Nurses’ Experiences of Teaching Family Planning
A Minor Field Study in the Region of Rufiji in Tanzania

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Abstract

This study was funded by a scholarship from the Swedish International Development Cooperation Agency (SIDA) as a Minor Field Study. The social economic development in Tanzania is a major challenge due to a continuing high rate of population growth. A growing population puts increased strain on healthcare, food supply and the environment. Early childbearing limits women’s ability to educate themselves and contribute to society. The definition of family planning (FP) is to keep a sustainable population growth through reducing the family size. The government of Tanzania has developed a plan for FP, which includes a goal that 60 percent of women in reproductive age will use contraceptives in 2015. Healthcare professionals have a great potential to encourage lifestyles changes. It is therefore important to investigate the nurses’ experiences of teaching FP to increase the knowledge about their experiences. The aim of the study is to investigate nurses’ experiences of education about FP in the Rufiji district in Tanzania. This is a qualitative study and the data was collected through interviews using a semi structured open-ended question guide. The nurses’ experiences of teaching patients in FP concerns four different areas. Firstly, they have a variety of strategies to execute the education. Secondly, they describe what is necessary to create a meeting with the patient. Thirdly, the patients have needs that have to be met in a learning situation. Finally, even though it’s subtle, they empower the patient, which lays the foundation for making lifestyle changes. The key finding that the nurses spoke of as the most important factor when teaching is the importance of creating a good relationship with the patient.

Key words: relation, family planning, nurses’ experience, education, qualitative content analysis, Tanzania, minor field study.
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Asante sana!

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INTRODUCTION

Nurses have an important role as educators and due to their profession they have great potential to support lifestyle changes. In rural Tanzania there are many misconceptions and lack of knowledge regarding family planning and contraceptives. In Tanzania there is a Governmental goal to decrease the number of childbirths. The following study seeks to describe nurses’ experiences of teaching about family planning in the region of Pwani, Tanzania. Our interest for this subject arose when we read a report from the Government of Tanzania stating that the aim is to decrease the number of childbirths in order to strengthen the development of the country, and we became interested in nurses part in this. To satisfy our curiosity we visited a hospital in the jungle of Tanzania, Mchukwi mission hospital in the region of Rufiji, where we interviewed nurses about their experiences of teaching family planning.

BACKGROUND

United republic of Tanzania

Tanzania is a country in East Africa that is a union between the mainland, Tanganyika, and the island Zanzibar. The country of Tanzania was founded in 1964 after the two states became independent from Great Britain’s colonization. The topography of Tanzania includes Africa’s highest mountain (Kilimanjaro, 5895m) and the world’s second deepest lake (Tanganyika lake, 1435 m). The wildlife is one of richest on the African continent. Tanzania’s population is characterized by great ethnic diversity. The largest group of 95 percent is Bantu and the total population is 50.6 million in 2014. Thirty percent of the population lives in cities while the rural areas are sparsely populated. There are over 130 spoken languages and the official ones are English and Swahili. The constitution of Tanzania guarantees religious freedom and 60 percent of the population are Christians, 30 percent are Muslims and 10 percent are followers of native folk religion. The government and the president are chosen through a democratic election every fifth year and the participation in the elections is around 85 percent (NE 2015).

Rufiji

The district of Rufiji is located in the eastern part of Tanzania along the Indian Ocean costal belt and is a part of the Pwani region. Rufiji district is sparsely populated with 217, 274 inhabitants and the region is the 5th least populated district on the mainland of Tanzania. There is a wide range of different indigenous ethnic groups in the region, the largest being Wazaramo. The region has experience a population growth of 7.6 percent from 2002 to 2012. The most significant natural resources in the area consists of forestry, hunting, beekeeping, fishing, mining and wildlife tourism and the most common occupation is crop farming (Regional Commissioner's Office Pwani 2015a, National Bureau of Statistics, NBS 2016).
Health and social situation

More than 20 percent of Tanzania’s population suffers from poverty (earnings less than $2/day) and less than half have access to clean water. One out of twenty newborns die during their first year of living, with the most common causes of death being HIV/aids, diarrhea and malaria (NE 2015). Additionally, Tanzania has one of the highest maternal and child deaths in the world and only one out of two women are giving birth with a qualified staff present (Ministry of Health and Social Welfare, MoHSW 2010). Life expectancy is 61 years for males and 65 for females. On average, every woman in the rural parts of Tanzania will give birth to 6.1 children during her lifetime and in the urban areas 3.7 (Deutsche Stiftung Weltbevoelkerung, DSW 2014). Stately management mostly runs the healthcare in Tanzania and they strive to provide healthcare for all its citizens but unfortunately this is not a possibility due to the economic situation in the country (NE 2015).

