FACTORS INFLUENCING GRAND MULTIPARA PRACTICE AMONG WOMEN IN THE LAKE ZONE, A CASE OF GEITA REGION

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A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN MONITORING AND EVALUATION (MAME)

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CERTIFICATION

The undersigned certifies that has read and hereby recommends for acceptance by The Open University of Tanzania a dissertation titled; **"Factors Influencing Grand Multipara Practice Among Women in The Lake Zone, A Case of Geita Region"** in partial fulfilment of the requirement for the award of the degree of Master of Art in Monitoring and Evaluation (MA M&E).

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Dr. Noel Matemba

(Supervisor)

……..…….

Date

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DECLARATION

I, **Stephen Atingi Mwaisobwa**, declare that this dissertation is original. It has never been presented to any other University or Institution. Where people's work has been used, references have been provided. It is in this regard that I declare this study work as originally mine. It is hereby presented in partial fulfillment of the requirement for the degree of Master of Arts in Monitoring and Evaluation (MA M&E).

……..

Signature

09/10/2023

……

Date

DEDICATION

I dedicate this work to my lovely wife Joyce Nchimbi and my beautiful daughter Angel.

ACKNOWLEDGEMENTS

Special acknowledgement goes to the living God, my creator and my strength for his gift of life and mercy. Without His presence, I wouldn't have accomplished this study. I am grateful and wish to sincerely thank and acknowledge the support, advice, constructive suggestions and critiques from my supervisor, Dr. Noel Matemba that made this work possible.

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To my beautiful daughter, your presence has been a pushing force within me to accomplish my dreams.

ABSTRACT

The main objective of this study was to examine the factors influencing grand multipara practice among women in the Geita District Council. Specifically: it aimed to find the effects of child sex preferences on grand multipara practices, the effects of desire for more children and the grand multipara practices; the use of contraceptives among grand multipara women and the contribution of social influence on the grand multipara practice among women. The study was guided by fertility theory and also the study adopted a mixed research approach with a convergent parallel research design. Data were collected through questionnaire, interview and focus group discussion from the sample size of 97 respondents selected using simple random sampling and purposive sampling techniques. The results show that linearity assumption on Child Sex Preference ($p<0.04$), Desire for More Children ($p<0.06$), Contraceptive Uses (CU) $p<0.01$), and Social Influence (SI) $p<0.00$) were the most important predictors of prevalence of grand multipara. The findings from qualitative confirmed that grand multipara is associated with factors such as child sex preferences, desire for more children, contraceptive uses and social influence. The specific strategies needed to be set in order to educate and raise awareness of lake zone community on the issues of child sex preferences, desire for more children, use of contraceptives and the effect of social influences in parity issues. These will help the community to make rational choices when it comes to parity decision making.

Keywords: *Grand Multipara, Child Sex Preference, Contraceptives.*

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LIST OF ABBREVIATIONS

CU	Contraceptive Use
CXP	Child Sex Preference
DCM	Desire for More Children
GMP	Grand Multipara
IUFD	Intrauterine fetal death
MHCDGEC	Ministry of Health Community Development Gender Elderly and Children
PPH	Postpartum Hemorrhage
SPSS	Statistical Package for Social Science
SI	Social Influences
RCH	Reproductive and Child health Clinic

CHAPTER ONE

OVERVIEW OF THE STUDY

1.1 Background of the Problem

Grand multipara is considered a person who has given birth in five or more previous pregnancies after 28th weeks of gestation (Muniro et al., 2019). Grand multipara has decreased in most of the developed countries in two generations due to better socio-economic and education status, a better understanding of the limits of earth's resources and therefore higher utilization of better more available contraception (Idoko et, al 2019). In 2007 there was an adoption of the two - child policy which was officially implemented in 2013 (Solanke et al., 2018). With the full liberalization of the child – policy at the end of 2015, the proportion of the elderly multiparous women has largely decreased in different parts of the world (Data et al., 2013). In countries such as the United States of America there was 2.97% of live births were the fifth child in the family 1.3% were the sixth child and 1.2 % were the seventh child and over (Inyang and Ekanem, 2016).

Grand multiparity is less common in developed nations due to the widespread use of modern family planning methods and excellent obstetric care, whereas in low-income nations, grand multiparity is more common due to sex desirability, low levels of education, and a desire for larger families (Njoku *et al.,* 2017). Diabetes, preterm labour, maternal and perinatal mortality, placenta previa, genital sepsis, postpartum haemorrhage (PPH), utero-vaginal prolapse, hypertension, and intrauterine foetal death (IUFD) are among the negative effects of GMP. There is disagreement about the effect of high parity on these difficulties because some other

studies do not report greater incidences of obstetric complications (Aragaw et al., 2017).

Grand multipara is considered at a higher risk of developing antenatal complications (Al-shaikh et al., 2017). Pregnancy-related issues include fetopelvic disproportion, placental abruption, placenta previa, anaemia, gestational diabetes mellitus, hypertension during pregnancy, and anaemia. The risk of maternal morbidity and mortality is increased by complications such as uterine inertia dysfunctional labour, uterine rupture, intrauterine death, foetal macrosomia, postpartum haemorrhage, and surgical deliveries (Saadia et al., 2014).

In sub-Saharan Africa, the fertility rate decreased from 3.2 live births per woman in 1990 to 2.5 in 2019, while the magnitude climbed to 4.6 in 2019 (Tadese et al., 2021). Grand multiparity is most prevalent in Africa, where incidence in some nations can reach 27% (Emechebe et al., 2016). Grand multiparity has been linked to factors like young age at first marriage, low socioeconomic status, polygamous marriage, husband preference, culture, religion, and living in rural areas. On the other hand, factors including low levels of literacy, inadequate media exposure, low levels of health awareness, and a lack of modern contraceptives have been linked to high levels of multiparity, particularly in the majority of sub-Saharan nations. Major health concerns are raised by this, especially in sub-Saharan Africa. Grand multipara is an issue since it is linked to greater risks of sickness or death during or after pregnancy, which can result in a significant difference in fertility rates between industrialised and underdeveloped nations.

Tanzania has made attempts to minimise unfavourable maternal and neonatal outcomes, yet maternal morbidity and mortality remain high. Furthermore, detailing a grand multiparity trend through time may show how well this group has access to contraceptives (MHCDGEC, 2020). In 2021 the trend of women who reported having more than 4 pregnancies during their attendance to reproductive and child health clinics in lake zone regions was as follows, in Geita 54,268/134,751 (40%), Mara 40,064/107,873 (37%), Mwanza 58,361/ 164,871(35%), Kagera 46,812/ 129,155 (36%) while in Shinyanga it was 34,545/ 96,007 (36%) and lastly Simiyu 47,254/ 110,928 (43%) (http://dhis2.moh.go.tz).

These data show that there is a higher prevalence of a higher number of women who have given birth more than 4 times. However, most of the studies about the grand multiparity concentrated much on the effects of the grand multipara. Based on the studies which have been conducted in Tanzania sought to evaluate the prevalence, trend, and related pregnancy outcomes of grand multiparity over nine years in a tertiary hospital in Northern Tanzania. However, there was no consideration of the factors influencing grand multipara among women in the lake zone region.

1.2 Statement of the Problem

Grand multi para is undisputedly a challenge to women because it increases the risk of pregnancy complications and maternal mortality steadily (Tadese et al., 2021). Grand multiparity which is not effectively addressed leads to maternal anemia in pregnancy, antepartum haemorrhage, abnormal fetal presentation, postpartum haemorrhage as well as medical conditions such as hypertension in pregnancy.

Despite the proposed measures such as effective antenatal surveillance, optimal care during labour as well and provision of education the problem of grand multipara has been persistent among women in Tanzania (Ajong, et al., 2019).

