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PSYCHOLOGICAL SIDE EFFECTS AND WOMEN EXPERIENCE AS A RESULT OF USING CONTRACEPTIVES IN DAR ES SALAAM

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ABSTRACT

It is undeniable fact that contraceptives are a key way of limiting births and of achieving family planning. This study focused assessment of the negative and positive psychological side effects women experience as a result of using contraceptives. Quantitative data was analyzed by using SPSS Version 21 whereby frequencies, percentage distributions, as well as mean and standard deviation counts were used. Findings revealed several negative and positive side effects such as immediate abnormal changes, feelings of guilt and shame, depression, feelings of hopelessness, abnormal changes in sleeping patterns, and the like, while positive side effects included happiness and no regrets among others. The study concludes and recommends that service providers such as hospitals should allow flexibility of the choice of contraceptive methods which serve sub-groupings i.e. beginners, spacers and or stoppers, males/females, tolerant and non-tolerant so as to allow switch over.

Keywords: Psychosocial; Contraceptives

1.0 INTRODUCTION

Contraceptives or birth control methods refer to any of various devices or drugs intended to prevent pregnancy by interfering with the normal process of ovulation, fertilization, and implantation. Contraceptive use is related to various factors such as education, sexuality, age, spousal support, parity, accessibility to family planning facilities, social policy, and moral, cultural and religious convictions. (Wellings 2013). Common determinants of contraceptive use are age, education, socioeconomic status. (Khan, S. et al. 2007).

A report by United Nations, Department of Economic and Social Affairs, Population Division (2015), indicated that until 2015, use of contraceptives was much lower in the least developed countries.

The East African region is still grappling with major gaps in access and quality in contraceptive uptake, despite contraceptive knowledge being at high i.e. at 99.2%, 95.0, 99.3%, 98.0%, and 98.2% for Burundi, Kenya, Rwanda, Tanzania, and Uganda respectively (Bakibinga et al., 2016). All these levels of contraceptive knowledge are considered universal. Even though contraceptive knowledge is nearly universal, Bakibinga P. et al. (2016) reports that in the region contraceptive prevalence has increased in the past two

decades. Subsequently, the five East African countries namely Burundi, Kenya, Rwanda, United Republic of Tanzania and Uganda witnessed unprecedented progress in reproductive, maternal, newborn and child health as of 2015.

In the context of Tanzania, research works on the impacts of contraceptive use and controlled fertility have essentially not focused on the psychosocial consequences. Most studies have focused on examining real or perceived physical side effects that limit contraceptive uptake (Williamson et al., 2009; Chebet et al., 2015; Anasel & Mlinga, 2014). In addition the Tanzania Demographic and Health Surveys have not included questions that would permit analysis of the relationship between reproductive behavior and psychosocial impacts. Therefore, this study aims at assessing the psychosocial consequences that accompany contraceptive uptake among women.

2.0 SAMPLING PROCEDURE

Purposive sampling was used in the sense that for a woman to be selected for participation, three major criteria had to be met: (1) a woman had to be residing in Temeke Municipality (the study area) and (2) a woman should have used contraceptive services for at least one year as a reasonable period for side effects of contraceptives on fertility to be realized.

According to the study findings in Table 1, most respondents rated themselves high on immediate abnormal changes in my body (mean = 3.19, ts = 5.79) and feelings of guilt and shame (mean = 3.19, ts = 5.31). This is reflects the women's perceived consciousness of what their respective communities, families and cultures consider to be respectable in relation to contraceptive use.

With regards to being in a down or distressed mood, respondents also rated themselves high (mean =3.19, t, =7.06). Feelings of hopelessness and experiencing increased changes sleeping patterns were also rated as high with sums of (mean= 3.14, ts, = 6.17), (mean=3.13, ts = 6.89) respectively. This is indicative of the different and negative hormonal effects contraception can have on women. Changes in appetite were high with readings of (mean =3.13, t=5.23). High ratings were also reported in relation to exhaustion or extreme tiredness (mean=3.12, ts, =5.29), weight gain (mean=3.09, ts, =4.64), and nausea (mean=3.05, ts, =5.91). This not only highlights the physiological effects of contraceptive use on women, but also underscores the importance women attach to body image.

Negative treatment from my husband (mean=3.01, ts, =5.95), dizziness (mean=2.94, t=3.90), worry and anxiety (mean=2.93, ts, =4.37), and fear of stigma (mean=2.90, ts,= 4.26) were other negative feelings that received high ratings amongst the women interviewed, and Anger (mean = 2.90, ts,= 4.26). However, most respondents in the study rated themselves low on Abnormal pain (mean = 1.89, ts = 5.31). This suggests despite experiencing negative experiences as a result of contraception use, an extreme negative emotion such as anger was not commonly felt.

