfinanga, G. S., Wandwalo, E. R., & Morkve, O. (2009). Pulmonary tuberculosis among women with cough attending clinics for family planning and maternal and child health in dar es salaam, tanzania. *BMC Public Health*, 9
65. Nguyen, H., Snider, J., Ravishankar, N., & Magvanjav, O. (2011). Assessing public and private sector contributions in reproductive health financing and utilization for six sub-Saharan African countries. *Reproductive Health Matters*, 19 (37), 62-74.
66. Nyong'o, D. (1996). Generating public awareness in Africa. Advocacy for reproductive health: Africa. *Planned Parenthood Challenges / International Planned Parenthood Federation*, (1), 2-4.
67. Omari C. K. (1989), *Socio-cultural factors in modern family planning methods in Tanzania*, Lewiston N. Y. [etc.]: Edwin Mellen Press.
68. Omari, C. K. (1988). Modern family planning, sexual behavior and marriage status among women in Tanzania. *International Journal of Sociology of the Family*, 18 (1), 1-14.
69. On the efficiency of multiple media family planning promotion campaigns. (1999). *Africa's Population and Development Bulletin*, 18-19.
70. Pile, J. M., and Simbakalia, C. 2006. *Repositioning family planning—Tanzania case study: A successful program loses momentum*. New York: Engender Health/The ACQUIRE Project.
71. Plummer, M. L., Wight, D., Wamoyi, J., Mshana, G., Hayes, R. J., & Ross, D. A. (2006). Farming with your hoe in a sack: Condom attitudes, access, and use in rural Tanzania. *Studies in Family Planning*, 37 (1), 29-40.
72. Popoola, D. (1999). Involving men in reproductive health advocacy in the united republic of Tanzania. *Promotion & Education*, 6 (2), 20-23, 39, 50-51.
73. Popular soap opera helps raise contraceptive use. Tanzania. (1996). *Integration (Tokyo, Japan)*, (47), 41.
74. Population policies gain momentum among African countries. (1992). *African Population Newsletter*, (62), 5-6.
75. Rasch, V., & Lyaruu, M. A. (2005). Unsafe abortion in Tanzania and the need for involving men in post abortion contraceptive counseling. *Studies in Family Planning*, 36 (4), 301-310.
76. Rasch, V., Yambesi, F., & Kipingili, R. (2005). Scaling up post abortion contraceptive service - results from a study conducted among women having unwanted pregnancies in urban and rural Tanzania. *Contraception*, 72 (5), 377-382.
77. Rasch, V., Yambesi, F., & Massawe, S. (2008). Medium and long-term adherence to post abortion contraception among women having experienced unsafe abortion in Dar es Salaam, Tanzania. *BMC Pregnancy and Childbirth*, 8
78. Renewed commitment. Reaffirmed collaboration. UNFPA and JOICFP strengthen and expand collaboration in field of population and reproductive health / family planning. (1996). *Joicfp News*, (269),
79. Richey, L. (1999). Family planning and the politics of population in Tanzania: International to local discourse. *Journal of Modern African Studies*, 37 (3), 457-487.
80. Richey, L. A. (2002). Is over-population still the problem? Global discourse and reproductive health challenges in the time of HIV/AIDS. *CDR Working Paper*, 2 (1), 1-21.
81. Richey, L. A. (2004). Construction, control and family planning in Tanzania: some bodies the same and some bodies different. *Feminist Review*, 78, 56-79.
82. Richey, L. A. (2008). Global knowledge/local bodies: Family planning service providers' interpretations of contraceptive knowledge (s). *Demographic Research*, 18, 469-498.
83. Richey, L. A. (2008). *Population politics and development: from the policies to the clinics*; Palgrave Macmillan: New York.
84. Rogers, E. M., Vaughan, P. W., Swalehe, R. M. A., Rao, N., Svenkerud, P., & Sood, S. (1999). Effects of an entertainment-education radio soap opera on family planning behavior in Tanzania. *Studies in Family Planning*, 30 (3), 193-211.
85. Saidi H. K, Eligius F. L., Bea V., Donna S., Ulla L., David J. H., (2000). Risk Factors for HIV-1 Seroprevalence among Family Planning Clients in Dar es Salaam, Tanzania. *African Journal of Reproductive Health*. 4 (1), 88-99.
86. Saumya R. & Raji M. (2003). The Quality of Family



