

## **Determinants of Male Involvement in Family Planning Services in Tarime District, Tanzania**

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### **Abstract**

This paper examines the determinants of male involvement in family planning services by investigating the relationship between knowledge and male involvement in family planning, and between the involvements of both sexes in family planning services. The study adapted a mixed research design whereby quantitative and qualitative approaches were employed to generate primary data, complemented by other methods like in-depth interviews, focus group discussions and documentary review. The main tool of data collection was a questionnaire, and data analysis was done using descriptive statistics, logistic regression; while qualitative data were subjected to content analysis. The unit of analysis was the individual at household level, and questionnaires were served to 312 households, while in-depth interviews involved 12 key informants. The major findings indicated that many people were currently not practicing family planning methods (73.1% for females and 47.2% for males) although the knowledge about family planning was high (94.6% for females, and 96.0% for males). Some of the reasons for not using family planning were fear of side-effects like having deformed children, fear of cancer, heavy pain during delivery and wives being unfaithful for they have protections. The ANOVA findings showed that there is statistically significant relationship between knowledge of males and use of family planning in future, at  $p=0.013$ . The study recommends an improvement in the awareness of family planning services, and allowing more innovative strategies like SMS communication especially in rural areas. Equally, more qualified staff at all levels should be employed to bridge the gap between service providers and clients, which is a major concern.

**Keywords:** *male involvement, family planning, contraceptives and reproductive health*

### **1. Introduction**

Recent attentions on the issue of family planning by international bodies like the World Health Organization (WHO), United Nations Funds for Population (UNFPA) are based on the fact that high population dynamics have negative socio-economic implications, and it is a perpetual health hazard in developing countries. Inadequate family planning strategies have continuously exacerbated the vulnerability of developing countries in terms of high maternal and infant mortality, increasing the population living below the poverty line, and worsening

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the high incidence of HIV/AIDS and sexually transmitted infections (WHO, 2010). Due to low family planning practice, half a million women die from complications related to pregnancy and childbirth each year, with 99% of these deaths occurring in developing countries (Chuwa, 2013). Furthermore, it is estimated that approximately 200m couples in developing countries would like to delay or stop childbearing but are not using any method of contraception (WHO, 2010, 2020). Also, according to Gebreselasie et al. (2005) and Sufiani, (2018). Up to 30% to 50% of maternal mortality could be attributed to unsafe abortion

Moreover, while contraceptive use has increased in many parts of the world – especially in Asia and Latin America – its use continues to be low in sub-Saharan Africa (SSA) (UN, 2020). The proportion of married women aged 15-49 years who reported using contraceptives has increased between 1990 and 2007 from 17% to 28% in Africa, 57% to 67% in Asia, and 62% to 72% in Latin America and the Caribbean (Chuwa, 2013; UNFPA, 2020).

In Tanzania, while the knowledge of contraception use is now almost universal, only 34% of married women are using contraception of any kind. Likewise, it has been found that only 20% of women and 14% of men in the country knew the correct timing of a fertile period, and only 33% understood periodic abstinence (URT, 2010; URT, 2016; Segele & Mbonile, 2020). Moreover, maternal mortality rates in Tanzania are among the highest in SSA. The 2015-16 Tanzania Demographic and Health Survey estimated maternal deaths at 556 deaths per 100,000 live births, with the figure in rural areas being higher than in urban areas. Family planning can prevent closely-spaced and ill-timed pregnancies and births which contribute to some of the world's highest infant mortality rates. Infants of mothers who die as a result of giving birth also have a greater risk of death and poor health.

However, the use of family planning has been low, particularly among men. Contraception use by men makes up a relatively small subset of contraceptive prevalence rates because male methods are limited to sterilization (vasectomy), condoms, and withdraw. Worldwide, 11.3% of women of reproductive age (15-49 years) reported to rely on one of these methods in their marriage or formal union; again; although there is much variation among regions (URT, 2010; Haule, 2017, Chodota et al., 2020). In African culture men play an important role on family matters. They contribute to ideas that influence decisions on various activities, including those related to reproductive health (RH), including the adoption of family planning methods (Adewuyi et al., 2003). Moreover, various reports show that male involvement in reproductive health services contributes to increasing the support needed by their partners for matters related to their health, enhancing couple communication, and increasing uptake of RH services. As evidenced in some SSA countries like Zimbabwe, men have been helping their spouses to attend clinic early and complete the recommended maternal and child health (MCH) clinic. Men have also been of assistance to women at

delivery times, for instance, by escorting them to health facilities during the last stages of their women's pregnancies. By assisting their spouses in these matters, men get opportunities to learn about FP methods, including their use for the prevention of unwanted pregnancies and sexually transmitted infections (Mangeni et al., 2012; Yargawa et al., 2015; URT, 2016).