Furthermore, heath care initiatives put in place by the government of Tanzania such as the frequent provision of reproductive health education to women as well as family planning campaigns implemented in the rural areas still the trend of grand multipara is alarming (Njoku et al., 2017). The regional reports show that in 2015 – 2018, 13.5% of women in the Geita region had prevalent grand multipara. This trend shows an increase from 9.44% to 9.72% in 2006 – 2014 (http://dhis2.moh.go.tz).. Though most of the study has been carried out to investigate and report the effects of grand multiparity on women and the community at large very limited studies have pointed out the driving force to these practices. Therefore, this study examined the factors influencing grand multipara practices among women in the lake zone region in the Geita Region.

1.3 Research Objectives

1.3.1 Main Objective

The main objective of this study was to examine the factors influencing grand multipara practice among women in Geita District.

1.3.2 Specific Objectives

i. To determine the effects of child sex preferences and grand multipara in Geita District.

ii. To examine the effects of the desire for more children on the grand multipara in Geita District.
iii. To assess the effects of contraceptive uses on the grand multipara in Geita District.
iv. To find out the contributions of social influence on the grand multipara in Geita District.

1.4 Research Questions

i. What are the effects of child sex preferences on grand multipara practice in Geita District?
ii. What are the effects of the desire for more children on the grand multipara women in Geita District?
iii. What are the effects of contraceptive uses on the grand multipara women in Geita District?
iv. What are the contributions of social influence on the grand multipara practice in Geita District?

1.5 Significance of the Study

The findings of this study findings will be useful to government agencies such as the Ministry of Health and Ministry of Community Development, Gender, Women and Special groups for policy formulation on addressing grand multiparity issues by considering the drivers to the practice and encouraging birth control among women. This study will encourage the stakeholders to create awareness frameworks for the people in the community to ensure that this practice is controlled for the health benefits of women.

It will also will assist the government in improving health service delivery at health facilities and get them prepared for emergencies when attending deliveries of high parity groups. The study will be useful in the implementation of the sustainable development goals, the findings of this study will be useful towards enhancing and achieving SDG number 3 which points out the need to ensure healthy lives and promote wellbeing for all ages by 2030.

The recommendations of this study will allow a strong national partnership and commitment for implementation, monitoring, tracking and reporting the trends and causal factors of grand multipara practices hence allowing for the formulation of local development goals and strategic plans for provision of reproductive health education with emphasis on drivers to multiparity issues.

1.6 Scope of the Study

The scope of this study was on the factors influencing grand multipara practices, in conducting this study the researcher used medical personnel especially those responsible for maternal health, women with five or more children and pregnant women attending reproductive and child health clinics to assess their awareness.

1.7.1 Limitation of the Study

In conducting this study, the researcher encountered several limitations described as follows; Firstly, availability of more recent information related to trend, prevalence and the extent to which grand multipara exists. The study was also subject to time and financial constraints because according to the nature of the study the researcher had to travel to different localities within the district in order to have proper

representatives of the study populations. This study employed a mixed methodology whereby both qualitative and quantitative data were collected and analysed, however managing a mixed approach was a challenge because much information which were gathered needed to be carefully handled and analyzed in order to obtain a piece of meaningful information.

1.7.2 Delimitation of the Study

The researcher used national health information system web to obtain the primary data on parity status for the women of lake zone regions. During data collection the researcher used interviews and questionnaires methods which guaranteed anonymity of participants' identity. Also, the researcher ensured observance of the research schedule of activities so that there was effective time management while ensuring that the amount of money reserved for conducting this study was effectively used with a sense of time value for money. The researcher employed different techniques to analyze different data collected through questionnaires, interviews and focus group discussions.

1.8 Organization of the Dissertation

This study comprised of five chapters whereby, chapter one presents the background of the study, problem statement, objectives, the research questions, significance of the study, the scope, limitation and delimitation of the study. Chapter presents covers conceptual definitions, theoretical framework, empirical literature review, the research gap and conceptual framework. Chapter three presents the research approach, research design, the study area and targeted population. Also, the chapter introduces the sample size, sampling techniques, data collection and data analysis,

validity and reliability as well as the ethical considerations. Chapter Four presents the research findings and discussion. Chapter Five presents summary of findings, conclusion and recommendations as well as area for further research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Conceptual Definitions

This section defines terms that have been used in conducting this research as provided in the following subsections.

2.1.1 Grand Multipara

According to the International Federation of Gynaecology and Obstetrics (FIGO), Grand multipara is a term which applies to any woman who has delivered fifth to ninth infants. (Ilum, et al., 2023). This is a term used in obstetrics to describe a woman who has given birth five or more times. The word multipara itself refers to a woman who has had two or more pregnancies resulting in the birth of viable offspring. Grand multipara is specifically a woman who has had five or more pregnancies that have progressed to the stage of fetal viability, regardless of the outcomes (live births or stillbirths).

2.1.2 Child Sex Preference

The predominant types of gender preference that are identified in previous surveys are a preference for sons or a preference for a balance of daughters and sons (often expressed as a desire for at least one child of each sex) (Lauren, 2020). Gender preference may refer to Sex selection, the attempt to influence the sex of the offspring (Inyang- and Ekanem, 2016).

2.2.3 Contraceptives

Contraception also called birth control method is a way to prevent pregnancy (Ahinkorah, et al., 2020). There are two main types natural or traditional

contraception and modern contraceptives. Traditional or natural forms of birth control include abstinence, withdrawal, lactation amenorrhea and rhythm method (Muluneh and Moyehodie, 2021). There are many different types of modern contraception and some are more effective than others. Modern methods of contraception include oral contraceptive pills, implants, injectables, patches, vaginal rings, Intra uterine devices, condoms and male and female sterilization.

2.2 Theoretical Framework

This study was guided by the fertility theory.

The theory proposes a direct relationship between family structure and fertility. According to John Caldwell (1977), the fertility behavior in any type of society at any level of development is a rational response to familial wealth flows. The theory suggests that in primitive and traditional societies with net, upward wealth flows (wealth flowing from the young generation to the older generation), the economically rational decision is to have as many surviving children as possible within the constraints imposed by biology because each additional child adds positively to a parent's wealth, security in old age and social and political well-being (Caldwell & Caldwell, 2006).

In modern industrial societies with net downward wealth flows, the economically rational decision is to have no children or the minimum number allowed by psychological disposition that derives pleasure from children and parenting (Caldwell, 1980). The transition from tradition to modern society and family structure occurs when a critical mass of individual adopts the new values and responds with low fertility.

Application of Fertility Theory: This theory was chosen in order to confirm its applicability in Geita region because it gives a broad comprehension and overview of the fertility rate by taking into account both conventional and contemporary aspects (Caldwell & Schindlmayr, 2003). The hypothesis contends that having a high number of children is seen as advantageous economically in traditional and primitive communities because children are assets to parents (Caldwell & Caldwell, 2006). In contemporary civilizations, there are close links between husband and wife and a focus on one's own children's expenses them in these countries frequently spend a lot of money on their kids with little to no hope of a return, which discourages them from wanting to have additional kids.

Fertility theory was also used in this research because it encompasses addresses various factors influencing fertility rates, and is often applied in research to understand analyze and predict population trends and reproductive behavior. Through confirmation of applicability of this theory in Geita region can inform healthcare planning by helping to anticipate future demand for maternal and child health care services, obstetric care and related health care resources. Fertility theory provided a framework for understanding the complexity interplay of factors influencing fertility.