Family planning in Tanzania

The social economic development in Tanzania is a major challenge due to a continuing high rate of population growth. A growing population puts increased strain on healthcare, food supply and the environment. Early childbearing curtails women’s ability to educate themselves and contribute to society (MoHSW 2010). According to World Health Organization (WHO 2015) the prevalence rate for usage of contraceptives for married or in-union men and women was 34.4 percent in 2010. According to International Planned Parenthood Federation (IPPF 2013), the main reasons to why people don’t use contraceptives are that they lack access to them or are not using an effective method. This is related to lack of knowledge, information, supply and governmental support.

The definition of family planning (FP) is to keep a sustainable population growth through reducing the family size. This is typically achieved through pregnancy prevention measures including information and education about the personal benefits of family planning (Ovesen & Rybo 2015). FP is one of the greatest developments and public health achievements of the past 50 years. It has transformed and saved the lives of millions of women and children, it has helped to slow down population growth, and it has supported families to break the cycle of poverty (United Nations Population Fund, UNFPA 2013). FP is crucial for minimizing unwanted pregnancies and unsafe abortions; it also empowers men and women to responsibly plan their families (DSW 2014). The government of Tanzania has developed a plan for FP, which includes a goal that 60 percent of women in reproductive age will use contraceptives in 2015 (DSW 2014).

There is also a possible cultural reason to why FP isn’t used; the traditional view is that a large number of children increases the resource of labour and is therefore an economical asset for the family (Ovesen & Rybo 2015). Some of the hindrances with implementing FP in Rufiji district includes different cultural and religious beliefs. Members in the local Islamic and Roman Catholic community believe that it is a sin for the married couple to use some of the contraceptives methods. Additionally there are believes that it is Gods will for you to have a lot of children and the children are seen as a great blessing. We were told that there is also a local tradition that when a woman
marries, the bride’s parents receive gifts and money from the groom. Due to this the parents want to have many daughters.

The region of Pwani, which Rufiji is a part of, aims to empower women to ensure that both genders participate in decision-making processes in economic, social-cultural and political life. One of the initiatives from the regional commissioner's office to achieve this is by FP (Regional Commissioner's Office Pwani 2015b).

**Mchukwi mission hospital**

Mchukwi mission hospital was founded in the 1960 by the free Pentecostal church (FPC) missionaries from Sweden. In 1997 the missionaries handed over the full responsibility of the hospital to the local church. It has a capacity of a 100 beds and has 82 employees that do daily surgeries, x-rays, deliveries and other semi-advanced procedures. The section of the hospital which main area concerns FP, sexual health and child health is called Reproductive and Child Health (RCH). There is also another section for outpatients where the patient gets their medication and can get simpler examinations. Founding of the hospital is mainly from patients’ fees and donations. They also get a small contribution from the state to help with the cost of staff. The whole staff is nowadays natives of Tanzania but the hospital still has a close collaboration with Swedish organizations concerning students and volunteers. It’s clearly shown in the fact that one of the houses on the grounds is called Gorans house (in memory of a Swedish help worker who died in a motorcycle accident). (Personal communication, Emmanuel Kasekwa, 2016-04-06)

**Teaching**

An essential component in nursing is teaching, both to ill and healthy patients (Bastable 2003). Healthcare professionals have a great potential to encourage lifestyles changes thanks to their regular contact with the community, their high credibility in healthcare situations and the fact that they already are in contact with people in need. Often does the health care staff experience frustration from working with changing the patients’ way of life. The frustration lies in that it is extremely hard to change ones way of life due to it is deeply imbedded in and affected of personal values, culture and social structures. The truth is that no one can change the patient’s lifestyle without the patient own willingness (Faskunger 2013 pp. 116, 119). According to International Council of Nurses’ (ICN) ethical code the nurse shares the responsibility with society to initiate and promote acts that meet the public’s health and social needs (Svensk sjuksköterskeförening 2014).

Klang Söderkvist (2013 p. 11) describes that the patient got to have knowledge and trust to his/her own ability to be able to have a sense of security and self-control. These characteristics are born in a dialog with, for instance, health care staff and are the foundation for life changing adoptions. The long-term goals with the adoptions are to maintain and/or increase health and increase quality of life.