Male involvement in family planning means more than increasing the number of men using condoms and having vasectomies. It also includes encouraging men to support their partners and their peers to use family planning methods and influencing policy to be more conducive to developing male-related programs. In this context, 'male involvement' should be understood in a much broader sense than male contraception, and should refer to all organizational activities aimed at men that have the objective of increasing the acceptability and prevalence of family planning practice of either sex. In the past, family planning programs have focused attention primarily on women because of the need to free women from excessive childbearing, and to reduce maternal and infant mortality through the use of modern methods of contraception. Most family planning services were offered in reproductive and child health clinics (RCHC), and most studies and information campaign focused on women. This focus on women has reinforced the belief that family planning is largely a women's role, with men playing a peripheral part (Chuwa, 2013; UNFPA, 2020).

Similarly, men's participation in reproductive health is very crucial to the success of family planning programs and women's empowerment in Tarime District, the area of this study. However, low choice and access to methods, men's attitudes towards contraceptive use, fear of side effects, and poor quality of available services, cultural and social economic factors, and gender-based barriers are some of the reasons for low utilization of family planning services in the district (Akufuah, 2013; Zamawe, 2015). The government of Tanzania, through the Ministry of Health, Social Welfare, Elderly, Gender and Children has done much to provide comprehensive health services to all citizens. This has been done through, among others, the formulation of the National Health Policy in 1997, which aims at providing direction towards the improvement and sustainability of the health status of all the people by reducing disability, morbidity and mortality, improving nutrition status, and raising life expectancy (URT 2002).

Although multilateral initiatives and efforts have been made in family planning intervention programs in Tarime district, still its fertility rate is relatively high: above 5 children per woman. Hence, this study sought to examine the levels of male participation in contraceptive use in Tarime district, Mara region, Tanzania in effort to see how to address these problems. Specifically, it examines the relationship between knowledge and male use of family planning in the district, and also the level of participation of both sexes in family planning services.

## **2. Literature Review**

### ***2.1 Behaviour Change Theories***

The theoretical part of this paper is guided by the behaviour change theories which have three major sub-theories of behaviour change: social cognitive theory, theory of planned behaviour, and the trans-theoretical model. Nonetheless, in this study only two theories were used (World Bank, 2017). The behaviour change theories are not primarily linked to public health, but have also been tested and used by health preventive programmes funded by the World Bank and the WHO (WB, 2017; WHO, 2010). The behaviour change theories are not only useful for public health preventive interventions (WHO, 2010; WB, 2017), but also in predicting male behaviour in family planning. This is because it is believed that a majority of individuals adopt healthier behaviours mainly when they obtain precise information from trusted authorities or individuals. This can also occur when the process is supported through legislation, appropriate health promotion programmes, and dynamic community discussions on health issues (WHO, 2010). Actually, in line with this concept, almost all health preventive interventions deployed in one stage or another lead to decision-making with or without the consciousness of the implementing agency.

The WHO is emphasizing on communication to achieve family planning services coverage to reach populations, in this regard men and economically and socially deprived women; and to build trust in family planning services among those who question them: all of which are in line with the behaviour change theories (Prochaska, 2013; Bandura, 1971; Azjen, 2013). These predicting strengths of behavioural change theories correspond to the behavioural decision-making comparison model where the effects of a decision depend on perceived risk, probability of a loss, and the importance of a loss (Peter & Lawrence, 1975). Furthermore, all mentioned behaviour change theories are interdependent for they address the importance of confidence in making an intention to change, or in undergoing the stages of behaviour change (Bandura, 1971; Azjen, 2013; Prochaska, 2013).