2.3 Empirical Literature Review

2.3.1 Relationship between Child Sex Preferences and Grand Multipara in Geita District Council

Lauren (2020) conducted the research on the effects of sex of the firstborn on fertility preferences. In this study it was noted that the decision to have a child is

extremely complex, distilling the interaction between fertility and sex composition preference, fertility level and gender norms is an important step towards understanding both the reproductive choices people make as well as the formation of fertility preferences. The results of this study suggested that sex of the firstborn children will matter more in places with egalitarian gender norms and it plays a role in how fertility preferences update. The strongest preferences changes are for ideal number of daughters, although total fertility change dependent on the sex one's first born. Finally, the study finds that evidence to support the theory that fertility regimes and gender preference plays a role in determining the number of children one should have.

Inyang- and Ekanem (2016) conducted a research study on the child preference and factors that influence such choices among women in an Obstetric population in Nigeria. In this study it was revealed that the vast majority of women preferred to have male children in the index pregnancy. This study also shows that some mother tried up to four attempts to find the child of their preference. Some mother suggested that they have gender preference in order to balance of gender in their families. Some other preferred certain sex of a child in order to satisfy their husbands for matter of inheritance and consolidate their marriage. This study concluded that nigeran as a patriarchal society where women prefer to have male child as against daughters although the trend was towards the attainment of child sex balance in the composition of offspring in the family and this made women to become multiparous.

Emecehbe, et al., (2018) assessed the social class and reasons for grand multiparity in Calabar, Nigeria, in this study it was established that incidence of grand multipara

was 8.7% and most of the grand multiparous women below social class, grand multipara was higher among women with primary education, polygamous marriage and preference to certain sex of child. The study showed that the incidence is till high in this area and the reasons were complex, multiple, interrelated but preventable. Despite the presence of certain sex of a child women lack health awareness on the dangers of grand multiparity, reorientation of the long-held culture of gender preference, female education and economic empowerment will help the women to discards wrong sociocultural and religious beliefs.

Salami, et al., (2019) conducted a study on the conclusion in parity and sex preference in Nigeria, in this study it was noted that family size was an indicator of family wellbeing. The study revealed that there is a spousal dispute on inconsistency, no prior plan about the desired number of children; spousal irresponsibility for conceptions, cultural beliefs and about family planning and external influences were responsible for larger family. This confirms that a large family is likely to be poor and faced with financial instability in Nigeria. In most cases spousal desire for child of male sex has caused the presence of multiparous women in Nigeria.

2.3.2 Relationship between Desire for More Children on the Grand Multipara in Geita District Council

Ahinkorah, et al., (2020) determined drivers of desire for more children among childbearing women in sub-Saharan Africa. Despite on the presence of research on fertility desires among women there is an affirmation on the desire of children to the increased of number of children. This study concludes that there is a relatively higher prevalence of women desiring for more children as the factor associated with

having more children. Despite of presence of health intervention but if women themselves desire to have more children then this can make them multiparous.

Muluneh and Moyehodie (2021) conducted determinants of desires for more children among women in Ethiopia. Desire for more children has an impact on couple's fertility behaviors. It can be a precursors of actual fertility performance. However, the desire for more children is dealing overtime in Ethiopia. These findings showed that age of women education level age at first marriage. Therefore, it is implemented to adopt programs to encourage the desire for more children, implement policies in an attempt to increase the total fertility rate in Ethiopia ought to critically consider these factors. Moreover, continuous education and knowledge on reproductive health will help for better fertility behavior for women.

Muluneh & Moyehodie, (2021) conducted a study on the desire for more children among women in Ethiopia. The findings showed that the age of women, education level, age at the first marriage, religion and other factors determined the desire for more children among spouses. However, despite of the desire for more children this has caused women to give birth to many children. The study also revealed that despite of the requirement for the adoption and of controlling number of children women are encouraged to have more children basing on their social values, religious values and traditions. Therefore, this study concluded that continuous education and knowledge or reproductive health is still needed to better control; fertility behavior for women which make them to feel the need to give birth to more children.

Rai, (2017) conducted a study on the weather sex composition of living children and the desire for additional children affect future intention to use contraception in

Ethiopia. This study pinpointed that women who had at least one child with an equal number of boys and girls, more boy than girls or more girls than boys, who did not want any more children and those who were unsure about their desire for more children showed their intention to use contraceptive in the future, compared with those with an equal number. Women with no children and who did not want children. But those who wanted more children did not want to use contraceptives.

2.3.3 Effects of Contraceptive use on the Grand Multipara in Geita District Council

Tadese, (2021) assess the negative perinatal effects on grand multipara and its associated factors in northern zone public hospitals. The main factor causing newborn morbidity, death, and long-term physical and psychological effects is poor perinatal outcomes. Concerning the effect of grand multiparity on unfavorable perinatal outcomes, conflicting information from several research has been presented. The incidence of negative perinatal outcomes and a lack of prenatal care were found to be important predictors of negative perinatal outcomes in this research.

However, there was no statistically significant correlation between parity and perinatal outcomes. Significant predictors of perinatal outcome were maternal age, place of residence, profession, absence of prenatal care, and prior pregnancy problems. Between GM and LM women, there was no statistically significant difference in the perinatal outcome. Regardless of parity, socioeconomic development, quality prenatal care, and early detection and treatment of problems

are necessary.

Solanke, et al., (2018) conducted a study on the assessment on the intention of contraceptive uses among maternal grand multipara in Nigeria. 34,302 women were given questionnaires to complete as part of the study's quantitative research approach in order to gather data. According to the study's findings, more over half of respondents do not plan to take contraceptives, while less than one-fifth of respondents do. Additionally, the findings of this study show a significant correlation with maternal grand multipara and Nigerian women's willingness to use contraception. Because it may be included into the present national family planning policy through targeted contraceptive education, counselling, and information, it is imperative to develop a demographic and health campaign that explicitly targets grand multiparous women in the country.

Njoku, et al., (2017) to contrast the obstetric outcomes of grand-multiparous women with those of low parity in our hospital. 150 grand-multiparous women (cases) and 150 multiparous women (paragraphs 2-4) who gave birth in a hospital during this index pregnancy were included in the research. The mean age at delivery for grand-multiparous women was 37.0 2.8 years. Grand-multiparity was significantly higher in polygamous marriages (9.3% against 3.3%), women with just a primary education (48.0% compared 44.7%), and Muslim women (6.7% vs. 17.3%). Grand-multiparous women had a significantly higher risk of having a major postpartum hemorrhage and pregnancy-induced hypertension compared to the controls. The mean packed cell volume before delivery was 33.6% 2.7% in grand-multiparous women as opposed to 35.2% 2.7% in the multiparous group (P-value = 0.000).

2.3.4 Contributions of Social Influence on the Grand Multipara in Geita District Council

Al-Shaikh, et al., (2017) grand multiparity and the possible risks of adverse maternal and neonatal outcomes. The relation between grand multiparity (GMP) and the possible adverse pregnancy outcomes is not well identified. GMP (parity ≥5 births) frequently occurs in the Arab nations; therefore, this study aimed to identify the correlation between GMP and the different adverse maternal and neonatal outcomes in the Saudi population. This cohort study was conducted on a total of 3327 women from the labor ward in King Khaled University Hospital, Riyadh, Saudi Arabia.

Primiparous, multiparous and grand multiparous females were included. Socio-demographic data and pregnancy complications like gestational diabetes or hypertension, preeclampsia and intrauterine growth restriction were retrieved from the participants' files. Grand multiparous Saudi females have similar risks of maternal and neonatal complications compared to the other parity groups. Advanced age might play a major role on pregnancy outcomes in GMP. Nevertheless, grand multiparty might not be discouraged as long as women are provided with good perinatal care.

Saadia, (2014) examined the grand multiparity in Saudi Arabia examining the Obstetric risk, the study revealed that with the advancement of family planning, grand multiparity decreased tremendously in the Western countries. Though the incidence of GMP has declined in the Saudi population as well, it decreased from 29% to 5.3% in a more recent study and 10.2% in the current research, GMP remains frequent due to different factors. The impact of culture cannot be dismissed when

considering this topic.