With regards to positive feelings, a high number of women reported that contraceptive use contributed to the quality of their relationships (mean=3.04, ts, =4.40. Further positive feelings that were rated as high included increased time to socialize with peers (mean = 2.93

ts, =4.72). Opportunities to engage in community activities was also given a high rating (mean=2.87, ts, =4.48). This intimates that contraceptive use has not only given women more freedom, but has also enabled them to proactively structure their time thus allowing them to participate and partake more fully in social engagements. Indeed the removal of expected interruptions making women stable in their work roles also received a high rating (mean=3.02, ts, =5.11) suggesting contraceptive use permits women to adhere to work commitments. Feeling empowered to pursue my personal goals at (mean=3.00, ts, =4.91) was also rated high signifying women's appreciation of being able to focus more on issues they felt were of importance to them.

Positive feelings continued to be rated high where associating positive feelings with being on birth control methods was (mean=2.92, ts,=4.70), feeling much better than before since started practicing birth control (mean=2.91, ts,=4.27), increased sense of self-worth (mean=2.76, ts,=4.00) , and feeling much happier than before (mean=2.88, ts,= 4.17).

A minimal number of women reported feelings of regret in relation to their contraceptive uptake (mean= 2.31, ts, =2.43.) This establishes a general picture and is indicative of the women's appreciation of contraceptive use and how it has positively impacted their lives. As Ashraf et al. (2014) indicated a significant improvement in mental well-being of women using contraceptives.

3.0 INTERVIEW RESULTS ON NEGATIVE AND POSITIVE PSYCHOLOGICAL SIDE EFFECTS

3.1 Lack of knowledge and fear on the use of contraceptives

Knowledge and understanding of contraceptives was low; while most women knew different methods were available, there were many misconceptions. One of the interviewee said "… I believe that certain contraceptives cause death, infertility and side effects, contributed to fear of use…." This lack of knowledge and fear, even with the desire to space and limit births, affected motivation to use contraception. Hence these findings are against McGuire and Stephenson (2015) who insisted on the provision of knowledge through educational attainment of women, and provision of awareness regarding community and societal norms related to marriage and childbearing, as well as allowing women participation decision-making and contraceptive use which helps to address the need for family planning.

3.2 Religion and culture plays a significant role in women's uptake of contraceptive use.

Religious affiliation of respondents in the study was noteworthy with regards to contraceptive use, with those of the Muslim faith tending to have larger families compared to their counterparts. One of the interviewee said "…my faith does not allow me to use, though I use quietly even my husband does not know…" Studies have found that women affiliated with Muslim faith were less likely to use contraception because of the faith's viewpoint on conventional methods of family planning, preferring traditional methods.

In the study, social support differed depending on parity, and women tended to feel pressure to restrict contraceptive use in the early stages of their fertility. Contraceptive use was

significantly higher amongst women who had children, compared to those who didn't have any.

One interviewee said "… in my tradition we are proud of having many children, if I have one or two like modern girls I will become a mockery in my family…." This symbolizes that the traditional status of women in the community is strongly tied to their fertility and that the higher the fertility, the higher the status in the community. This being the fact, in Tanzania some tribes stand against modern contraception use, therefore, reluctantly is accepted because it was believed to negate the traditional family values. These findings are correspond with Ochako et al., (2015) who pointed out that there is misconceptions in communities that result to women discontinued contraceptive use.

Another interviewee said "…my target is to get at least 2 sons because my mother in law wants them, I already have 4 daughters but my family is on my neck because they need a son… the reason why I use contraceptives behind my husband back is because I am not sure if my family will be able to take care of all my children…we are not that rich, as you can see after here I have to go back to school – Am actually a primary school teacher and I believe you know how much teachers here are paid!... we cannot afford to provide for more than even 3 children…imagine I have four while my family need six… it is very stressing please let me go…" basing on this, the researcher observed that some families dictates women in terms of fertility and sex of children, minimal attention is afforded to how the women feel in terms of positive or negative emotions, financial independence, self worthiness, and being able to take care of the already existing children. The potential of both the wives' and husbands' education in increasing contraceptive use has been reported by (Ahsanuzzaman, 2016) However, the author noted that the wives' education has a larger effect than the husbands'.

4.0 ECONOMIC EMPOWERMENT

Employment status is a factor significantly associated with current contraceptive use with women feeling more economically empowered giving them a positive feeling of increased self worth (Stephenson, Beke and Tshibangu 2008).

One of the interviewee said "…my family is happy because I only have two children who my husband I can afford to provide for them…trust me dear even if today or tomorrow my husband dies, I can 100% afford to run my family… I have my job and my small small businesses that make me very comfortable to keep it up with my contraceptive use…"
Women who used contraceptives in the study reported to have a better quality of life, increased feelings of self-worth and greater autonomy.

Another interviewee said found "…it is hard to understand but my first girl is now 18 years old but I told her to start taking pills to avoid pregnancy…. You think it's foolish eeh but I believe my decision helps in increasing labor force participation among women who first started to have access to the pill as they turned 18…". These finding provide a new picture that some women allows their children to have knowledge on the use of contraceptives so that they can serve as assert in labor force and hence they directly become contributors in economic generation. These findings are corresponding to the study by Hafez (2014) who

pointed out that communities with high fertility rate could have many problems that harm not just the women but also children and families, affecting their quality of life and impeding long-term economic and social development.