This paper, therefore, explores how behaviour change were used to influence male use of contraceptives. The study also explores male partners' willingness to incur expenses to reach family planning services, and whether they are likely to continue using the services for themselves and their wives. Nevertheless, despite the fact that there are several strengths of the behavioural change theories, they do not talk much on the social context, socio-economic status, and income of service users. The socio-economic factor was very important in the consideration of health interventions, especially in Tarime district, which is among the poor regions in the country (URT, 2016). As a whole, this weakness was mitigated through the consideration of the socio-economic status of study participants. Juliusson et al. (2005) indicated

that past decisions influence the decisions people make in the future. In this regard, those male partners who participated in FP services at any time of their life were likely to continue using the services for the consecutive pregnancies of their wives (De bruin et al. 2007).

### *2.1.1 Social Cognitive Theory*

The social cognitive theory was initially published by Alex Bandura after a thorough review of previous works of Skinner, Miller and Dollard who designed a social learning theory in 1941 (Bandura, 1971). According to Bandura (ibid.), the key concept in this theory regards learning not as a purely behavioural issue; instead, it is a cognitive issue that can be reshaped by the social context. According to the theory, learning can occur through observation of certain behaviour and its outcomes (regarded as vicarious reinforcement). In this theory, learning can be through direct experience; being given information and feedback (informative function of reinforcement). Moreover, the motivation function of reinforcement, the effects of cognitive mediation of reinforcement, and reinforcing effects of response consequences becomes high among males (Bandura, 1971; World Bank, 2017).

In this study, the informative functions of reinforcement of the social cognitive theory was used as an opportunity to provide information to male partners on the importance of FP services, and encouraged them to participate in FP. The anticipated outcome was to increase male decisions to use contraceptives and motivate male partners' participation in FP services. This created a shaping environment, which in turn contributed to the change of male partners' negative attitudes towards FP services, which increased their participation in FP services (World Bank, 2017; Glanz et al.2008).

The strength of this theory is that, apart from being accurate and easy to understand, it can accommodate people with inconsistent behaviours such as male participation in FP services. The theory also assisted in addressing the equity objective of the study through examining variability created by social groups in Tarime district, with stresses on marginalised communities. The other strength of the theory is that it allows a large number of behaviours to be investigated; in this case HIV risks sex behaviours.

The weakness of the theory lies on its strength of allowing a large number of behaviours, but does not explain individual behaviour or indicate the differences between behaviours that are important especially in linking behaviour and male participation in the research. Furthermore, the theory does not segregate 'rewarding behaviour' from 'punishment behaviour'. In addressing male use of contraceptives, some study participants felt being rewarded by continuing with safer-liked behaviours, compared to those who were discouraged from their liked behaviours that are not safe.

### *2.1.2 Theory of Planned Behaviour*

The theory of planned behaviour was developed by Azjen (1985) through appreciating previous works by psychologists linking behaviour and individual goals, when he realised that actions are controlled by intentions but not all intentions are carried out. In this theory, more emphasis is on two conditions for intention to predict behaviour: (i) the measure of intention available to the investigator must reflect the respondent's intention as they exists just prior to the performance of the behaviour; and (ii) the behaviour must be under the power of the individual to make choices or decisions, also known as 'volitional control' (World Bank, 2017; Glanz et al., 2008). In this study, the theory was used to see whether participation in family planning program services fitted both two conditions needed by the theory of planned behaviour. The study ensured that important information was given to male partners to help them shape positive attitudes towards their participation in FP programme services. The fact was that some male partners were not aware of the importance of using FP services in spacing the birth of children and improving the health of mothers and children, these were became encouraged to participate in the FP services immediately when they were given information.

The strength of this theory is that it was used to explain all behaviours in which people could exert self-decision-making. In this study, the most common behaviours of low use of contraceptives were discouraged by increasing participation in FP interventions. Among the important strategies, outreach programmes directed towards men were expected to be done through the provision of education and information about FP programmes. Furthermore, the theory links behavioural achievement with both motivation (intention) and ability (behavioural change). In the study male involvements were used as motivation and provided information that allowed participants to change their negative attitudes towards health behaviours and the use of contraception.

Nevertheless, the theory has weaknesses that include assumptions that make special considerations for the socially deprived population – economically and environmentally – especially in rural areas, giving more attention to achieve the equity objective. The theory assumes that a behaviour change is a linear decision-making process, while the truth is that people differ in decision-making processes. However, the two weaknesses were complemented by the social cognitive theory. Finally, the theory do not indicate the time margin of 'intent' and 'decision-making'; this was very important because the collection of research data only covered a three-months period, and therefore delayed decisions were not observed within the research time.