Throughout the Middle Eastern region, India, Pakistan, and Africa, large families are highly valued and are a measure of high fertility. In addition, the practice of early marriages and religious beliefs that do not support the use of contraception are considered serious challenges that cause an increase in the incidence of GMP in the Saudi population. Whether this represents an obstetric problem or not should be extensively investigated as the risk of complications is thought to be minimized in high-income countries as they provide a high-quality health-care system. In addition, there are few data on the relation and nature of maternal and neonatal complications with GMP, especially in Saudis.

Dasa, et al., (2022) The study used a quantitative methodology and collected data from 837 women who gave birth in public hospitals. It studied the influence of multiparity on the unfavorable delivery outcomes in Ethiopia. The results of this study showed that women with big multiparty histories were more likely to have negative parenting outcomes. The study went on to show that the lack of or low rate of contraceptive usage among women is a major contributing factor to grand multipara.

2.4 Research Gap

In this research studies such as Rai, (2017) & Tadese, (2021) contended that grand multipara leads to hypertension and primary postpartum haemorrhage. In most cases the findings obtained in the study conducted by (Inyang and Ekanem, 2016) concentrated much on the effects of grand multipara on women while having little

concern about the factors influencing grand multipara, therefore there is little understanding in this area (Muniro et, al 2019). Also, it has been established that most of these studies were conducted in countries other than Tanzania and there is no research conducted on grand multiparity in the Geita region. Also, despite of provision of reproductive health education to women, still the trends show an increase in the level of multiparity among women attending governmental hospitals for clinics, therefore this shows that there is a knowledge gap to what are the factors influencing grand multipara in the Geita region.

2.5 Conceptual Framework

From the conceptual framework of the fertility theory, it is suggested that the reasons for the certain number of children are such as child sex preference, desire for the number of children, contraceptive use and social influence the factor which forms the base of this study. These reasons have been adopted as the independent variables of this study whereby the first factor is Child Sex Preference which is determined by the pride of having more boys and the need to have more girls. secondly, it is a desire for several children which is determined by having many children is wealth and more children provide security. Thirdly, it is contraceptive uses which are determined by awareness of the use of contraceptives and readiness to use contraceptives. Thirdly contraceptive use is determined by awareness of the use of contraceptives and readiness to use contraceptives and lastly, it is social Influence which is determined by the roles of family members and roles of social institutions.

On the other hand, the dependent variable is made up of the grand multipara, therefore the researcher aims at soliciting the existing relationship between the

researcher variables to assess the extent to which the independent variables affect the dependent variable whether negatively or positively. Therefore, the model provided below intends to solicit the existing relationship between independent variables namely child sex preference, desire for several children, contraceptive uses and social influence on the grand multipara. Thus, to examine the existing relationship between these variables the researcher employed a statistical test such as inferential statistics and multiple regression analysis to check the level of significance of the relationship between the independent and dependent variable.

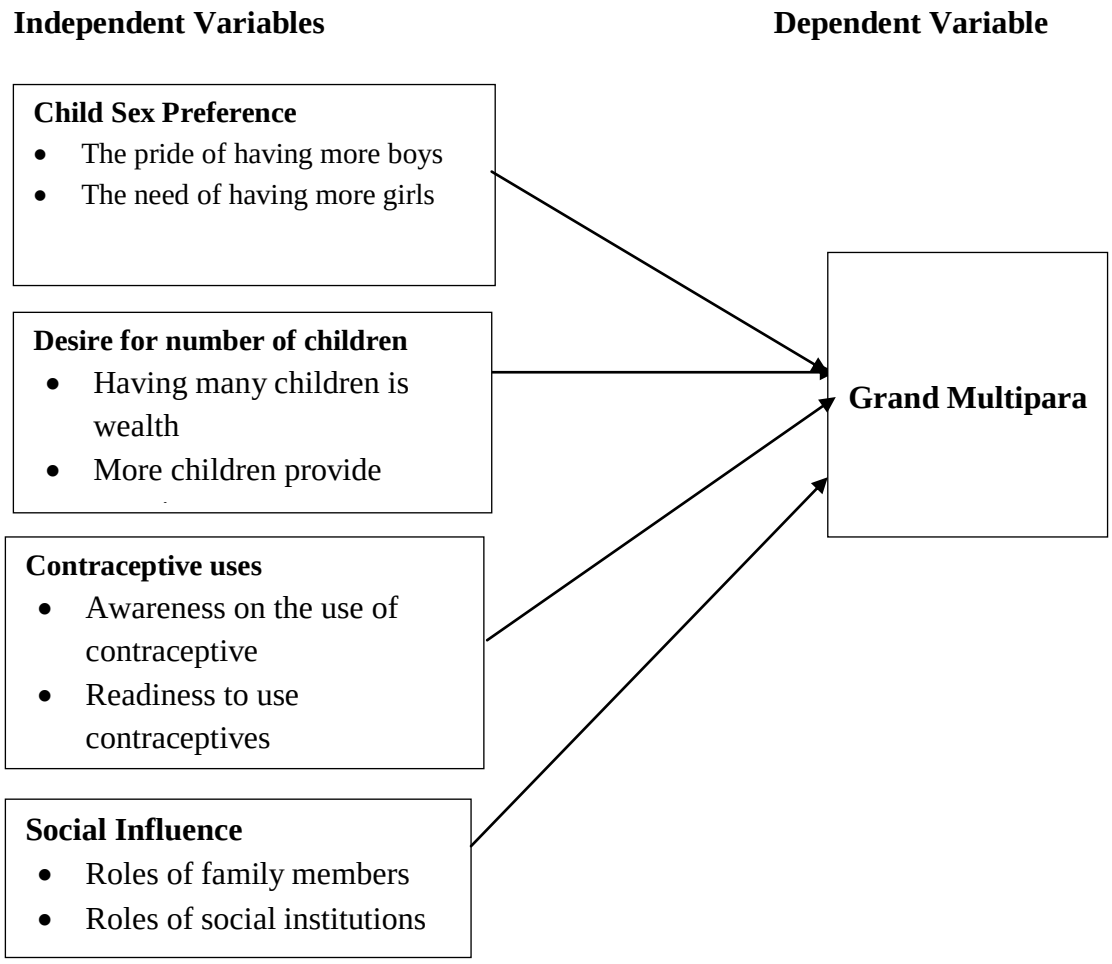

Figure 2.1: Conceptual Framework
Source: Researcher's Own Construct (2023)

Therefore, the model provided below intends to solicits the existing relationship between independent variables namely child sex preference, desire for number of children, contraceptive uses and social influence on the grand multipara. Thus, to examine the existing relationship between these variables the researcher will employ statistical tests such as descriptive statistics, inferential statistics and multiple regression analysis in order to check the level of significance of the relationship between the independent and dependent variable.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

In this chapter, the main concern is the methodology employed in the process of conducting this research. The chapter covered the research approach, the research design and the area of the study. The chapter also covered the population of the study, the sample size of the study and sampling techniques. On the other hand, this chapter also provides for the data collection methods, validity and reliability, analysis of data and ethical considerations.

3.2 Research Approach

The research approach presents the strategy or plan used by the research to conduct research, research approach outlines the steps, methods and techniques that help the researcher to answer the research questions and intended research objectives (Kothari, 2012). This study employed a mixed research approach, this is the method which combines both qualitative and quantitative techniques methods in a single study or project. This method was used to gather a more comprehensive understanding of a research problem by drawing on the strength of both qualitative and quantitative methods. Through a mixed approach, the research collected both qualitative through interviews and focus group discussions, while quantitative data was collected through questionnaires.