Planning Programs: Concepts, Measurements, Interventions, and Effects. *Studies in Family Planning*, 34 (4), 227-248.

87. Scribner, S. (1995). Policies affecting fertility and contraceptive use: An assessment of twelve sub-Saharan countries. *World Bank Discussion Papers*, 259
88. Speizer, I. S., & Bollen, K. A. (2000). How well do perceptions of family planning service quality correspond to objective measures? Evidence from Tanzania. *Studies in Family Planning*, 31 (2), 163-177.
89. Speizer, I. S., Hotchkiss, D. R., Magnani, R. J., Hubbard, B., & Nelson, K. (2000). Do service providers in Tanzania unnecessarily restrict clients' access to contraceptive methods? *International Family Planning Perspectives*, 26 (4), 13-20.
90. Steep increase in contraceptive use in Tanzania. (1995). *Newsletter (Macro Systems. Institute for Resource Development. Demographic and Health Surveys)*, 7 (2), 8.
91. Stein, K. (1996). Service quality among women receiving MCH and family planning services. *African Journal of Fertility, Sexuality, and Reproductive Health*, 1 (2), 146-152.
92. Stein, K. (1998). Using situation analysis to assess women's perception of quality of maternal-child health and family planning services. *Reproductive Health Matters*, 6 (11), 45-54.
93. Steve C. & Nyovani M., (2004). Who Is Being Served Least by Family Planning Providers? A Study of Modern Contraceptive Use in Ghana, Tanzania and Zimbabwe. *African Journal of Reproductive Health*, 8 (2), 124-136.
94. Susan C. & David K. G., (2003). Determinants of Contraceptive Method Choice in Rural Tanzania between 1991 and 1999. *Studies in Family Planning*, 34 (4) 263-276.
95. Sunil M. & Maggie B. (1979). "THE DECISION MAKERS": *What the people of India, Tanzania and Bangladesh have to say about family planning*. New internationalist: the people, the ideas, the action in the fight for world development.
96. Twaha, A. L. A. (2002). *Exploring Unmet Need for Family Planning Services in Tanga, Tanzania*, Royal tropical institute (KIT): Amsterdam.
97. Wegner, M. N. (1996). Men and reproductive health. *AVSC News (Association for Voluntary Surgical Contraception (U.S.))*, 34 (4), 2.
98. What some African development plans say on population related issues in development. (1983). *African Population Newsletter*, (44-45), 9-17.
99. Yeager, R. (1982). Demography and development policy in Tanzania. *Journal of Developing Areas*, 16 (4), 489-510.
100. Z. Mgalla & R. Pool (1997): Sexual relationships, condom use and risk perception among female bar workers in north-west Tanzania, *AIDS Care*:

*Psychological and Socio-medical Aspects of AIDS/HIV*, 9 (4), 407-416.

