

# An Assessment of Knowledge, Attitudes and Practices on the Use of Contraceptives, Including Emergency Contraceptive Pills, Among Barmaids in Kitunda, Ilala District.

S. C. Milunga<sup>1</sup>, E.M.A. Ombaka<sup>2\*</sup> and V. M. K. Ndesendo<sup>2</sup>

<sup>1</sup>. P.O. Box. 9091 Dar es Salaam

<sup>2</sup>. School of Pharmacy, St John's University of Tanzania, P.O. Box 47, Dodoma Tanzania

## Abstract

Barmaids face a number of work-related factors that often force them to engage in commercial sex, making them a vulnerable population facing adverse sexual activities. Alcohol consumption contributes to sexual disinhibition, sexual risk taking and compromised ability to negotiate and use contraceptives. This can lead to sexually transmitted diseases including HIV and unplanned pregnancies. Contraceptives reduce some of these outcomes. This study aimed to assess the knowledge, attitudes and practices on the use of contraceptives, including emergency contraceptive pills (ECP), among barmaids at Kitunda, Ilala district, Tanzania.

This descriptive cross-sectional study involved 73 barmaids. A simple random sampling was used to select participants. Data was collected using structured questionnaire. Participation was voluntary and anonymous.

All studied barmaids were aware of contraceptives. The most common source of information was friends (45.2%). Forty one percent had knowledge about condoms, which were used mainly to prevent unwanted pregnancies. Majority (86.3%) of the barmaid had sexual intercourse with their customers with some reporting not using any contraceptives. About 80% had agreement on contraceptive use with their sexual partners. Only 39.7% were aware of ECP and only 15.1% had used them. Lack of knowledge was major reason for not using the contraceptives.

To conclude, awareness about contraception among the study population was high but lack of knowledge limited their effective use. Majority of the barmaids were sexually active and engaged in sexual activity with their customers. However, the rate of ECP use was low suggesting a need for sexual and reproductive health education in such settings.

**Keywords:** Sexual intercourse, contraceptive knowledge, barmaids, knowledge, practice.

## INTRODUCTION

In Sub-Saharan Africa alone, it is estimated that 14 million unintended pregnancies occur every year, with almost half occurring among women aged 15–24 years [1]. In their paper, Cleland *et al* [2] proposed that the use of effective contraceptive methods could potentially prevent 10% of childhood deaths and a third (32%) of maternal deaths worldwide. In spite of such huge benefits, the uptake of use of contraception remains low. For example, according to Tanzania Bureau of Statistics, in 2010, only 29 percent of all women, 34 percent of currently married women, and 51 percent of sexually active unmarried women age 15-49 were using a contraceptive method [3].

Barmaids in developing countries such as Tanzania, are amongst the most vulnerable populations in facing adverse sexual activities and possible negative health outcomes [4]. It has been established that most of the female migrants in marginal jobs such as barmaids and house girls are from the less developed regions in Tanzania [5]. Most of them are often young, have low levels of education, have no particular job skills and therefore do not have much choice in job selection. Similar to other countries, the Tanzanian barmaid's vulnerability is made worse by poverty, ineffective or unenforced labour laws and low unregulated wages. In these situations, barmaids are often forced to engage in commercial sex for their survival which entails multiple sexual contacts. In the bars where they work, alcohol drinking is the main activity. Drinking contributes to sexual disinhibition, sexual risk-taking and compromised ability to negotiate use of contraceptives

such as condoms. In such circumstances, the use of emergency contraception may be the only option for the woman to protect herself against unwanted pregnancy.

If the incidence of unintended pregnancy, illegal abortions and high transmission of STIs are to be minimized, an understanding of the knowledge on contraceptive use and sexual behaviours among this high-risk group is necessary. This study aimed to assess knowledge, attitude and practice of contraceptives including emergency contraception, among women who work as barmaids in one of the districts in Dar es Salaam, the commercial capital of Tanzania.

## MATERIALS AND METHODS

### Study design and setting

This was a descriptive cross-sectional study conducted in Kitunda ward, Ilala municipality, Dar es Salaam region. The ward has a population of 23428 and the main Kitunda road has 788 restaurants, cafes and pubs.