3.3 Research Design

In this research, the researcher employed a descriptive research design this design normally helps the researcher to answer certain research questions guiding the

research study. This design was used to provide a comprehensive and holistic understanding of a research problem by leveraging the strength of both quantitative and qualitative methods. This design also enabled the researcher to obtain a conclusion based on the research objectives. Descriptive research design is a type of research methodology that aims to provide a detailed account of a phenomenon or describe the characteristics of a group or situation. The primary goal is to observe, record, and report on what exists or what is happening without manipulating variables. Descriptive research was used when the researcher wanted to answer questions like “what,” “who,” “when," or "where.".

3.4 Study Area

This study was conducted in the Geita town council, specifically in the selected two Councils of Geita District. According to Konje et al., (2018), there are 86.74% of women who have been attending an RCH clinic almost 13.26% have given birth for their 4^{th} – 5^{th} time meaning that they are multiparous. Thus, the researcher used this area to assess the factors which contribute to grand multipara among women who attend RCH clinics in this area. Since there is high number of multiparous women Geita district council according to dhis2 data base, it guaranteed the researcher with sufficient data to accomplish this research.

3.5 Population of the Study

The population for this study comprised healthcare providers, pregnant women, community health as well as other community members, to whom the sample size of this study was obtained. The population size of this study was 3208 which included women attending clinics in government hospitals, health care providers and

community members (Geita Region Strategic Plan 2018/2019 – 2022/2023).

3.6 Sample Size and Sampling Techniques

3.6.1 Sample Size

The sample size for this study was estimated by using Yamane's (1967) formula as follows.

$$n = \frac{N}{1 + N(e)^2}$$

Whereby:

n represents Sample size?

N = represents Population (3208)

e = level of precision (0.1)

$$n = \frac{3208}{1 + 3208(0.1)^2}$$

$$= \frac{3208}{33.08} \qquad = 97$$

The sample size for this study was 97, this includes 10 health care providers, 67 women with or more than 5 children attending RCH clinic, and 20 other community members.

3.6.2 Sampling Techniques

Simple random Sampling techniques in which every member of the population as an equal chance of being selected and participating in the data collection process. The researcher assigned each individual a unique number and used a random process to select the numbers. This process was conducted to select pregnant women and some

community members. On the other hand, non-probability sampling technique is a sampling technique in which the researcher selects a sample based on his judgment. Under this approach, the researcher employed a purposive sampling technique to select respondents who meet certain criteria or certain specific characteristics relevant to the study. This method was used to select respondents such as healthcare providers who participated in this study.

3.7 Methods of Data Collection

Methods of data collection refer to the systematic ways of collecting information from individuals to analyze the research information. In this study, the researcher collected both primary and secondary data, whereby primary data was collected through questionnaires, interviews and focus group discussions described as follows.

3.7.1 Questionnaire

The researcher constructed a questionnaire with a level Likert scale to determine the awareness of the respondents on grand multipara. This method was useful because it helped the researcher to simplify the data collection process, and it reduced the cost of administration of the data collection process while guaranteeing the validity and reliability of the data collected. This method was used to collect quantitative data based on the research objectives.

3.7.2 In-depth Interview

This method was used in collecting qualitative data, in this study interview was administered to the healthcare providers in public health institutions. In this regard, the researcher employed a semi-structured interview in which an interview guide

was prepared for this exercise. During the interview, the researcher organized interview sessions for 30 min for each participant to enable them to provide more clarification of the information they have been providing. The interview was useful in this study because it allowed the researcher to collect information based on their perception, opinion and knowledge about the factors that influence the presence of grand multipara. It also allowed the researcher to supplement quantitative data collected from women.

3.7.3 Focus Group Discussion

In this study the researcher formulated two groups with five participants each, participants of these focused groups were men whereby some of them their wives were attending RCH clinics. With a focus group, it was easy for the participants to brainstorm the matter being discussed. These were included because the research wanted to have their perception of the factors which influence them to be multiparous.

3.8 Pilot Study

Before beginning the main investigation, the researcher used the pilot study to determine whether the research tools were of sufficient quality to achieve the study's goals and to make improvements to the tools. Piloting was carried out to measure the dependability of instruments and to discover issues with language usage in scales and the amount of time needed to complete sample questionnaires. The results of the pilot study show that the tools used for data collection were good because they were clear and understood by the respondents and participants.

3.8.1 Validity of the Instruments

Validity is the crucial aspect which aims to determine the extent to which a study accurately measures or demonstrates what it is intended to. In other words, it addresses whether the observed effects or relationships in a study can be attributed to the variables. to ensure validity, the researcher presented the research tool to the research supervisor for determination and scrutiny. Later on, the tools of data collection were referred to some colleagues who also provided their opinions and suggestions to improve them, this process helped the researcher to obtain tools which are more clear, understandable and free from ambiguities.

3.8.2 Reliability of Instruments

Reliability refers to the consistency and stability of measurements of the tool of data collection even if the exercise is repeated several times. The reliability of this study was determined using the Cronbach Alpha Coefficient which is normally recommended to be at least $r \geq 0.7$ as the acceptable value for reliability. In this study, the researcher tested the reliability of each variable to test the reliability and fairness of qualitative questionnaires as suggested by Bolarinwa (2015) using the alternative form reliability (equivalence) method, a pair of questionnaires were administered simultaneously constituting antagonistic questions. The researcher assessed reliability using Cronbach's Alpha Coefficient as shown in 4.6.

Table 3.1 Reliability

Variable	Description	Alpha Coefficient
CSP	Child Sex Preference	.832
DMC	Desire for More Children	.798
CU	Contraceptive Uses	.805
SI	Social Influence	.864

Source: Field Data (2023).

Table 4.6 shows the results of reliability tests in which five factors were tested in which their Cronbach Alpha Coefficient ranged from .798 as the lowest and .864 as the highest value. The reliability level can be interpreted as good reliability as suggested by Tavoikol & Denmark (2011). This correlation only estimated the reliability of each factor in a more practical method which normally requires that reliability be $r \geq 0.7$ for the data to be reliable and to satisfy further process of data analysis.

3.9. Data Collection and Analysis Strategies

3.9.1 Data Collection

This implies the whole process which was conducted by the researcher to document responses which were collected from the participants through questionnaires and interviews. The researcher collected data through different methods such as questionnaires, interviews and focus group discussions. Data obtained through the questionnaire was recorded through ticking in the respective choice provided. During the interview, the researcher employed a note-taking process to record the responses provided by participants, and focus group discussions were collected through the recording of responses.

3.9.2 Data Analysis

The Statistical Package for Social Science (SPSS) version 20 was used in the data analysis. When analysing the quantitative data, the researcher used inferential analysis, multiple regression analysis, and the following model to determine the connection between the study variables.

$$Y = a + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \epsilon$$

$$GMP = a + \beta_1 CXP + \beta_2 DCM + \beta_3 CU + \beta_4 SI + \epsilon$$

Y dependent Variable

X Independent Variables

GMP Grand Multipara Practice

CXP Child Sex Preference

DCM Desire for More Children

CU Contraceptive Use

SI Social Influences

a Constant

e Constant

β is the coefficient on the First, second and third predictor variable.

From multiple regression model the researcher describe two research variables namely independent variables and the dependent variables. Whereby independent variables were Child Sex Preference, Desire for More Children, Contraceptive Use and Social Influences. All these variables were measured using Likert Scale which contained three rating which were Agree, Disagree and Not sure. While the dependent variable was prevalence of grand Multipara which was also measure by Likert scale questionnaire with three level of rating from Agree, Disagree and Not Sure.