To provide evidence based and individualized patient education, along with emotional support is shown to improve the quality of life for the patient (Sajjad, Ali, Gul, Mateen
And the act to support learning might be, according to Dahlberg and Segersten (2010 p. 240), one of the nurse’s most important caring act and is crucial for the ability to provide a good health care.

**Teaching Family planning**

Providing women with a health talk from trained healthcare workers helps to reduce misconceptions and myths about FP. This increases the knowledge and may influence the FP usage (Onon, Blat, Miles, Steinfeld, Wekesa, Bukusi, Owuor, Grossman, Cohen & Newmann 2013). It is a challenge for nurses to educate about FP due to the diversity of how patients prefer to receive the information, some favours face-to-face discussion and others written information. It also differs in how well the patients can receive medical information. This forces the nurse to tailor the education for every patient and that a “one size to fit all” solution is unlikely to be effective (Kane R, McDowall & Wellings 2003).

Hayter (2008) presents a theory of contraceptive use education that emphasizes the importance of educating women about their bodily functions. This knowledge can enable the woman to observe signs of pregnancy, how to effective use contraceptives and possible side effects of the medication. Aiko, Horiuchi, Shimpuku, Madehi and Leshabari (2016) research about the Tanzanian national program to educate adolescent about reproductive health, show that the girls’ knowledge has increased significant while the boys’ knowledge did not.

**Nursing science**

In nursing science a multidimensional picture of the human being is presented, a picture that every person is a unit of body, mind and spirit. None of the parts are superior to the others and none can be removed. It also states that it’s impossible to gain understanding for a person without considering the person’s context, the person’s life world (Wiklund 2003 pp. 46-47). A person’s lifeworld contains how the person understands oneself, others and all other things and it affects how we relate to all this. The lifeworld can be understood as the world as it is perceived by someone (Dahlberg & Segesten 2010 pp. 126-128).

A caring relationship and a caring meeting between the nurse and the patient is an important part when caring for the patient. It gives the patient a chance to express his/her desires, needs and problem and is given room to grow and thereby a caring situation for the patient can accrue (Wiklund 2003 p. 155). To be able to move from a relationship and a meeting to a caring meeting and a caring relationship it is a necessity to support the patient and to be aware of and respect the persons’ lifeworld (Dahlberg & Segesten 2010 p. 194).
QUESTION FORMULATION

There is a high rate of childbirths in Tanzania due to a lack of contraceptive supplies and lack of knowledge. The high population growth puts a strain on the economic situation, the health care and the environment. The government can’t provide sufficient health care that is needed. To reduce the population growth to a sustainable rate the government has developed a plan for FP to save lives and to end the cycle of poverty. Nurses have a great potential in educating and supporting lifestyle changes due to their high credibility and that they already is in contact with the people in need. Therefore we will investigate the nurse’s experiences of teaching FP to increase the knowledge about how they educate, what the difficulties are and how they support patients learning.

AIM AND GOAL

The aim of the study is to investigate nurses’ experiences of education about family planning in the Rufiji district in Tanzania.

METHOD

Design

This is a qualitative study and the data was collected through interviews using a semi structured open-ended question guide (appendix 1). The main goal by using a qualitative design is to explore the meaning in social and cultural phenomenon as it is perceived by the involved and thereby increase understanding about a person’s lifeworld (Friberg 2006 p.105, Malterud 2011, p. 31). Therefore this method fits to answer the aim of this study.

Participants

The participants in the study were six nurses who worked at Mchukwi mission hospital, five women and one man with an age range between 24 to 59 years. One of the nurses was enrolled (two years nursing studies) and five were registered nurses (three year nursing studies). The experience from working at Mchukwi hospital raged from 4 months to 28 years. The motive to have six participants was to get a sufficient amount of data to analyse and still be manageable.

Data collection

The data was collected through six interviews with nurses that worked at Mchukwi mission hospital. To be a part of this study the interviewees had to have the Tanzanian nursing education and be enrolled or registered nurse. If the nurses had a higher education than diploma (three year nursing degree) they were not included in this study because we were only interested in the experiences from general nurses. The nurses needed to come in contact or work with FP in their daily work. All participation was voluntarily.
Prior to participation all were given oral information in English and an information letter (appendix 2) translated into Swahili that explain the purposes of the study, their right to end their involvement and that all data is treated confidentially, this with the purpose to minimize the risk of misunderstandings. The interviewees were given the chance to choose the location for the interview so that they would feel comfortable, we advised them to choose a location were we wouldn’t be disturbed. The interviews took between one and one and a half hour. In one of the interviews we did a follow up due to shortage of time.