### Study population and sampling

The study population consisted of all the barmaid women, who were working in the bars and pubs found in Kitunda, irrespective of where they lived, marital status, cultural, social, economic or religious background. Simple random sampling method was used to select the study group based on the presence at the work place at time of study.

### Data collection

Primary data were collected through use of questionnaires designed to assess knowledge, attitudes and practices on the use of contraceptives including emergency

contraceptives pills among the barmaids (all women) who consented to participate in the study. The questionnaire was self-administered except where participant was illiterate and the researcher assisted in filling the form. The collected information included demographic data, knowledge of contraceptives, attitudes about sex and use of contraceptives, utilization of contraceptives and specific knowledge, attitudes and practices on use of emergency contraceptives pills. Data was collected in the morning as this was the least busy time in bars.

#### Data management and analysis

A total of 73 barmaids completed the questionnaire. The data from the questionnaires were analyzed by a statistician using SPSS for Windows, version 16.0. Descriptive statistics were elicited for each of the questions.

#### Ethical issue

Participants gave their consent after they were informed about the purpose of the research and that their participation was purely voluntary and data would be recorded and reported without using names of participants. They also knew that there would be neither punitive measure nor a reward for participating and all information was confidential and would not be used outside the scope of the study.

### RESULTS

A total of 73 barmaid women participated in the study. Table 1 shows the major characteristics.

The women were diverse in terms of age, education, marital status and the number of children that they were having. This implies that in this community, this work is open to any woman although the highest numbers were from younger unmarried women with basic education.

#### Knowledge and the use of contraceptives.

Tables 2 and 3 show the results on assessing general knowledge about contraceptives and specifically, knowledge about emergency contraceptives.

Irrespective of the differences shown in characteristics as seen in table 1, all the 73 women were aware of the contraceptives. The most common sources of information about contraception were friends (45.2%). In spite of this being an urban centre, television and radio were not major sources of information on contraception. Furthermore, despite the government's campaigns promoting use of condoms, less than half (41%) mentioned having heard about condoms. In general, most of the women (90.4%) were of the opinion that contraceptives are important for preventing unwanted pregnancies, reducing number of children and preventing harmful diseases. Although the oldest in the group were only 41 years old, some felt that at this age, it was no longer necessary to use contraceptives indicating a possible lack of knowledge of fertility in women.

**Table 1.** Basic demographic and characteristics of study participants

| VARIABLE                        | FREQUENCY<br>N=73 | PROPORTIONAL<br>(%) |
|---------------------------------|-------------------|---------------------|
| <b>Age group</b>                |                   |                     |
| 18-25                           | 35                | 47.9                |
| 26-33                           | 24                | 32.9                |
| 34-41                           | 14                | 19.2                |
| <b>Marital status</b>           |                   |                     |
| Married                         | 8                 | 11.0                |
| Not married                     | 44                | 60.3                |
| Divorced                        | 11                | 15.1                |
| In relationship                 | 10                | 13.6                |
| <b>Number of child/children</b> |                   |                     |
| No child                        | 21                | 28.8                |
| 1-2children                     | 35                | 47.9                |
| 3-4childrens                    | 13                | 17.8                |
| 5childrens and above            | 4                 | 5.5                 |
| <b>Education level</b>          |                   |                     |
| Illiterate/None                 | 9                 | 12.3                |
| Primary school                  | 41                | 56.2                |
| Secondary school                | 17                | 23.3                |
| College or University           | 6                 | 8.2                 |

