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AFRICA'S HIGH POPULATION GROWTH: ASKING TANZANIAN WOMEN WHY

Laura Stark

In 2017, an UN report showed that while global population growth is slowing, Africa's population growth remains high and the continent's population will increase by 1.3 billion by 2050. Tanzania is one of six countries whose population is expected to increase to five times its current level between the years 2017 and 2100.

With this report in mind, I asked residents of a low-income community in Dar es Salaam, Tanzania (pop. 4.36 million in 2013) last year why they thought many women in Tanzania are not opting to have fewer children. I had conducted fieldwork in the same low-income neighborhood during 8 visits between 2010 and 2017, and was well-known to many of the neighborhood's residents, especially its female residents who tend to be home during the day when I have carried out interviews.

One important factor in this neighborhood is high unemployment. Education, which could motivate parents to have fewer children in whom they invest more resources, is increasingly seen as not very useful for young people to find jobs, simply because the competition is so fierce. Although the women I interviewed still value education for their children, there is a growing feeling that opportunities for income are a matter of luck rather than education or skill. This motivates women and couples to have more children in order to increase the odds of having a successful child or being cared for in their old age. As one 46-year-old mother put it,

It is like prestige for a woman to have children to show that she is functioning, perfect and with no problems. And we believe that if you have 2 or 3 children at least one of them will have a job or business in the future, they can help you financially and others, even if they can't help you financially, they can take care of you when you are old.



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I also asked about contraception. Numerous studies on condom use in East Africa have shown that men generally do not want to use condoms in sexual relations, and women do not have very much decision-making power in this matter. There is also evidence that the lack of condom use is not merely the result of male pressure, but can be the result of couples' feelings that condom use implies that partners do not trust each other enough to plan for a future together. Both young men and young women assume that their partner might have multiple sexual partners. Therefore, where trust is already a difficult achievement, the non-use of condoms becomes a positive strategy for relationship building – which can be seen as more important than birth control or reducing the risk of HIV.



A low-income neighborhood in Dar es Salaam, Tanzania. © Laura Stark.

I also asked about oral contraceptives and birth control implants, the two most widely available options for low-income women: are they available to women living in low income areas of the city, and do women use them? The responses raised more questions than they answered. I was told that in general, they are available at a relatively low cost to the poor. However, young women who have never before had children are usually afraid to use contraceptives because they fear that afterward, it could be difficult to become pregnant for the first time. Most young women aspire to get married and be provided for by a man, and they are usually expected by their husband and in-laws to give birth to a child as soon as possible. If a new wife does not get pregnant right away, her husband or his family may start looking for a second wife for him, as a 45-year-old mother of 4 children explained:

The men think that if you don't get pregnant quickly, in less than one year, then you can't have children, Then if you are married, it depends, the man might chase you away or the sister-in-law and mother-in-law might pressure him to chase you away.

In a different interview, a 46-year-old mother of 5 children elaborated:

Sometimes the mother-in-law or sister-in-law may force the husband to marry another woman or they may use harsh words to you and say, "you get married and just come here to eat food and use the toilet, you don't bring any benefit to us, you should do your duty and have children".

But some women who have already given birth to children were hesitant to use oral

contraceptives and implants because these forms of birth control were experienced as either unreliable or were widely rumored to lead to health problems. One 19-year-old woman commented on her use of birth control by saying:

For me, I think I'm not going to use it, because your internal organs, like stomach or appendix or something, may be affected. It may also cause someone not to get a child.

Another 24-year-old woman who was using birth control implants with no ill effects had nonetheless heard of possible problems:

I heard my aunt complaining, she used pills and she got a growth inside, she had to have a surgery to remove it.

In fact, I was told several stories in which women had gone to the doctor with mysterious symptoms – especially bleeding and blood clots – only to be told that their problem was caused by the use of contraceptives. Such stories are impossible to corroborate, but their prevalence raises questions such as: are the oral contraceptives given to low-income Tanzanian women in health clinics as safe and effective as those used by women in Europe or United States? Some Tanzanians I have talked to over the years have complained about the low quality or ineffectiveness of medicines in general obtained from clinics in Tanzania.

Another possibility, based on stories I heard, is that the communication between low-income women and the medical staff at local clinics may be a source of the problem. More than 75% all of the women I have interviewed in the past 7 years have only a primary school education or less, and sometimes no schooling at all. Thus women at clinics may not fully be grasping what the medical staff are telling them and come to their own conclusions. Another possibility is that when poor women come to a clinic with a health problem that would be difficult to diagnose or expensive to cure, overworked doctors and nurses simply tell them that their contraception is to blame.

Population growth is a major cause of poverty and individual reproductive choices are the crucial means by which it can be reduced. My preliminary talks with poor women in Dar es Salaam indicate that more in-depth, interview-based research is needed regarding low-income women's own perceptions of health, fertility, and contraception in order to create more effective policies and implementation.



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