



WWJMRD 2017; 3(12): 203-207  
www.wwjmr.com  
*International Journal*  
*Peer Reviewed Journal*  
*Refereed Journal*  
*Indexed Journal*  
*UGC Approved Journal*  
*Impact Factor MJIF: 4.25*  
e-ISSN: 2454-6615

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## Family Planning as a Poverty Reduction Strategy: Evidence and Barriers to Utilization

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### Abstract

Family planning has been evidenced as a feasible strategy in response to overwhelming population growths, high maternal mortality rates and consequently reduces poverty, thus; this study sought to determine the influence of family planning on poverty reduction and establish challenges to implementing the same. Data was collected in Iringa District of Tanzania where a sample of 123 respondents filled in a survey questionnaire from a population of simple randomly selected intimate partners that were sexually active. Secondary data was used in obtaining evidence from field findings.

Using Simple regression methods, findings prove that family planning has a significant influence on poverty reduction in Tanzania with a p-value of 0.000. Additionally, descriptive mean findings indicate that efforts to have male children, cultural norms, side effects, religious values, poor communication between spouses and limited family planning awareness are some of the major hindrances to the utilization of family planning methods. This study concludes as per findings that family planning is an effective strategy for poverty reduction. It was thus recommended as per findings that; in order to ensure that the goal of family planning for poverty reduction is achieved in Tanzania, the government and particularly the health sector should increase citizen's level of family planning awareness in an effort to remove barriers like cultural norms, perceptions regarding side effects, religious values and poor communication between spouses.

**Keywords:** Family Planning, Poverty Reduction

### Introduction

#### Background to the Problem

Global evidences suggest that voluntary family planning programs improve the health and survival of mothers and children and empower women and their families to escape poverty (Zosa-Feranil et al., 2009). As argued by Oladeji (2008), Family planning equally plays a significant role in controlling overwhelming levels of population growth thus improving the quality of life, escalating human capital, and reducing poverty and hunger. This depicts that better family planning empowers women to determine their family sizes and seek improved reproductive health services ultimately enhancing their contribution to family wellbeing and overall national development (Nangendo, 2012).

Akafuah and Sossou (2008) and Nangendo (2012) observe that family planning programs create conditions that foster women's penetration of the labour force and enable the devotion of more resources to each child, thereby improving family nutrition, education levels and living standards. Similarly, slower population growth minimizes the cost of social services as fewer women die in childbirth, demand for water, food, education, health care, housing, transportation and jobs reduce. It is stipulated in the Tanzania National Family Planning costed Implementation Program (2010-2015) that family planning aids governments in achieving national and international development goals as it contributes immensely to the achievement of all United Nations' Millennium Development Goals including; poverty and hunger reduction, promoting gender equity and empowering women, reducing child mortality, improving maternal health, combating HIV/AIDS, and ensuring environmental sustainability(URT,2010). Hence, family planning is a powerful tool in combating poverty

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and controlling population growth which would otherwise undermine economic and social development efforts.

Realizing the potential of family planning in poverty reduction, the United States Agency for International Development (USAID), the World Health Organization (WHO), and other entities partnered with governments throughout sub-Saharan Africa in an initiative to prioritize FP programs throughout the region in 2001 (USAID, 2003). The initiative intended at repositioning Family Planning seeks to increase political and financial commitments to family planning by; (1) advocating for policy change, (2) strengthening leadership, and (3) improving capacity to deliver services. In Africa and particularly the Kenyan government, nongovernmental organizations, and donors are dedicated to promoting and improving easily accessible, affordable, acceptable, and effective family planning methods (Nangendo, 2012). These efforts have apparently paid off as recent demographic, health, and fertility surveys show that knowledge of contraceptive use is nearly universal, and that over 90% of men and women are aware of at least one family planning method (ibid).

Like other African countries, Tanzania adopted a legislation that supported family planning (FP) in 1976. The Tanzania's national FP procedure manual cautions that pregnancy before the age of 18 and after the age of 35 should be avoided and that the interval between pregnancies should be at least three years. It also states that five or more children increase the risk of maternal and childhood mortality.

In 2010, the Ministry of Health and Social Welfare (MOHSW) launched the National Family Planning Costed Implementation Program (NFPCIP) between 2010–2015, to guide efforts to reposition and reinvigorate access to and use of FP services in Tanzania. Its goal was to reach a national contraceptive prevalence rate of 60 percent for all methods by 2015 (URT, 2013).

In spite of the remarkable efforts made worldwide in improving family planning. Yet high unmet need for family planning services and a continuous population growth with a number of women deaths has increased. For example, in Ghana Adjei et al. (2014) has evidenced a substantial constraint to the number of users of family planning methods. On the other hand, Nangendo (2012) have indicated that unmet need for contraception remains at approximately 26% in Kenya, suggesting that the right of Kenyan couples to access sufficient information concerning their preferred birth control method and the actual use of such methods have not been fully realized.