3.10 Ethical Consideration

The researcher followed several guidelines to ensure ethical considerations, such as contacting the offices of the Executive Directors for both Geita Disrict Council and

Geita Town Council for the same aim of requesting permission to perform research in their particular region. The researcher next went to the designated public health institutions to set up an appointment with the administrators as well as community leaders and give them the letter of permission. Then the researcher explained the goals and methods for gathering data. Additionally, participants' safety, identity, and privacy are respected, as well as the confidentiality of the information they provide. The researcher used quote marks, accurately referenced and cited sources, whether they were paraphrased or summarised, and recognised the work of others.

CHAPTER FOUR

FINDINGS AND DISCUSSION

4.1 Introduction

This chapter deals with the analysis of data, presentation of findings and discussion to see if the intended research objectives have been established. The chapter addresses the findings based on the response rates, socio – demographic characteristics of the respondents, later the chapter covers the research findings based on the research objectives such as to find out the relationship between child sex preferences and grand multipara practice in Geita District Council, to find out the relationship between desire for more children and the grand multipara practice in Geita District Council, to assess the use of contraceptive among grand multipara women in Geita District Council and to find out the contribution of social influence on the grand multipara practice in Geita District Council. Lastly, the chapter assessed the relationship between variables to see which among the factors significantly influence grand multipara among women.

4.1 Response Rate

Therefore, the sample size of the study was 97 respondents comprised of 10 healthcare providers, 67 women with or more than 4 children attending the RCH clinic, and 20 other community members. However, during the data collection process, there were only 80 respondents who filled out questionnaires, 5 participants in the interview and 8 members who formed 2 groups for focus group discussion. Thus, the response rate for this study was 93. This response was equivalent to 85.8% and this allowed the researcher to analyze the data.

4.2 Respondents Profiling

In this section, the researcher assessed characteristics such as gender, age, level of education, economic activity, marital status and number of children as in Table 4.1.

Table 4.1: Respondents Profile

Character	Category	Frequency	Per cent
Age	18-25	8	10.0
	26-35	40	50.0
	36-45	30	37.5
	46+	2	2.5
Gender	Male	5	6.3
	Female	75	93.8
Level of Education	No formal education	33	41.3
	Primary education	36	45.0
	Secondary education	7	8.8
	Diploma	3	3.8
	Bachelor's Degree	1	1.3
Economic activity	Depending on my partner	13	16.3
	I am a peasant	48	60.0
	I am employed	6	7.5
	Small business woman	13	16.3
Marital status	Married	67	83.8
	Unmarried	5	6.3
	Divorced	2	2.5
	Separated	4	5.0
	Cohabiting	2	2.5
Number of Children	1-2 children	3	3.8
	3-4 children	27	33.8
	5-6 children	39	48.8
	6+ children	11	13.8

Source: Field Data (2023).

Table 4.1 reveals that majority of the participants were aged between 26 – 35 which constitutes 50% of all participants. Followed by 37.5% who were aged between 36 – 45 years. This indicates that most of grand multipara women are aged between 26 to 45 years. Table 4.1, also shows that most of the respondents who participated in this

study were female about 93.8% while only 6.3% of the respondents were male. The difference in gender inclusion in this research was mostly associated with the nature of the study and the intended objectives the researcher had.

On the level of education Table 4.1, shows that 41.3% of the respondents who participated in this study had no formal education and only 45.0% of the respondents had primary education. These findings depict the problem of lack of education among the respondents who participated in this study. On the economic activity Table 4.1, shows that 60% of the respondents were peasants, 16.3% depended on their partners and not working. Based on these findings it can be established that most of women who participated in this study lack employment opportunities which would make them earn an income to sustain their families.

On the martial status of the respondents, Table 4.1, shows that 83.8% of the respondents were married and 2.5% were cohabitating. Therefore, through this study it has been established that most of the women in this area who are multiparous are either in marriages or are living with their partners. Table 4.1 also shows that 48.8% of the respondents who participated in this study had 5 - 6 children and 13.8% had more than six children. Through this result it is clear that about 62% of the women who participated in this study had five or more children hence they were grand multiparous.

Assessment of the respondent's socio-economic characteristics of the respondents was very important for this research because it helped to determine the power of the respondents in making independent without being forced or driven by their economic

dependency. Moreover, the information related to the socio-economic characteristics of the respondents helped to ensure that the information obtained was valid and reliable. The rationale for the socio-demographic characteristics was also provided by Creswell, (2012) who pinpointed the significance of the demographic characteristics of the respondents in research to be more important when conducting research. But also, with these characteristics of the respondents, it is argued that the respondents were in a position to understand the nature of the problem under the study (Creswell, 2012).

4.3 Opinion on Grand Multipara

This section examines the opinions of respondents about the grand multipara, it aims to assess their awareness level of the respondents about grand multipara and the responses obtained were as present in Figure 4.1.

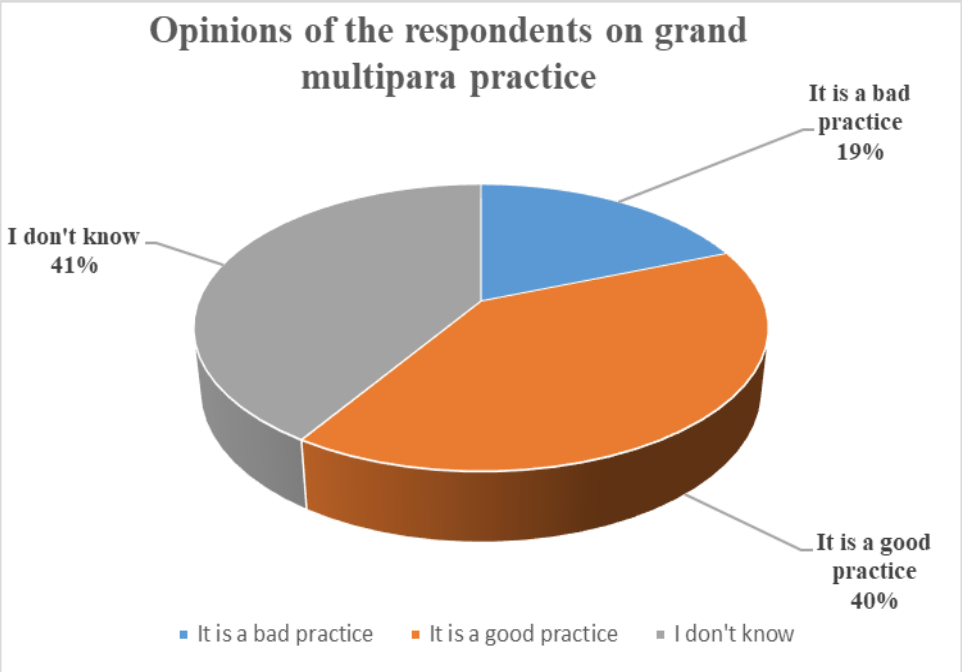

Figure 4.1: Opinions on Grand Multipara Practices
Source: Field Data (2023).

According to Figure 4.1, it was shown that 40% of the respondents think that grand multipara is a good practice and only 19% think it is not a good practice. This was noted on interview questions as most of the respondents pointed out the advantages of having many children.

During the Interview, the participants were asked about their opinion about grand multipara practice, some of the respondents have the following opinions.

> "…. *The situation of a woman to give birth to many children is good because it helps to increase population and hence ensures increase human capital in the society, and this can contribute in the production and increase family income…*" [Interview by Researcher August 2023].

Another participant pinpointed as following

> *"……It's important to note that being a grand multipara can sometimes carry higher risks during pregnancy and* childbirth, *including an increased likelihood of complications* …." [Interview by Researcher August 2023].

Moreover, the results obtained through Focus Discussion also shows there are different perception of people about grand multipara. The results of this study also show that in most cases being multiparous is associated with the thought that if parents have many children it can help them to have enough man power to work more to increase family income for sustaining daily life.