We structured the interviews using a pre-prepared guide. According to Dalen (2015 p. 35) the purpose by using a guide while doing a semi structured interview is to cover the important topics that the study aims to explore. We carefully choose the questions in the guide to match the aim, and the purpose was that all six interviews included the same topics. Our main question was designed to make the nurses speak freely about their experiences (appendix 1). The follow-up questions were designed to make the nurses more deeply describe their experiences. To get a more accurate and consistent data collection one of us led the interview and the other one took notes, we also recorded the interviews and transcribed directly afterwards. The English speaking and understanding levels varied, therefore we had an interpreter joining us to use when needed.

**Data analysis**

The analysis method used was content analysis as described by Lundman and Hälgren Graneheim (2012). We started by reading the transcribed interviews several times to get a sense of the main content. After that we separately started a process of identifying units of meaning that answered to our aim, and then we discussed the units so both of us would agree that they were meeting the aim of the study. The units of meaning were then condensed to reduce the amount of text while we made sure that the core was preserved. The condensed units were abstracted and given a code that described the content. These codes were then divided in to 14 sub-categories and grouped together under four categories. During this process we had to continuously reflect and discuss together to make sure not to lose the core of any unit. When completed we revisited the analysed material and made some changes to make sure that the categories did not overlap. An example of units of meaning, condensed unit, code, sub-category and category are shown in Table 1.
Table 1: Table of analysis

<table>
<thead>
<tr>
<th>Unit of meaning</th>
<th>Condensed unit</th>
<th>Code</th>
<th>Sub-category</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>They start to create a good climate, a good situation, just because sometimes they can be angry so you need to make them happy and then you can start educating so they can hear.</td>
<td>Create good climate, then you can start educating</td>
<td>Create good climate</td>
<td>Create a relationship</td>
<td>To meet the patient</td>
</tr>
<tr>
<td>Especially I must get well prepared myself before I can talk about FP</td>
<td>I get well prepared before educating</td>
<td>Well prepared</td>
<td>Professionalism</td>
<td></td>
</tr>
<tr>
<td>Because they are believing me that I can help them… because I have the health education</td>
<td>I have the health education so they believe in me</td>
<td>Trust in profession</td>
<td>Trust</td>
<td></td>
</tr>
</tbody>
</table>

Ethical considerations

The Declaration of Helsinki provides with ethical principles for medical research involving human subjects. The topics that concerns this study declares that it is the researchers’ duty to protect the integrity, right to self-determination and the confidentiality of personal information of research material. The research may only be conducted if the importance of the objective outweighs the risks and burdens to the research subject. Participation must be voluntary and thoroughly informed of the study and give a written consent. All the participants should be informed about the result of the study (Världsläkarförbundet 2013).

The participants received written information in their native tongue (appendix 2) and orally in English about the aim of the study, that it is voluntary to participate and that they have the right to discontinue without giving any reason. They were also informed that the data will be de-identified and treated with confidentiality and that the interview would be recorded. The interpreter used in the interviews was also informed about the importance of confidentiality towards the interviewees and had to sign a paper of agreement (appendix 3) before he was hired. With these measures taken and with the conclusion that the importance of the study outweighs the risk we completed the study.
RESULTS

The nurses’ experience of teaching about FP concerns four different areas. First they have a variety of strategies to execute the education. Second, even though it’s subtle, they empower the patient, which lays the foundation for making lifestyle changes. Third they describe what is necessary to create a meeting with the patient. Finally the patient has a few needs that need to be fulfilled when being educated. This resulted in the categories and sub-categories shown in the following table.

Table 2: Categories and sub-categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Sub-category</th>
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</thead>
<tbody>
<tr>
<td>Teaching strategies</td>
<td>Adapted forms of teaching</td>
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<td></td>
<td>Repetition</td>
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<td>Routines</td>
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<td>Senses</td>
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<td>Meeting the patient</td>
<td>Create a relationship</td>
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<td>Professionalism</td>
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<td></td>
<td>Trust</td>
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<tr>
<td>The patients’ needs</td>
<td>The importance of being involved</td>
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<td></td>
<td>Time to reflect</td>
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<tr>
<td></td>
<td>To be enlightened</td>
</tr>
<tr>
<td>Empowering the patient</td>
<td>Couples alliance</td>
</tr>
<tr>
<td></td>
<td>Giving advice</td>
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<td></td>
<td>The importance of autonomy</td>
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</table>

Teaching strategies

This category describes the different strategies nurses use to educate patients about FP. It shows on the nurses’ ability to move between standard routines and flexibility depending on the situation and the patient. It’s a practical part of nursing that shows on the great amount of knowledge that the nurse need to possess as well as on the willingness to teach the patients. The flexibility to the patient also requires listening to the patient, which enables the nurses to adapt their teaching strategies.