**Table 2.** General knowledge about contraceptives

|   | Variable  | Frequency option chosen (%) |
|---|---|-----------------------------|
| 1 | <b>Ever heard about contraceptive</b>                             |                             |
|   | Yes (n=73)  | 100                         |
|   | No (n=0)  | 0                           |
| 2 | <b>Source of information about contraceptives</b>                 |                             |
|   | Friends   | 45.2                        |
|   | Family  | 12.3                        |
|   | School  | 16.4                        |
|   | Social media  | 9.6                         |
|   | Television and Radio  | 5.5                         |
|   | Hospital  | 11.0                        |
| 3 | <b>Modern and natural contraceptives the woman had ever heard</b> |                             |
|   | Condom  | 41                          |
|   | Contraceptives pills  | 19.2                        |
|   | Intrauterine device   | 15.1                        |
|   | Injection   | 12.3                        |
|   | Spermicidal fluids  | 1.4                         |
|   | Withdraw  | 2.7                         |
|   | Calendar  | 6.8                         |
|   | Lactation amenorrhea  | 1.4                         |
| 4 | <b>Felt the need of contraceptives</b>                            |                             |
|   | Yes (n=66)  | 90.4                        |
|   | No (n=7)  | 9.6                         |
| 5 | <b>Reasons for or against contraceptives</b>                      |                             |
|   | Preventing getting unwanted pregnancy                             | 53.4                        |
|   | Reduce number of children   | 20.5                        |
|   | It is helpfully   | 13.7                        |
|   | It prevents getting harmful diseases                              | 2.7                         |
|   | They are not good for health                                      | 2.7                         |
|   | Am aged   | 5.5                         |
|   | They are not helpfully  | 1.4                         |

**Table 3.** Sex and contraceptive usage among barmaids

|   | VARIABLE  | FREQUENCY<br>N=73 | PERCENTAGE<br>(%) |
|---|---|-------------------|-------------------|
| 1 | <b>Have had sex with their customers</b>  |                   |                   |
|   | Yes   | 63                | 86.3              |
|   | No  | 10                | 13.7              |
| 2 | <b>Have used contraceptive with their customers</b>                                 |                   |                   |
|   | Yes   | 60                | 82.2              |
|   | No  | 13                | 17.8              |
| 3 | <b>Agreed with partner on the use of contraceptives method</b>                      |                   |                   |
|   | Yes   | 62                | 84.9              |
|   | No  | 11                | 15.1              |
| 4 | <b>Frequently use contraceptives during sex</b>                                     |                   |                   |
|   | Yes   | 65                | 89.0              |
|   | No  | 8                 | 11.0              |
| 5 | <b>Contraceptive method most used</b>   |                   |                   |
|   | Condom  | 37                | 50.7              |
|   | Intrauterine devices  | 17                | 23.3              |
|   | Calendar  | 8                 | 11.0              |
|   | Emergency pills   | 3                 | 4.1               |
| 6 | <b>Had agreement on contraceptive use with their husband/fiancé/man</b>             |                   |                   |
|   | Yes   | 58                | 79.5              |
|   | No  | 15                | 20.5              |
| 7 | <b>Reasons for not having had an agreement with their husband/fiancé/man (n=15)</b> |                   |                   |
|   | Partner busy/no time to sit and talk  | 5                 | 33.3              |
|   | Misunderstanding/partner don't agree  | 5                 | 33.3              |
|   | Not seeing the importance of talking with him about it                              | 5                 | 33.3              |

#### Attitude about sex with customers and the use of contraceptives.

As shown in Table 4, sixty-three barmaids (86.3%) reported having had sexual intercourse with their customers. Three of these (4.8%) reported as not using any contraceptive method in such encounters. Though this may seem a small percentage, it is none-the-less worrying considering the dangers of HIV transmission in such situations.

Condom was the most commonly used contraceptive implying perhaps that once this method is known, it is probably then a preferred method. The use of contraception was often with the agreement of the partner and the reported frequency of using contraceptives during sexual intercourse were high (89%).

When asked how many times they had used contraceptives, the number varied markedly from as low as a few times to more than 30 times (Table 4). This may reflect the number of partners they have had in the recall period, but could also mean that the contraceptives are not used consistently. In their study in Swaziland, (Yam *et*

*al.*, (2013) [6] noted that 38% of the female sex workers were inconsistent condom users or used other methods or none. Though our study did not differentiate between paying and non-paying partners, the results are similar to those observed for sex workers in Bangladesh where the majority of female sex workers (92 percent) stated they used condoms the last time they had sex with a paying client. However, just 54 percent reported consistent condom use with paying clients in the past 30 days, defined as always using condoms during that time. With non-paying sex partners, 40 percent reported condom use at last sex, and 15 percent reported a consistent use in the past 30 days [7].