These results on the awareness about grand multipara are supported by Al-Shaikh et al., (2017), who identified great multiparity and the potential hazards of unfavourable maternal and newborn outcomes, provide support for the disparate perceptions of grand multiparity. In GMP, advanced age may have a significant

impact on pregnancy outcomes. Nevertheless, if women get quality prenatal care, grand multiparty may not be discouraged. On the other hand, Solanke *et al.* (2018) researched maternal grand multiparity and the intention to use modern contraception in Nigeria. Because it might be included in the present national family planning policy through targeted contraceptive education, counselling, and information, it is crucial to develop a demographic and health campaign that explicitly targets grand multiparous women in the country. great multipara is a condition in which a woman has given birth to five or more fetuses (Ajong, et al. 2019).

4.4.1 Descriptive statistics on Child Sex Preferences and Grand Multipara practice

The researcher collected data through liker scale questionnaires with 3 ratings from 1 = Yes Agee, 2= No, Disagree, 3 = Not Sure. The results obtained were presented using Descriptive Statistics showing Mean and Standard Deviation as presented in Table 4.2.

Table 4. 2 Descriptive statistics on Child Sex Preference and Grand Multipara

Child Sex Preference on Grand Multipara	N	Min	Max	Mean	SD
My preference for Male Children led me to be Grand Multiparous	80	1	3	1.85	.530
My preference for female children led to grand multiparous	80	1	3	1.85	.506
My preference for an equal number of male and female children led to grand multiparous	80	1	3	1.79	.544
My partner's preference to have a male child led me to grand multiparous	80	1	3	1.93	.471
Valid N (listwise)	80				

Source; Field Data (2023)

Findings on this question shows that most respondents agreed that their partners' preferences to have male child led them to bear many children and became grand multipara which have Mean = 1.93 and SD = 4.71. Also the overall Mean was found to be 1.855 and the overall Standard Deviation was 0.512.

During an interview it was noted that most of the participants agreed that the preference for a child of a certain sex can make women give birth to more and more children. One participant pinpointed the following:

> *"…Because of the need for certain child sex, couples find themselves giving birth to more children, especially when the children found are of a different sex than the one liked by the parents. Also, you may have planned to give birth to a male but give birth to a female child, so find yourself wanting to continue giving birth until you find a male child, so continuing to give birth in search of a certain sex leads to a person having more children…."*

Another participant added that;

> *"people may have a preference for a child of a certain gender due to a variety of personal, cultural or social reasons. It's important to note that while it's natural for some individuals to have a preference, in most cases families prefer to have a male child for reasons such as inheritance, male children are considered as the ones carrying the clan names and if you don't have a male child lead to the lost on the family name……"* [Interview by Researcher July 2023].

On the other hand, the results obtained through focus group discussions showed that there are factors associated with child sex preferences such as cultural or religious beliefs, where in our community there are beliefs and customs which require us to have as many male children as possible. The results obtained through focus group discussion also affirm that child sex preference also causes women to give more children, this is done to ensure that their desire for a specific sex of a child is met and, in the end, they find that they have a large number of children.

These findings show that the predominant types of gender preference that are identified in these surveys are a preference for sons or a preference for a balance of daughters and sons (often expressed as a desire for at least one child of each sex) (Tadese *et al.,* 2021). In some countries, these two types of preferences exist simultaneously. Gender preference may refer to: Sex selection, the attempt to influence the sex of the offspring's gender identity, and personal identification of gender (Ajong, *et al.,* 2019).

In the same vein, Lauren (2020) suggested that the sex of firstborn children will matter more in places with egalitarian gender norms and it plays a role in how fertility preferences update. The strongest preference changes are for the ideal number of daughters, although total fertility change is dependent on the sex of one's firstborn. On the other hand, Inyang- and Ekanem (2016) revealed that the vast majority of women preferred to have male children in the index pregnancy. This study also shows that some mothers tried up to four attempts to find the child of their preference. Some mother suggested that they have gender preferences to balance gender in their families. Some others preferred a certain sex of a child to satisfy their husbands for a matter of inheritance and consolidate their marriage (Emecehbe et al., 2018).

4.4.2 Effects of Desire for More Children on Grand Multipara Practice

This subsection presents the research findings on the effect of the desire to have more children on grand multipara. Data was collected using Likert scale questionnaires with 3 ratings from 1 = Yes Agee, 2= No, Disagree, 3 = Not Sure and were presented using Descriptive Statistics showing Mean and Standard Deviation as

presented in Table 4.3.

Table 4.3: Effects of desire for more Children on Grand Multipara Practice

The Desire for More Children	N	Min	Max	Mean	Std. D
Having more children is a prestige to the community	80	1	3	1.71	.620
Having many children is an indicator of wealth	80	1	3	1.86	.470
Having many children provides security to the family	80	1	3	1.65	.618
Having many children helps to maintain clan growth	80	1	3	1.41	.567
Many children ensure the availability of labour for production	80	1	3	1.59	.706
Valid N (listwise)	80				

Source: Field Data (2023).

Table 4.3, The results of descriptive statistics show that having more Having more children is a prestige to the community had Mean of 1.71 and SD of .620, Having many children is a n indicator of wealth had Mean = 1.86 and SD of .470. Also, it was shown that having many children provides security of the family had 1.65 and SD of .618. Moreover, it was shown that having children helps to maintain clan growth had mean = 1.41 and SD .567. Many children ensure availability of labour for production had mean = 1.59 and SD of .706. Therefore, these findings show that variation of the respondents towards the perception on the number of children on grand multipara. The results show that there are some respondents who agrees that desire for more children influence the presence of grand multipara while some respondents doesn't disagree.

During an interview about the effects of the desire for more children on grand multipara practices, showed that there are different perceptions on the issues of

desire for more children. One participant gave the following comments;

> *"……. children are a sign of prestige, in the lake zone still parent have the perception that having many children is prestigious, that a man should always have as many children as possible. This situation makes women continue giving more births. Thus, the more children a person has the more multipara she is, though this trend is not good because it causes much complications among women…."* [Interviewed by Researcher August 2023].

Another participant opined as follows;

> *"……. It is not whether the woman likes or doesn't like it, having many children is associated with many factors such as social norms, religion and even family units. People like to have bigger families hence this forces woman to give birth to more children. In most cases the effects that a woman gets for delivering more children are not taken into account only what matters is that she has as many children as possible, therefore this leads them to be multiparous* [Interviewed by Researcher, August 2023].

On the other hand, the results obtained through focus group discussions show that the community in the lake zones prefers to have many children because having many children makes them feel that they can have support in old age. Despite this perception still they acknowledge that having many children has problems for women's health because women's bodies get exhausted and other associated complications. Therefore, from the focus group discussion, the results affirm that the desire for more children causes women to be multiparous. The results of the descriptive statistics show that the predetermined relationship between the desire for more children and grand multipara has been established.

The relationship between the desire for more children was also supported by Rai et al (2014) who pinpointed that parents' preference for more children leads to grand multipara and it has an effect on fertility and reproductive behaviours. In the same vein presence of only a few children in a family significantly increases the desire for

other children (Shechter et al., 2010), The preference of parents to have more children affects the fertility and reproductive behavior of the respondents and it is necessary to reduce son preference for the health and well-being of children and women. In the same vein, Ahinkorah et al., (2020) fertility desires among women there is an affirmation of the desire for children to increase of number of children. This study concludes that there is a relatively higher prevalence of women desiring more children as the factor associated with having more children.

4.4.3 Effects of Use of Contraceptives on Grand Multipara

This subsection presents the findings about contraceptive uses and the presence of grand multipara. Data for this objective was collected using a Likert Scale questionnaire with 3 ratings from 1 = Yes Agee, 2= No, Disagree, 3 = Not Sure and were presented using Descriptive Statistics showing Mean and Standard Deviation as presented in Table 4.4.