Adapted forms of teaching

The nurses said that when teaching about FP they need to adapt to the situation and use different methods to assure that the information was received. One situation when the nurses had to adapt their method was when patients didn’t have the possibility to come to RCH so they went out to the villages. To make sure that the patients got education and understood it, they educated in group and individually when requested. One nurse expresses the flexibility she has to have when meeting the patient:

“Some patient doesn’t like to be in a big group…It is better to talk to her alone so that she can tell me the problem.” (Interview no. 4)
Furthermore it is vital for the nurse to find out the level of understanding that the patient have about FP so that she/he can educate according to individual needs. The nurse did this by asking questions to the patient, first how much the patient know about FP and then after educating asking if the patient has understood.

Repetition
Another strategy that the nurses expressed was the method of repetition. To be persistent and educate again and again was found all through the interviews as a method they used so that the patient would understand and remember.

“So learning is a process, education is a process, you can educate today, refuse, and you will repeat it again. You can repeat more and more so that they can understand.” (Interview no.4)

This shows their persistency in teaching. The nurses talked to the women and made follow-ups about FP every time that they meet with them.

Routines
In the strategies of teaching there is also a standard routine they follow in the maternity ward that every woman who has delivered gets FP-education before going home. They educate them in the different methods that are available so that the woman can choose one that fits her and then ask the woman what kind of FP she would like to use. The nurse has to talk to all the new delivered women before discharging them to ensure that all of them have received the education.

“When mother come after delivery they ask: so now you have childbirth, you are going home. What is your plan to use the FP? And they start to educate them. If she does not know she starts to educate different methods and she can decide which method to use.” (Interview no.2)

Senses
To make it easier for the patients to understand the information given the nurses addresses different senses. All of the nurses spoke about that they gave oral information. Additional to this some also showed examples and gave written material. They said that by showing examples the patient learns to recognize for instance side effects, how to use the method properly and helps to remember the information given.

“It makes them understand more because you show them.”
(Interview no. 5)
Meeting the patient

To be able to educate and have a fruitful conversation it is importance to have a good nurse–patient relation. It is a complex and vital part of teaching, and the foundation in nursing science. It lies on the nurse to create this interpersonal relationship.

Create a relationship

When creating a good relationship the first and foremost thing to do is to greet the patient and to introduce yourself. You need to create a good climate and make the patient feel safe. By taking time and listen to the patient and showing the patient empathy and respect you make it possible to create a good relationship. One of the nurses emphasized that it’s the everyday things, like telling a joke can make big difference.

“So first thing when they meet those parents first they start to create a good relationship between the nurse and the parents, they just start talking and maybe say a joke, just to make the client to be able to receive education.” (Interview No.2)

At the same time it is a continuous work in progress that takes time. The nurses have to practice it every working shift and with every patient she/he meets.

Professionalism

When meeting the patient professionalism is a vital part in creating a good relationship. It involves being well prepared and to have knowledge in the area you educate about. As a nurse it’s importance to maintain the confidentiality and the professional secrecy. One of the interviewees expressed that as a nurse you have the possibility and responsibility to react.

“Some mothers they come with twelfth pregnancy. Yes. Nine, ten. So it is very important to say anything. So you can tell them, oh stop! Don’t continue…” (Interview No.4)

Additionally an essential part of being professional is to protect the patients’ autonomy which involves protecting the patients’ freedom of choice and that you as a nurse never can force the patient to use FP.

Trust

The third part in the meeting with the patient is trust. The interviews showed that the nurses experienced that the patients trusted them. Some of the interviewees told that trust is given from the patient to the nurse mainly because they have trust in the profession. Trust can also be affected by the behaviour of the nurse.

“My behaviour I think, if they can trust me. Yes, the more you can talk to the patient the more you can laugh with the patient, “ah this
is a good nurse for me, I can explain my problem, I can tell things to that nurse.” (Interview No.4)

Trust was essential in the relationship with the patients for the patient to listen to the nurse and their advices.