## *2.2 Empirical Literature*

The acquisition of knowledge about fertility control is an important step towards gaining access to, and then using, a suitable contraceptive method in a timely and effective manner. Knowledge of family planning methods is necessary in deciding whether to adopt a contraceptive method, and the choice

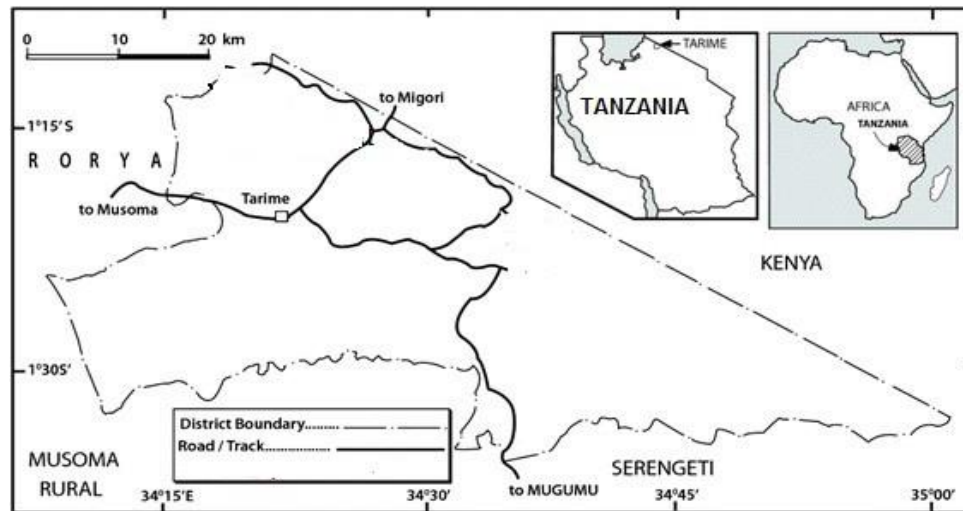
of the contraceptive method to use (Mtae, 2018). A study conducted in India by Saluja et al. (2009) showed that the knowledge was higher for sterilization (93.2%), and low for pills (86.8%). Balasubramanian (2018) indicated that knowledge was high for IUD (77.6%), condoms (91.2%), and male sterilization (86.2%). Jain and Singh (2009) reported the highest knowledge for condoms use (55.6%), followed by female sterilization (55.4%) in the rural area of Meerut, which may have been due to differentials in education and socio-economic backgrounds of the people. In Rwanda, the most commonly known contraceptive use for men and women was the oral contraceptive pill, while knowledge of all other types of contraceptive was found to be significantly higher among women than among men (Fapohunda et al., 1999; Mtae, 2018).

As a whole, the promotion of family planning has been shown to reduce poverty, hunger, maternal and infant mortality; and contribute to women empowerment. But—as mentioned earlier—many developing countries still have very low rate of contraceptive use. For example, a study by Jobert et al. (2015) in Cameroon indicated that the main reasons for precluding women from utilizing contraceptives for family planning were lack of knowledge (31.4%), uselessness (31.4%), and unbearable side effects (8.6%). The study indicated that the use of contraceptives was decided by couples (39.6%); and that 9.4% of the men were not aware that their wives were currently practicing FP. This indicated that although the level of awareness about family planning and contraceptive methods is satisfactory, the level of contraceptive use is not optimal in most areas in Cameroon.

Some field experiences have shown that well-targeted male involvement in contraceptive use programs can have an impact on both male and female behaviour related to reproductive health. We have seen from the above literature review how female participation in family planning is high, but that of males is low. Hence, this study investigates the determinants of male participation in FP in Tarime District, which is among the strongholds of male domination in household decisions in Tanzania.

### 3. Study Area and Research Methodology

The study was conducted in Tarime district, Mara region, Tanzania (Figure 1). It has a population of 339,693 people: 162,986 males, and 176,707 females. With a growth rate of 2.5 per annum and a birth rate of 5.6 children, under five years 21%, women of child-bearing age (15-49 years) 37.8% (URT, 2012). The district was selected because it scored the lowest contraceptive prevalence rate (CPR) in the region, ranging from 5.7% in 2015, 7.9% in 2016, and 6.3% in 2017. Also, its contraceptive coverage by modern methods is not increasing steadily: it was 18.5% in 2015, 27.7% in 2016, and 24% in 2017 (DHIS2 2018). Furthermore, the area experiences strong socio-cultural practices such as patriarchy, female genital mutilation (FGM), '*nyumba ntobhu*' (marriage of the female sex), as well as polygamy.