In Tanzania perspective, a high unmet need for family planning (FP) services and a continuing high rate of population growth (currently estimated at 2.7 percent) are presenting major challenges to social and economic development of Tanzania (URT, 2013).

Evidence suggests that equitable access to high-quality FP services saves not just women's lives but also those of newborns and adolescents consequently contributing to socioeconomic development. Given unmet family planning needs, abortion rates and deaths among women, it is not clear whether family planning is perceived as key in reducing poverty in Tanzania. This study aimed at establishing the relationship between family planning and poverty reduction and identifying barriers to the utilization of such services.

## Literature Review

### The Family Planning Concept

Kashaga and Ngocho (2015) termed family planning as a process which allows people to have their desired number of children and determine their spacing. Radulović, et al (2006) highlighted that family planning commonly includes prevention of unwanted pregnancy, extensive population growth reduction, and health improvement of women, children and the entire population as a whole. As argued by Chimfutumba, et al (2015), persistently high maternal and infant morbidity and mortality rates are known to have a direct relationship with family planning and child spacing. This implies that family planning aids in reducing the number of unintended and unwanted pregnancies and thereby saving women from high risk pregnancies and unsafe abortions. Chipeta, et al. (2010) advocate that family planning as a component of good reproductive health has benefits that go beyond the obvious prevention of pregnancy and reduction of disease burden, the social and economic benefits for global development goals should. Other benefits accruing from family planning methods include prevention of cancers, sexually transmitted infections (STIs) and infection with the Human Immunodeficiency Virus (Chimfutumba, et al., 2015; Chipeta, et al., 2010). Given the importance of family planning in general and the low rate of utilization, it was necessary to obtain evidence for the relationship between family planning and poverty reduction in Tanzania.

### The Poverty Concept

Various scholars have defined and used diverse variables in defining poverty for instance, Ahmad and Batu (2013) termed poverty as a state of being poor where ones' annual income is inadequate in meeting basic expenses. Thus; for one to be considered poor, ones' annual income should be below the amount considered minimally required to support a family of a given size (ibid). A study by United Nations Development Program (UNDP) revealed that human poverty not only stands for income poverty: it is the lack of access to opportunities and alternatives for living an endurable life (McFerson, 2010). This implies that poverty limits people's access to basic necessities of life such as food, shelter and clothing and also creates a sense of deprivation among. With increased poverty and low utilization of family planning methods, it was therefore necessary to assess the link between family planning and poverty reduction.

### Relationship between Family planning and Poverty Reduction

Chimfutumba, et al. (2015) indicated a number of benefits family planning offers in terms of sustainable socio-economic development and environmental protection. They add that family planning helps to improve the future by fostering parents to better plan their lives since poverty and lack of education are barriers to opportunities for both individuals and families. Adjei, et al. (2014) found and conclude that family planning contributes to broad development goals of poverty reduction, enhanced education, environmental sustainability, and gender equality. According to Valecha, et al. (2015), family planning contributes to improved health, sexual and reproductive health services which in turn contribute to economic growth, societal and gender equity, and democratic governance. Bayray (2012) indicated that

through family planning, individuals can obtain greater prosperity and security for the family as they avail better chances at receiving education and devoting more time to earning an income. It is such a background that necessitated this study.

**Empirical Studies on Factors hindering the Utilization of Family Planning Methods**

Valecha, et al. (2015) conducted a study on the socio-economic determinants of family planning use in India using an explorative approach and found that, barriers to contraception use include; side effects, limited awareness, religious values, space constraints, limited privacy and in some cases efforts to have a male child. Olaitan (2011) studied the factors influencing the choice of family planning among couples in Southwest Nigeria and findings revealed that socio-economic status, religious values and cultural norms do not influence couples’ choice of family planning use. Further, Mostafavi, et al. (2006) studied the socio-cultural factors affecting men’s use of family planning methods in Iran and findings reveal that communication between spouses increase the probability of non-use of family planning methods. Hafez (2014) similarly studied the factors affecting family planning methods used by married women in rural Egypt and

determinants included; age, region, working conditions, educational level, the number of children and others.

**Methods**

The study was guided by a positivist paradigm and as argued by Mack (2010), the main purpose of this paradigm is to prove or disprove a hypothesis. The positivism paradigm was used to identify the relationship between family planning and poverty reduction in Tanzania. Data was collected in Iringa District of Tanzania where a sample of 123 respondents filled in a survey questionnaire from a population of simple randomly selected intimate partners that were sexually active. Secondary data was used in obtaining evidence from field findings.

**Results**

The results of this study are classified into respondents’ profile, relationship between family planning and Poverty reduction and factors hindering the use of family planning methods as described below:

**Respondents’ Profile**

Profiles of respondents considered include; Gender, Age, and Level of education and Marital Status as presented on table four below.