**The patients’ needs**

The result of the interviews showed that in the meeting with the nurse when getting educated about FP the patient have certain needs. These are needs that the patient not necessary are aware of but as the nurses have identified. They have to be meet by the nurse to optimize the patient possibility to understand and ability to apply the information given.

**The importance of being involved**

To enable that the patient receive and understand the information given the nurse must make sure that the patient gets involved in the meeting. The nurses said that some have a hard time understanding so they ask questions and let the patient explain, this involves the patient and creates an effective communication.

> “Some of them did not understand directly but if I give a chance for them who are listening to me and explain, it makes them understand.” (Interview no.5)

It also enhances the feeling within the patient, and provides them the right that they have, to speak freely.

**Time to reflect**

The patient needs time when educated. They provide this by sometimes letting the patient go home and think before coming back for further consultation. It gives them the chance to digest and review the information to be able to make good decisions.

> “When she talk to someone that doesn’t agree she told ok you have to go home and think again and then come again, [it is important] because it will be good for the client because she or he can get a good decision…” (Interview no. 3)

Giving time also enables the patient to think about if she/he has questions about the advantages and disadvantages with the FP method chosen. The more knowledge the patient have about the method the better the adherence will be.

**To be enlightened**

The thing that the nurses empathized most frequently was the need for the patient to be enlightened about FP. This was a big challenge due to low level of education, different misbelieves and religious and cultural dogma. Often the women meet opposition from their men who did not agree on using FP. When enlighten the patient they tell them
about the advantages and the disadvantages about FP, they meet the roomers and they give information about contraceptives that works with their believes.

“And they say according to our religion it is looking like a sin when I do this, and when she say everything and then they say this is not true but you can use this and this and it is not a sin. “You can use this it is not a problem”” (Interview no. 3)

**Empowering the patient**

Empowering the patient is an important part when teaching women and couples about FP. In this context it means supporting the patient and placing the patient in control of her/his situation. The nurse has an active role in placing the patient in control. It is especially important in this context due to the strong patriarchal culture. When teaching a person in control the person will receive the teaching and make it her/his own and thereby is able to make a conscious and reflected decision.

**Couples alliance**

The nurses told a lot of stories where there were disagreements in the families because of the strong patriarchal culture in the region. The women are often positive towards using FP methods but the men oppose or the women have to use the contraceptives secretly. To involve the spouse and meet the couple together, to create an alliance, empowers the woman and make usage of FP a mutual objective.

“[Interpreter] Ok so she say in addition, they have to encourage the woman to come with the man, with their husbands, so it will be easier for them because some of them they come and do [FP in] secret. They are afraid their husband to know those methods so it will be much better if they can encourage the woman to come with their husbands, so they can get education all of them and they can know the method. The woman can be peaceful with their husband, she can’t be afraid because their husbands they know with method she using. It will be peaceful in her house.” (Interview no.3)

**Giving advice**

The nurses spoke about the importance of giving good and professional advises to the patients. They said that the nurse should only give advice and not make decisions for the patient and that it is important to support the patient in their choice.

“I cannot choose for them, it is not good to do that, you just advice.” (Interview no.2)

**The importance of autonomy**

During the interviews they spoke frequently about that the patient having to make their own decisions. And when asked why, it was difficult to get them to elaborate because to
them it was natural. One of the nurses emphasized that it is the patients right to decide. But two of the reasons that the nurses explained on why it is important for the patient to make their own decisions are because it makes them feel satisfied with the method. Additionally it makes the patient feel comfortable.

“[Interpreter] They give the client the chance to choose because if they choose them self they are more happy in their heart”
(Interview no.2)

The autonomy empowers the patients to make a plan for their family and thereby they can take control over their situation.

**DISCUSSION**

**Method discussion**

Conducting this study not only gave a greater insight into nurses’ experiences, but also developed a deeper understanding concerning empirical qualitative research using semi-structured interview guides. It has become clear that this was first and foremost a process of learning. One thing that may have affected the result was that there were culture and language difficulties. Another thing we have reflected on is our pre-understanding. In qualitative research it could be difficult not to be influenced by one’s own perceptions. So another thing that was a subject of concern was whether our prior understanding and attitude towards the topic at hand might affect the outcome. However, continuous discussion and awareness throughout the process regarding these aspects have ensured the best possible outcome.