**Figure 1: A Map Showing Tarime District**

Source: Tarime District Council (2019)

The study adapted a mixed research design, whereby quantitative and qualitative approaches were employed to generate data through in-depth interviews, focus group discussion, observation, questionnaires, and documentary review. The analysis was done using descriptive statistics and logistic regression, while qualitative data were subjected to content analysis. The unit of analysis was individuals at the household level. Also, the questionnaires were administered to 312 household heads, while in-depth interviews involved 12 key informants.

#### 4. Results and Discussions

##### 4.1 Levels and Trends of Family Planning Services in Tarime District

The results indicated that the district has a high population growth rate of 2.5% per annum, and a birth rate of 5.6 children per woman. The district scored the lowest contraceptive prevalence rate (CPR) in the region: ranging from 5.7% in 2015, 7.9% in 2016, and 6.3% in 2017. Meanwhile, the contraceptive coverage by modern method is steadily increasing for it was 18.5% in 2015, 27.7% in 2016, and 24% in 2017 (DHIS2 2018). Furthermore, the area experiences strong social-cultural practices such as patriarchy, female genital mutilation (FGM), marriage of the same sex (*nyumba ntobhu*), as well as polygamy. Also, as mentioned earlier, despite multilateral initiatives and efforts to introduce family planning intervention programs in the district, the fertility rate is still relatively high with above 5 children per women. Moreover, contraceptive prevalence rate is relatively low (6.3% in 2017) as well as modern contraceptive rate (24% in 2017) (DHIS2 2018). This study is similar to Chonjo's study (2009) on elderly HIV infections in Makete District.



**4.2 Knowledge and Use of Family Planning in Tarime District**

Having a knowledge about fertility control is an important step towards gaining access to, and then using a suitable contraceptive method in a timely and effective manner (Mtae, 2018). The results indicated that knowledge of family planning was relatively high among the respondents: about 94.6% of females and 96% of males have ever heard of family planning. This is partly attributed to the aggressive family planning campaigns in radios and televisions, which are organized in the district by health professionals, NGOs, and other development partners. However, in spite of this high awareness of FP, the use of contraceptives was still low, especially among males. These findings are similar with those of studies conducted in Nigeria by Obisesan (1998) and Kakoko et al. (2013), which found that even though knowledge of contraceptive was generally high, the use of FP was low. The main reasons for this low use were fear of complications, lack of understanding of contraceptive methods, and fear of opposition from husbands. This situation was also observed by Nadia et al. (2012) who indicated that the fear of side effects among women and men from India, Nepal and Nigeria were the reasons of the low use of contraceptives. With regard to involvement in FP, the results indicated that 95.5% of females and 93.6% of males had knowledge of family planning (Table 1). Also, they acknowledged that family planning was an opportunity for planning for the number and spacing of children. However, 4.6% of the males said that the strategy was initiated by the white man to empower women.

**Table 1: Understanding About Family Planning Method in 2019**

<b>Responses (%)</b>	<b>Female</b>	<b>Male</b>
1. Means an opportunity to plan the number and spacing of children	95.5	93.6
2. Strategy initiated by the white man to give power to Women	0.0	4.6
3. White man plans to kill all blacks by easily spreading HIV/ AIDS to them	1.5	0.9
4. I don't understand properly	3.0	0.9
<b>Total</b>	<b>204</b>	<b>108</b>

Source: Field Survey, 2019

**4.3 Ever Use of Any Family Planning Method**

The study findings revealed that the ever use of contraceptive is moderately high in the study area: 56% for females and 53% for males who had ever used any of the family planning methods. The findings further revealed that a majority of the respondents (31.5%) have ever used injections, 26.1% had ever used implants, and 21.2 % have ever used either male or female condoms (Figure 2). Moreover, other social and cultural factors could have had an effect on the extent of the use of modern contraceptives. Additionally, modern contraceptive use was high where the availability and accessibility of the method is high. The results were similar to those of the surveys conducted by TDHS (2016). Nonetheless, the choice of the method can sometimes be a result of the persuasive language of service providers. Figure 3 shows that the most preferred family planning methods include injections, implants, and condoms.