**Table 4.** Number of times woman has used contraceptive in recent recall

|   | NUMBER             | FREQUENCY (%) |
|---|--------------------|---------------|
| 1 | Never used         | 4.1           |
| 2 | 1-10 times         | 32.9          |
| 3 | 11-20 times        | 5.5           |
| 4 | 21-30 times        | 35.6          |
| 5 | More than 30 times | 21.9          |

**Table 5.** Knowledge and the use of emergency contraceptives pills

|   | VARIABLE   | FREQUENCY<br>N=73 | PROPORTIONAL<br>(%) |
|---|--|-------------------|---------------------|
| 1 | <b>Awareness of emergency contraceptives pills</b> |                   |                     |
|   | Yes  | 29                | 39.7                |
|   | No   | 44                | 60.3                |
| 2 | <b>Use of emergency contraceptives pills</b>       |                   |                     |
|   | Yes  | 11                | 15.1                |
|   | No   | 62                | 84.9                |
| 3 | <b>Contraceptives helpful</b>                      |                   |                     |
|   | Yes  | 11                | 15.1                |
| 4 | <b>Reasons for not using</b>                       |                   |                     |
|   | Don't know   | 39                | 53.4                |
|   | Don't like   | 12                | 16.4                |
|   | Using other method                                 | 11                | 15.1                |
| 5 | <b>Future use</b>                                  |                   |                     |
|   | Yes  | 44                | 60.3                |
|   | No   | 24                | 32.9                |

Table 5 shows that almost 40% of the women were aware of emergency contraceptives and 15.1% had used them. Lack of knowledge was the main reason for not using them. This study is very similar to the one that was done in Dar es Salaam with female university students, where 57% of study population were aware of emergency contraceptives and only 14% had used them. About half (49%) of the participants had poor knowledge on emergency contraceptives [8]. Similarly, a number of studies with both young rural and university female students in Ethiopia, has demonstrated that knowledge and practice of emergency contraception is very low although there is high positive attitude towards emergency contraceptives [9-11].

## DISCUSSION

The most common sources of information about contraception were friends (45.2%). This might not be surprising since sexual encounters might be considered as an occupation hazard and therefore likely that there would be contraceptive information shared with friends and colleagues in the business. The low impact of television and radio can be due to a fact that music and other entertaining programmes would be the most listened to in bars, rather than health programmes or campaigns.

There is a high sexual activity between barmaids and their customers and a high degree of use of contraceptives (86.3% and 82.3% respectively). Unlike the other forms of contraception, condoms are easily sold in shops and pharmacies and as shown it was the most commonly used contraceptive form. However, about 1 in 5 (20%) were using contraceptives without consulting partners. This use implies that the contraceptives are used in secret which may not be possible in all circumstances for example in the use of condoms. In such cases, the contraceptive may be useful for preventing pregnancy but not for preventing diseases such as HIV and other STIs. A small but important number did not use contraceptives which is a worrying finding considering the continuing danger of HIV infections.

Quoting from several studies, Cleland *et al* [1] noted that there are four key barriers to the use of contraceptives: insufficient knowledge about contraceptive methods and how to use them; fear of social disapproval; fear of side-effects and health concerns; and women's perceptions of husbands' opposition. Reference to "not good for health" in this study may be from the reported side effects such as irregular menstrual periods, painful and heavy periods and acne; or from myths and misconceptions. This would be similar to the study of young women in Kenya, where it was reported that even though all the respondents in the study were familiar with modern methods of contraception, fear of side effects and adverse reactions were a major barrier to use [12]. The biggest fear was that a particular method would cause infertility. Many fears were based on myths and misconceptions [12]. Other studies have also reported similar reasons for non-use of contraceptives [13-14].

A large number of the women (60%) were not aware of emergency contraceptives. The similar results from Ethiopia [9-11] suggests that it is likely that this is so in other African countries. Making access to emergency contraceptives plus instituting programs to sensitize, promote and educate women especially those in vulnerable situations should be seriously considered.

## CONCLUSION

This study showed that awareness about contraception among barmaids in the study population was high but lack of full knowledge on how to effectively use those methods was a problem. Majority of the barmaids were sexually active and engaged in sexual activity with their customers and use contraceptives. The use of condoms needs to be increased to prevent transmission of sexually transmitted

infections including HIV. The awareness of emergency contraceptives pills and their use is still very low. The study points to the need for sexual and reproductive health education for vulnerable women in jobs such as those in this study settings.

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