**Data collection**

We collected our data through interviews, which were held in a place of the interviewee’s choice. One of us conducted the interview while the other took notes. We also had an interpreter present. We recorded everything that was said with two different devices.

To collect our data we used a semi-structured interview guide. To test the guide we conducted a test interview, evaluated and made some minor changes to the guide to make sure we would achieve the data matching the aim. Although after having used the guide for a few interviews we were not satisfied with the answers we got from the interviewees. It was difficult to get the participant to talk about how they educate and not what they educate. We made some changes, where one was minor alterations to the guide. We also evaluated in how we asked the questions and what answers to ask follow up questions on. After these changes and evaluations the interviews became to the point although we are not fully satisfied with the execution and the tools of the interviews.

When we planned for the interviews we assumed that Tanzanians are bilingual and did not intend to use an interpreter, but after spending some time there we realized that their vocabulary was limited so the decision to use one was made. The management of the
hospital recommended a man for the job who was subsequently hired. But after the first interview it became clear that his vocabulary was limited as well. This led to some misunderstandings in the interviews though the purpose of using an interpreter was to avoid those. Yet for some of the interviews it was necessary to use him due to the participant’s English speaking level. The interpreter signed a paper which, among other things, said that he would not add or withdraw anything when translating although we understood that he gave examples to the participant in how they could answer, sometimes added his own opinion on the question and even translated wrongly so that the interviewee had to correct him. The interpreter hired lived in the community and knew all of the participants. There is a risk that the participant’s relationship to the interpreter might have affected the quality of the interview. The interviewees were informed that he had signed a confidentiality paper and we hoped that this would neutralize this risk.

One complication when collecting the data was that the heavy rain made it impossible to hear parts of the recordings, which made some of the transcription work difficult. The routine was to always transcribe the interview the same day to minimize the information loss.

Analysis

Working with the chosen analysis method has been a challenging and an educational process. Several times we have had to go back and re-evaluate the work we have done, you can compare the process with a spiral, going round but also getting deeper. This part of the study was time consuming and required careful considerations before becoming satisfactorily. In this work we had to go back to add and subtract data in the units of meaning when we realized we had missed important information, additionally some of the units were removed when realized they did not respond to our aim. We believe that this part of the analysis is necessary but if we had done this today we think it would have been smoother. Especially when creating the categories we have discussed our pre-understanding and if the categories reflect what the nurses said or if our pre-understanding shaped them. Now when the analysis process is finished we are satisfied with the results and with the chosen method.

Results discussion

The aim of this study was to explore nurses’ experiences of teaching about FP. The results showed that nurses’ experiences address four main topics. The first topic concerns different strategies they use to educate the patient. The second explains what is important when meeting the patient to create a caring relationship. The third topic concerns the needs that the patients have when being educated to be able to receive the information. And the final topic deals with how nurses empower the patient to make lifestyle changes.

The key finding that was expressed in the interviews as the most important when teaching was the importance of creating a good relationship with the patient. All of the topics are of value but the main category “Meeting the patient” was the most significant in this area, which we dedicate to its meaning to create a caring relationship.
Dahlberg and Segesten (2010 pp.190-191, 195) emphasizes the importance of an interpersonal relationship when nursing with the aim of empowering and supporting the patient. They talk about it as a necessity. This relationship in a nursing context contains a professional engagement and reflection with the patient as focus and with a specific responsibility on the nurse to create this relation. In addition to this they press on the need for trust. Our findings correlate with Dahlberg and Segesten with the difference that they underline how the relationship needs to be reflected on, but for the nurses we interviewed it was more of a natural act, as if it was an obvious part of their culture. We made the same finding when nurses spoke about the importance of greeting the patient to create a relationship. Dahlberg and Segesten (2010 p. 206) talks about this as the corner-stone in human interaction. For the interviewed nurses this was also an act that came natural to them and not after a conscious reflection.

An essential part in caring science is the view that it is impossible to gain understanding of a person without considering his/hers lifeworld. This enables the possibility to create a caring relationship. As we show in this study nurses do this by listening to the patients and by showing them empathy and respect. The importance of not only having a one-way communication from the nurse to the patient is clearly shown. Koskinen and Lindström (2015, pp. 548-554) writes that patients need a caregiver who listen and shows compassion. Further, they say that, listening transforms human beings to start making changes in their lives.