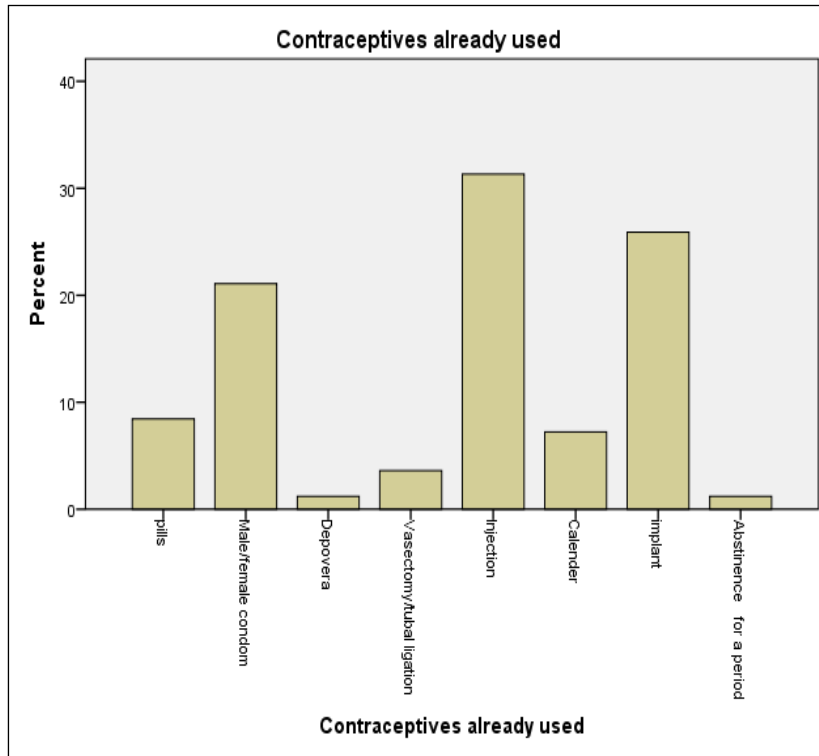


Figure 2: Distribution of Respondents who ever used any Family Planning Methods

Source: Field Survey 2019

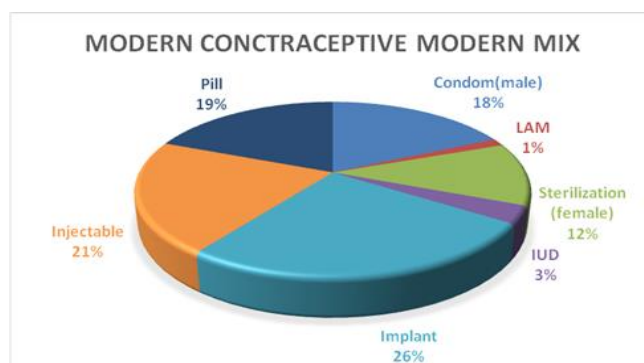


Figure 3: Distribution of who ever Used any Family Planning Methods

Source: Tanzania Demographic and Health Survey, 2016.

However, in predicting male use of family planning in the future, a logistic regression equation shows that the model was able to correctly predict 98.6% of those who confirmed to use family planning after having 4-7 children, and 4.4% of the respondents without family planning. The variable in the equation (Table 2) shows the contribution of independent variables on family planning. The test for significance confirmed the statement that males who have knowledge about family planning and a large number of children are likely to use family planning in the future ( $a > p$  since  $a = 0.05$  and  $p = 0.013$ ).

**Table 2: Variables in the Equation**

	<b>B</b>	<b>S.E.</b>	<b>Wald</b>	<b>Df</b>	<b>Sig.</b>	<b>Exp(B)</b>
Gender(1)	-1.106	.444	6.216	1	.013	.331
Hear Family Planning	.856	1.247	.471	1	.493	2.353
Constant	.413	1.303	.100	1	.751	1.511

Source: Field Survey, 2019

However, column  $\beta$  for gender shows a negative value (-1.106), which means that there is more chance of women with 4-7 children to practice family planning in the future. Column  $\beta$  on awareness on family planning shows a positive value (0.856), which means that awareness of family planning does not necessarily determine the use of family planning in the future: there is a statistically significant value of  $p = 0.493$  (Table 2).

