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Commentry

Steps Forward in Addressing Underutilization of Modern Family Planning by Female Youth in Tanzania: a Commentary

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COMMENTRY

The medical definition of modern family planning (FP) is a product or medical procedure that interferes with reproduction from acts of sexual intercourse either by preventing ovulation or sperms from meeting the matured egg [1].

The modern FP methods available in Tanzania include:

- Sterilization
- Intrauterine devices (iuds),
- Subdermal implants,
- Oral contraceptive pills,
- Condoms and other barrier methods,
- injectables,
- Emergency contraceptive pills,
- Contraceptive patches,
- Spermicidal foams and other agents,
- Vaginal ring, and
- The contraceptive sponge [2].

Effective use of modern FP methods is one of the primary and essential strategies for reducing high-risk pregnancies that often occur too early and too frequent [3]. The need for induced unsafe abortions and unintended pregnancies are prevented through effective use of FP. Unintended pregnancies are often associated with high risk unsafe abortions, pre-term birth, and low birth weight, small for gestational age babies, and maternal and prenatal deaths [4]. However, millions of unintended pregnancies have been avoided globally through FP programs [4]. Despite significant gains in training of health care providers, FP commodity distribution, and quality of care in Tanzania, still FP uptake among women of reproductive age is critically underutilized only 32% [2], far from the national target of 70% [5]. Main reasons for not using modern FP are reported by Mushy et al., [6]. The recently published research article by Mushy et al., described barriers related to visiting the health facility for FP services among the female youth. The study targeted women who had accepted the referral form after receiving a comprehensive FP counseling from community mobilisers but did not visit the health facility for the FP services within the scheduled time despite several phone call follow-ups.

Some interesting points can be raised from Mushy et al report. First, knowledge on FP was seen to be high but surprisingly FP was critically underutilized. This indicates that knowledge was not the main hindering factor in the use of FP methods but rather there are other factors that need to be addressed. So, more efforts should be exerted on addressing barriers other than focusing on imparting knowledge, as knowledge on FP has been found to be universal both to men and women [2, 6, 8].

Second, myths and misconceptions like the development of uterine tumors and cancers, prostitute behavior, infertility, and watery vaginal discharge have been heavily broadcasted and overstated in the communities that led to a rejection of FP methods. Other scholars [9, 10, 11, 12] reported similar findings. A male partner and significant others (sisters, closest friends and mothers) play a significant role in preventing women from using contraceptives [7, 10]. We can anticipate that intimate partners and significant others can influence the decision of women to use FP. Collectively, we learnt that the beliefs on contraception held by intimate partners and significant others are often regarded as more important than the individual's beliefs. Implying that whoever planning to implement a FP program/campaign should focus on involving sexual partners and significant others to properly address their negative beliefs about FP to drive out demands against contraceptives. Since intimate partners share potentially positive information on contraceptive technologies [13], this may positively influence the use of FP methods. Our recommendation to FP organizers is to plan how to utilize innovative strategies such as the provision of intensive and couple/partner counseling in order to override myths and rumors prevailing in the community.

Third, the unavailability of the preferred FP methods by a client and the absence of trained health personnel hindered their uptake of FP methods. A similar finding was observed in a systematic review study [14]. Healthcare providers are the influential people to improve uptake of FP [13]. Training on provision of different types of modern FP should be offered to all than a few healthcare providers dealing with Sexuality and Reproductive Health services. Let a responsible personnel to design, develop and implement a reliable monitoring system to

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ensure the availability of various FP methods in all FP clinics in the country. I believe that if the given recommendations are put into practice they will help to overcome the reported cases of missing trained healthcare providers and absence of the preferred FP method in health facilities, which potentially discourages FP uptake.

AUTHOR'S CONTRIBUTION

SEM conducted the literature research, drafted and revised the manuscript. SH revised and approved the final manuscript

ETHICAL APPROVAL

National Institute of Medical Research (ethical clearance) and the Management and Development for Health (Study site permission)

COMPETING INTEREST

Authors declare that they have no conflict of interest

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