One topic that the nurses didn’t speak about frequently but that we found to be very important is the category “Empowering the patient”. Empowering a person creates an opportunity for the person and helps them to take control of or to master their own life (Kuokkanen & Leino-Kilpi 2000, pp. 238-239). We realized that due to the strong cultural and religious tradition in Rufiji many women did not or were not allowed to make active choices to plan their family. We interpreted this as meaning that the women were not in control of their own lives. Their autonomy where compromised. Kuokkanen and Leino-Kilpi (2000, pp. 238-239) have shown that autonomy in decision-making is a vital part in feeling empowered. Dahlberg and Segesten (2010 p. 216) explain that if a person is not in control of their situation, if their autonomy is compromised, it could create a suffering for the person. Therefore to empower these women to make active decisions in their situation is an important part when teaching them.

**CONCLUSIONS AND CLINICAL IMPLICATIONS**

This study shows that the nurses have an important role when teaching about FP and that the nurses help the patients to make lifestyle changes and therefore increases their quality of life. They possess a deep knowledge about FP and the benefits of implementing it. The result also shows that some parts of the education were unreflective and since creating a relationship with the patient seemed to come natural to them. The nurses’ awareness about the need for adapted education and the need of solid facts about FP has been shown. The nurses teaching can address the problems that Tanzania is suffering from with poverty, the traditional view of women’s place in society, maternal death and lack of healthcare. The government needs also to take more
responsibility and perhaps implement FP education earlier in schools and through media.

The result in this study can be helpful in finding weaknesses and possible parts of development in the current way of teaching FP. We especially found how important it is to create couples alliance when empowering the patient. This is a part in the teaching that has a great potential. The challenge is how to make men more positive to FP. We think that this is a key in increase the usages of FP and in the long run make it possible for women to contribute to society, an important part in breaking the cycle of poverty in Tanzania. Local at the Mchukwi mission hospital we hope that this research can be used to evaluate their teaching when educating about FP and be helpful in the future.
REFERENCES


APPENDIX 1

Interview guide

Presentation of ourselves and the aim of the study. Inform about and give time to the interviewee to read, ask questions and, if approvable, accept the participation letter. Encourage the interviewee to speak freely from the heart. Questions that the interviewer may have will be answered before the interview begins.

Questions for warming up: (only take notes)
- Age and gender.
- What kind of education do you have?
- For how long have you been working as a nurse?
- What do you think about working as a nurse?
- For how long have you been working in Mchukwi?

Main Question (turn on the Dictaphone and take notes): What is your experience, as a nurse, educating about family planning?

Possible follow up questions:
- What do you think is the most difficult part when educating?
- Out of your experience, what is the best way to teach about FP, according to you?
- In what way do you support peoples learning when educating about FP?

Corresponding words:
- How…?
- Why/why not…?
- What do you mean by…?
- Can you give me an example…?
- Can you tell me more about…?
- Can you describe…?

Final Question: Are there any other things you wish to add?
Dear participant,
Our names are Sofie Svensson and Johannes Segergren and we are nursing students studying at the University of Borås. We are undertaking a field study about “Nurses experiences of educating family planning in the region of Pwani, Tanzania”. We have been rewarded a scholarship on behalf of SIDA (Swedish International Development Cooperation Agency) to be able to do the study.

Our aim with this study is to increase the knowledge about how nurses in Mchukwi educate about family planning. If you agree to be a part of this study you will be interviewed with pre-prepared questions about your experiences of educating. There will be an interpreter present at the interview so that you can speak on your mother tongue and therefore be able to speak more freely and to minimize the risk of misunderstandings. The interview will be recorded and then analyzed. In total we will interview six nurses. The thesis will later on be published and we hope that it will increase the knowledge about nurse’s role as an educator in the context of family planning.

All information collected will be treated confidentially and coded so that you remain anonymous. Participation is voluntary and you may end your participation at any time without consequences. The interview will take approximately one to one and a half hour. If you want to be a part of the study please sign below.

Thank you for your time and cooperation! Please feel free to contact us if you have any further questions or would like to see the result of the research when finished.

University of Borås, Sweden
Johannes Segergren
Sofie Svensson
johannessegergren@gmail.com
APPENDIX 3

Paper of agreement

I ______________________ hereby agree to participate at up to six interviews, when needed, at Mchukwi mission hospital as an interpreter. I commit to translate everything that is said to my best ability without adding or withdrawing any information. I also commit not to spread any information from the interviews to a third party, this to maintain the confidentiality.

For my services I will receive 5000tsh for every interview.

If agree please sign here:

____________________________________________________
Name date and place