4.1 Emphasis on education in the role of contraceptive use has been made by numerous scholars.

Another interviewee added "…most of us are ignorant and un-educated, personally with my degree I know much about the use of contraceptives, believe me some of us knows but ignores contraception education…."

Education levels also highly influenced contraception use. There was a strong association between education and contraceptive use. Poor knowledge of different contraceptive methods led to comparatively low use of contraceptives compared to higher use where there was more knowledge and awareness of the varieties available. Generally, in appreciation of using contraception, women's' responses included feelings of being able to better exercise family planning with regards to spacing the number of children they wanted. They were also able to be more engaged in community activities in addition to interacting with their peers. Those that were self-employed were able to concentrate on their businesses. These findings are corresponding to Morse et al., (2014) who asserted that engaging women that have successfully used contraception as family planning advocates is a strategy that is not currently widely exploited but has potential for motivating younger women.

5.0 CONCLUSION

Based on the study findings the study concluded that;

1. Periodic programs should be organized nationwide to educate individuals both married and unmarried, with the aim of providing education in addition to clarifying any ambiguities about modern contraceptive use and its effects. Religious leaders and educational institutions should also be made to teach about contraceptive methods across the country.
2. Partner engagement, health service strengthening to improve side effects management and health worker skills, in addition to engaging older women that have successfully used contraception as community champions, are potential strategies to support women's contraceptive decisions.

REFERENCES

Ahsanuzzaman. (2016). Benefits and Costs of Sexual and Reproductive Health for Bangladesh. Dhaka. Copenhagen Consensus Center and BRAC Research and Evaluation Department.

Anasel M.G & Mlinga U.J. (2014). Determinants of contraceptive use among married women in Tanzania: Policy implication. African Population Studies Vol 28 no 2 Supplement July 2014.

Ashraf N et al. (2014). The Psycho-Social Benefits of Access to Contraception: Experimental Evidence from Zambia. PNAS.

Bakibinga T. et al. (2016). Pregnancy history and current use of contraception among women of reproductive age in Burundi, Kenya, Rwanda, Tanzania and Uganda: analysis of demographic and health survey data. BMJ Open 2016; 6:e009991. doi:10.1136/bmjopen-2015-009991.

Chebet J.J et al. (2015). "Every method seems to have its problems"- Perspectives on side effects of hormonal contraceptives in Morogoro Region, Tanzania. Bio med Central Open access Journal. BMC Women's Health (2015) 15:97. DOI 10.1186/s12905-015-0255-5

Hafez,A.,(2014) Factors affecting the family planning methods used by the currently married women in rural Egypt. American Journal of Research Communication

Khan, S. et al. (2007). Contraceptive Trends in Developing Countries, Calverton, MD, USA: Marco.ORC

McGuire, C., Stephenson, R., (2015) Community factors influencing birth spacing among married women in Uganda and Zimbabwe. Afr J Reprod Health. 19(1):14–24.

Morse, J.E., Rowen, T.S., Steinauer, J., Byamugisha J., Kakaire, O. A.,(2014) Qualitative assessment of Ugandan women's perceptions and knowledge of contraception. Int J Gynaecol Obstet, 124(1): p. 30–3. doi:

Ochako,. R, Mbondo, M., Aloo, S., Kaimenyi, S., Thompson, R., Temmerman, M., et al. (2015) Barriers to modern contraceptive methods uptake among young women in Kenya: a qualitative study. BMC Public Health,. 15(1): p. 1483.

Rahnama, P., Hidarnia, A., Amin Shokravi, F., Kazemnejad, A., Ghazanfari, Z., Montazeri, A., (2010).Withdrawal users' experiences of and attitudes to contraceptive methods: a study from Eastern district of Tehran Iran. BMC Public Health. 10: p. 779

Stephenson,R., Beke, A., and Tshibangu, D., (2008) Contextual influences on contraceptive use in the Eastern Cape, South Africa, Health & Place, 14(4):841 852.

Tello M. (2016). Can hormonal birth control trigger depression? Retrieved 20/05/2018 from https://www.health.harvard.edu/blog/can-hormonal-birth-control-trigger-depression-2016101710514.

Van Lunsen, R.H.W., Van Dalen, L.P., Laan, E.T.M,. (2006.) Contraception and sexuality. In: Contraception and Family Planning: Editor: Milsom I, European Practice in Gynaecology and Obstetrics Series No.8, Elsevier, Edinburgh

Welling L.L.M. (2013). Psychobehavioral Effects of Hormonal Contraceptive Use. Evolutionary Psychology: www.epjournal.net – 2013. 11(3): 718-742.

Williamson et al. (2009). Limits to modern contraceptive use among young women in developing countries: a systematic review of qualitative research. BioMed Central Ltd; Open access Journal. Reproductive Health 2009, 6:3 doi:10.1186/1742-4755-6-3.