## References

- [1] Chen, S., & Guilkey, D. K. (2003). Determinants of contraceptive method choice in rural Tanzania between 1991 and 1999. *Studies in family planning*, 34 (4), 263-276.
- [2] Msofe, Grace E. P Kiondo, Elizabeth. (2009). Accessibility and use of family planning information (FPI) by rural people in Kilombero District. *Africa Journal of Library, Archives and Information Science* 19 (2), 117-127.
- [3] Tengia-Kessy, A., & Rwabudongo, N. (2006). Utilization of modern family planning methods among women of reproductive age in a rural setting: the case of Shinyanga rural district, Tanzania. *East African Journal of Public Health*, 3 (2), 26-30.
- [4] Creanga, A. A., Gillespie, D., Karklins, S., & Tsui, A. O. (2011). Low use of contraception among poor women in Africa: an equity issue. *Bulletin of the World Health Organization*, 89, 258-266.
- [5] Anasel, M. G. (2017). Family planning programme implementation: Differences in Contraceptive Prevalence Rates across Local Government Authorities in Tanzania, Vakgroep Bestuursrecht & Bestuurskunde Groningen [http://www.rug.nl/research/portal/files/40480908/Complete\\_thesis.pdf](http://www.rug.nl/research/portal/files/40480908/Complete_thesis.pdf).
- [6] Oyedokun A. O (2007), Determinant of contraceptive Usage; Lesson from women in Osun State Nigeria, *Humanities & Social Science*, 1 (2), pp. 1-14.
- [7] Anasel, M. G., & Mlinga, U. J. (2014). Determinants of contraceptive use among married women in Tanzania: Policy implication. *African Population Studies*, 28, 976-988.
- [8] Ali, M. M., & Cleland, J. (2010). Oral contraceptive discontinuation and its aftermath in 19 developing countries. *Contraception*, 81 (1), 22-29.
- [9] Richey, L. A. (2008). Global knowledge/local bodies: Family planning service providers' interpretations of contraceptive knowledge (s). *Demographic Research*, 18, 469-498.
- [10] Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) [Tanzania Mainland], Ministry of Health (MoH) [Zanzibar], National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and ICF. 2016. Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015-16. Dar es Salaam, Tanzania, and Rockville, Maryland, USA: MoHCDGEC, MoH, NBS, OCGS, and ICF.
- [11] United Nations, Department of Economic and Social Affairs, Population Division (2015).
- [12] Patton, M. Q. (2002). *Qualitative Research and Evaluation Methods*. Thousand Oaks, CA: Sage.
- [13] Olaitan O. L. (2011). Factors influencing the choice of family planning among couples in Southwest Nigeria. *International Journal of Medicine and Medical Sciences* 3 (7), 227-232.
- [14] Grizzle, M. (2012). Family Planning | White Paper World Youth Alliance, New York.

- [15] Swai, I. L., & Anasel, M. G. (2019). Urbanisation Pace in Tanzania: The Delivery of Water and Electricity in Selected Urbanised Cities. *Social Sciences*, 8 (6), 338-347. <http://www.sciencepublishinggroup.com/journal/paperinfo?journalid=202&doi=10.11648/j.ss.20190806.16>.
- [16] Swai, I. L., & Anasel, M. G. (2020). What Are They Speaking for: The Relative Participation of Female Councillors on Influencing “Health Related Female Interests” in the Decision Making Processes. *Advances in Applied Sociology*, 10 (2), 11-22.
- [17] Buse K., Mays N. & Walt G. (2005), *Making Health policy*, Ashford Colour Press Ltd, Gosport Hampshire Uk.
- [18] Buse, K. (2008). Addressing the theoretical, practical and ethical challenges inherent in prospective health policy analysis. *Health policy and planning*, 23 (5), 351-360.
- [19] Cheung, K. K., Mirzaei, M., & Leeder, S. (2010). Health policy analysis: A tool to evaluate in policy documents the alignment between policy statements and intended outcomes. *Australian Health Review*, 34 (4), 405-413.
- [20] Chitama, D., Baltussen, R., Ketting, E., Kamazima, S., Nswilla, A., & Mujinja, P. G. M. (2011). From papers to practices: District level priority setting processes and criteria for family planning, maternal, newborn and child health interventions in Tanzania. *BMC Women's Health*, 46.
- [21] Schanke, L., & Lange, S. (2008). *Decentralisation and Gender Coordination and Cooperation on Maternal Health Issues in Selected District Councils in Tanzania*. CMI.