#### ***4.4 Practice of Family Planning in Tarime District***

The use of family planning by men has for sometimes now been a subject of concern among family planning activists all over the world. This concern has brought about a paradigm shift on men and women in family planning programs. The argument advanced for the inclusion of male in family planning programs was the fact that men would not only encourage and support their partners in contraceptive use, but would also influence family planning policy to be more conducive to developing male-related FP programs (Chodota et al. 2020). The study findings indicated that family planning practices are not encouraging in Tarime district as a large proportion of females (73.1%) and of males (43.1%) interviewed indicated that they were currently not using any family planning method. Also, only 26.9% of females and 52.8% of males ever used family planning method (Table 3). These results are similar to those of the study conducted by Jobert et al. (2015) in Cameroon, where the practice of contraceptive use was usually by a couple (39.6%), or by men (9.4%). Hence, it is evidenced from the study findings that much needs to be done on issues related to male involvement in FP in the study area if men are to move along with the rest of the world in taking active role in family planning.

Table 3: Percentage of Ever Use of Any Family Planning Method

Responses (%)	Female	Male
1. Never used family planning to reduce the number and spacing of children	73.1	43.2
2. Ever used family planning to reduce the number and spacing of children	26.9	52.8
<b>Total</b>	<b>204</b>	<b>108</b>

Source: Field Survey 2019

The diverse views on the use of FP methods is reflected in the following observations in FGDs conducted at Nyandoto and Bomani wards, where various male participants said:

*Using a condom as a family planning method to him is as putting a toffee together with the wrapper into your mouth; and for this reason, he would rather not have sex than to use any family methods (Nyandoto, Man, Rural, 37 years).*

*Sometimes it depends on the situation: if a woman faces difficulties in getting pregnant, she should not use family planning methods; but for those whom getting pregnant is not a problem, they should use family planning methods. Otherwise, they give birth every year, which is not good for the health of the mother and the children (Nyandoto, Man, Rural, 48 years)*

*Women have irregular periods after using contraception. In addition, once a woman uses contraception, she can later on give birth to a mentally-retarded child or one with missing organs such as eyes or arms... the woman can give birth to a child who looks like an animal or like a goat (Bomani, Man, Urban, 30 years).*

However, other male respondents mentioned that most of them could use contraceptives if they had other alternative methods apart from condoms and vasectomy, as it was the case with their women counterparts. They suggested, among others, a more robust research so as to come out with male-specific family planning methods. A further probe into low and relative low use of family planning practice among current users and ever used family planning, respectively, revealed that 35.5% of females and 35.7% of males said that they do not use because of being afraid of the side-effects. Other reasons mentioned were that the use of some FP methods made them not enjoy sex; and the prohibitions of traditional and religious beliefs.

On the test of variables in logistic regression equation, the test of significance affirmed that males who have knowledge about family planning and a big number of children (4-7 children) are likely to use family planning in the future, at  $a > p$ , since,  $a = 0.05$  and  $p = 0.03$ . However, the  $\beta$  column for gender shows a negative value, which means there is more chance of women to practice family planning in future if they would have more children (4-7 children). These results are similar to those of Chodata et al. (2020) in their study on factors behind high-risk maternal births in Njombe district.

## 5. Conclusion

Over the past five decades, the use of FP methods has steadily increased in Tanzania, with percentage of married women using modern contraceptives ranging between 20% and 69%. However, despite near universal knowledge on contraceptives, practice remains low. Thus, there is a need for public campaigns through information, education and communication to address social and cultural barriers to FP, including misconceptions, misinformation and myths about modern FP methods. In this regard, more adopted education and counselling interventions should be done, especially among men. Furthermore, primary healthcare providers' knowledge and skills have to be continuously enhanced and strengthened to deliver the right and sound advice about family planning and contraception.

In terms of policy implications, there is a need to increase male involvement in family planning services. Also, there is a need for the government to invest heavily on health issues and determining the role of men in the family and to the community as a whole. On male participation in family planning, FP programs should improve awareness and guidelines for family planning services and other maternal and child health services, and allow more innovative strategies like SMS communications, especially in rural areas. The aim should be to promote discussions by couples on reproductive health and family planning, which in turn may influence couples' contraception use and planning of family size. Also, efforts are needed to employ more qualified staff of various ranks to bridge the gap between service providers and clients.

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