**Table 4.1:** Respondents’ Profile

	Value	Frequency	Percentage
Gender	Male	56	45.5
	Female	67	54.5
	<b>Total</b>	123	100
Age	18-27years Old	29	23.6
	28-37 years Old	28	22.8
	38-47Years Old	25	20.3
	48-57Years Old	16	13.0
	Above 57	25	20.3
	<b>Total</b>	123	100
Level of Education	None	28	22.8
	Primary Education	34	27.6
	Secondary Education	26	21.1
	College/University	35	28.5
	<b>Total</b>	123	100
Marital Status	Single	63	51.2
	Married	60	48.8
	<b>Total</b>	123	100

Source: (Field Data, 2017)

**Relationship between Family Planning and Poverty Reduction**

To identify the relationship between family planning and

poverty reduction, a correlation analysis and simple regression analysis were conducted and findings are as presented on Table 4.2 below:

**Table 4.2:** Correlations

		Family Planning	Poverty Reduction
Family Planning	Pearson Correlation	1	.670**
	Sig. (2-tailed)		.000
	N	123	123
Poverty Reduction	Pearson Correlation	.670**	1
	Sig. (2-tailed)	.000	
	N	123	123

\*\* . Correlation is significant at the 0.01 level (2-tailed).

As depicted on table 4.2 above, there is a positive correlation between family planning and poverty reduction with a Pearson correlation value of 0.670\*\* at a significant

level of 0.01(2-tailed). This implies that family planning is a feasible strategy for poverty reduction. To identify the influence of family planning on poverty reduction, further

analysis was done using simple regression analysis as described on tables 4.3 and 4.4 below:

**Table 4.3: Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.609 <sup>a</sup>	.371	.369	.681

Predictors: (Constant), Family Planning

Table 4.3 above reveals that family planning predicts and explains the dependent variable poverty reduction by 37% in R-Square;

**Table 4.4: ANOVA<sup>a</sup>**

Model	Sum of Squares	df	Mean Square	F	Sig.	
1	Regression	74.602	1	74.602	160.993	.000 <sup>b</sup>
	Residual	126.504	273	.463		
	Total	201.105	274			

a. Dependent Variable: Poverty Reduction  
 b. Predictors: (Constant), Family Planning

As depicted on table 4.4 above, the regression significant value (p-value) of 0.00 indicates that family planning has a significant influence on poverty reduction in Tanzania confirming it as a major feasible strategy for poverty reduction in Tanzania. These findings support previous establishments that Investing in family planning offers greater social and economic returns in all sectors including; food, water, health, and economic development. These findings also support that family planning investments strongly impact on increased long term economic output for families. This implies that women with access to family planning services are more likely to be educated, marry

later, be healthier and have healthier families and better access to economic opportunities (ibid). Moreover, these findings support the fact that family planning promotes demographic dividend that occurs during a window of opportunity when countries experience a falling birth rate yet maintain a large share of working - age adults in the population due to previous generations of high fertility.

**Factors hindering the Use of Family Planning Methods**  
 Data on factors hindering family planning was analyzed using descriptive mean as described on table 4.5 below:

**Table 4.5: Descriptive Statistics Mean**

	N	Minimum	Maximum	Mean
Try for Male Child	123	1	5	3.63
Cultural norms	123	1	5	3.48
Side Effects	123	1	5	3.27
Religious values	123	1	5	3.15
Communication between partners	123	1	5	2.97
Awareness	123	1	5	2.88
Valid N (listwise)	123			

Table 4.5 above depicts that efforts to have a male child, cultural norms, perceptions of side effects, religious values, poor communication between partners and limited family planning awareness are the major hindrances to the utilization of Family planning methods with the magnitude of impact in descending order as revealed that the higher the mean, the higher the magnitude of hindrance.

These findings are congruent with those established by Chipeta, et al. (2010) in Rural Malawi who found that family planning methods are perceived to have side effects such as prolonged menstruation, impotence and genital sores, weight gain or loss, and subsequent infertility. These findings similarly concur with those established by Akafuah and Sossou (2008) who identified socio-cultural misconceptions resulting from lack of knowledge and education as the main deterrents for the use of various family planning methods including vasectomy. Similarly, HajiraSaba and Kishore (2014) conducted a study in Bangalore and found that factors for none use included; desire for more Children, religions values, misconceptions about contraception, mother in law oppositions, lack of information and fear of side effects.

**Conclusion and Implication**

Conclusively, family planning has a significant influence on poverty reductions and thus a feasible strategy for poverty reduction. It is also conclusive that efforts to have a male child, cultural norms, perceptions of side effects,

religious values, poor communication between intimate partners and lack of awareness about family planning are the major barriers to the utilization of Family planning methods.

It is thus recommended as per findings that in order to reduce the level of poverty through family planning, the government and particularly the health sector should develop a policy that ensures proper access to family planning and increased awareness of the same in the community. The government should also remove barriers such as cultural norms, perceptions of side effects, religious values and poor communication between intimate partners.

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