Table 4. 4 Relationship between the Use of Contraceptive and Grand Multipara practice

Use of Contraceptive and Grand Multipara	N	Min	Max	Mean	Std. D
Contraceptive uses affect the ability to be able to reproduce in the future	80	1	3	1.75	.666
Using contraceptives can lead to family misunderstanding	80	1	3	1.60	.668
I just dislike the use of contraceptive	80	1	3	1.74	.545
The use of contraceptives is against our values and beliefs	80	1	3	1.75	.666
I sometimes use contraceptives but, in most cases, I don't use them.	80	1	3	1.77	.616
Valid N (listwise)	80				

Source: Field Data (2023)

Table 4.5, Contraceptive uses affect the ability to be able to reproduce in the future had mean = 1.75 and SD = .666. Using contraceptives can lead to family misunderstanding had Mean = 1.60 SD = .668. I just dislike the use of contraceptive had mean = 1.74 and SD = .545. The use of contraceptives is against our values and beliefs had mean = 1.75 and SD = .666 and I sometimes use contraceptives but, in most cases, I don't use them had mean = 1.77 and SD = .616. The results of this study also show that there is variation on the respondent's perception on contraceptive uses and grand multipara. The results of standard deviation shows that some respondents disagree that contraceptive uses is associated with grand multipara.

The findings obtained through the interview are as follows;

> *"...that in some cases there are women who would give birth to a higher number of children because one of the spouses especially the men would like to have the huge number of children. In the lake zone areas when a person has many children is praised since historically having many children is connected to many factors such as wealthy, prestige and a way to fight disasters which cause death in the society..." [Interviewed by Researcher 2023].*

Another Participant opined as follows;

> *".... Women especially in the Geita regions likes to bear many children because they want to show that they love their partners. They have their saying that if you love him or you want to be loved then give children to your man. So, the more children you give the more love you get from your spouse..." [Interviewed by Researcher 2023].*

Thus, it can also be established that the desire for more children also causes women to be multiparous, this is because a woman would give the best she can to maintain her status in the family and make sure that she is constantly loved by her spouse but the results of this are having as many children as possible. The results obtained through Focus Group Discussion show that contraception is a way to prevent

pregnancy. There are many different types of contraception and some are more effective than others. There are methods of contraception including oral contraceptive pills, implants, injectables, patches, vaginal rings, Intra uterine devices, condoms, male and female sterilization, lactational amenorrhea methods, withdrawal and fertility awareness-based methods. Despite all these alternatives for contraception most of the people in this area still don't like to use contraceptives which causes the presence of grand multipara.

Therefore, from this study, it was also established that low contraceptive use among women causes the presence of grand multipara. Therefore, findings are positively supported by Saadia, (2014) family does not support the use of contraception is considered a serious challenge that causes an increase in the incidence of GMP in the Saudi population. on the other hand, Solanke, et al., (2018) did a study on the intention to use contemporary contraception and maternal grand multiparity in Nigeria, which also demonstrated a strong relationship between maternal grand multipara and Nigerian women's propensity to utilise contraception, on the other hand, Dasa et al., (2022) pinpoints that the lack of or low rate of contraceptive usage among women is a major contributing factor to grand multipara.

4.4.4 Effects of Social Influence on Grand Multipara

This section aimed to determine the effects of social influence on the grand multipara. In responding to this question use the following Liker scale to select whether **1** = Yes, I agree, **2** = No, I disagree, **3** = I am not sure. The results obtained were presented using descriptive statistics showing mean and Standard deviation as presented in Table 4.5 as shown below.

Table 4.5: Effects of Social Influence and Grand Multipara Practice

Social Influence and Grand Multipara	N	Min	Max	Mean	Std. D
My family influences me to bear as many children as possible	80	1	3	1.62	.537
In my society it good to have many children	80	1	3	1.49	.574
Most of my friends are multiparous so I also thought to be among them	80	1	3	1.69	.542
I don't know that being multiparous can bring health problems to me	80	1	3	1.56	.633
In our social institutions, we are advised to have many children because we don't know who will help us in old age.	80	1	3	1.55	.634
Valid N (listwise)	80				

Source: Field Data (2023).

Findings on table 4.5 shows that most women were influenced to have more children because they wanted to be like their friends who had already given birth to more children than them. This is due to high Mean score of 1.69 and lowest Standard deviation of .542 on that option the findings of this study show that the overall Mean was 1.582 and the Standard Deviation was 0.584. These results confirm the presence of a relationship between social influence and grand multipara.

The findings obtained through the interview also show that grand multipara is associated with social influence such as religion, customs, beliefs and historical background of participants. Some gave their opinions as follows;

> *"… In our society (Sukuma tribe) we like to have many children since it makes us feel proud, having many children encourages us to work harder to ensure family sustainability. Also, we believe that having many children guarantees you a good life in old age since you have people who can take care of you and support you when you are not able due to old age…"* [Interviewed by Researcher August 2023].

Another participant is pinpointed as follows.

> *"…… I think social influence is all about the influences of parents, peers, and morals, it also includes a critical life experience in the*

> *society. Having a certain number of children is associated with many things like family pressures towards women, culture and traditions which require women to have a good number of children in their marriages. The presence of higher social influences causes women in society to feel that they are obliged to bear more children hence this causes multipara among women* [Interview by Researcher August 2023].

The results obtained from the focus group discussion show that social influence represents social ties that certain community has. Social influence comprises the belief that society is based on. Having many children is arguably caused mostly presence of certain social values which have the effects of making women multiparous. Therefore, it can be established that social influence also is one of the factors which causes women to be multiparous. The results of this study affirm that in most cases multipara is associated with social influences as supported by Al-Shaikh *et al.,* (2017) who pinpointed that primiparous, multiparous and grand multiparous females were vulnerable to certain beliefs, cultural domination over women and the sense of marriage maintenance.

In the same vein Saadia, (2014), the practice of early marriages and religious beliefs that do not support the use of contraception are considered serious challenges that cause an increase in the incidence of GMP in the Saudi population. Whether this represents an obstetric problem or not should be extensively investigated as the risk of complications is thought to be minimized in high-income countries as they provide a high-quality healthcare system, while Dasa et al., (2022) showed that women with big multiparty histories were more likely to have negative parenting outcomes. The study went on to show that the lack of or low rate of contraceptive usage among women is a major contributing factor to grand multipara.

4.5 Analysis of the Factors for the Prevalence of Grand Multipara

The researcher also aimed to assess the existing relationship between the research variables as provided by the conceptual framework. In determining the relationship between variables, the researcher employed inferential statistics and multiple regression. Employing multiple regression analysis requires the satisfaction of various assumptions and tests as provided in the following subsections.

4.5.1 Inferential Statistical Analysis

The researcher conducted advanced statically analysis especially regression analysis to infer the relationship between the variables in detecting the most significant variable that affects grand multipara among women. The study conducted a test of the confirmation of parametric assumptions as a prerequisite for running regression analysis (Osborne, 2016). These were data cleaning, checking outliers, normality tests and multicollinearity. variables were retained for further analysis steps.

4.5.2 Linearity Test

This is another step which intends to find whether the data can portray a linear relationship between the independent and the dependent variables. since the study aimed to run multiple regression, it becomes important to ensure that the data falls within the category of the equation of the straight. To ensure this, the researcher runs a Pearson correlation (r) test. The results obtained from the reliability test were summarized and presented in Table 4.7.

Table 4.6: Linearity Test

		GMP	CSP	DMC	CU	SI
GMP	Pearson (r)	1				
	Sig. (2-tailed)					
	N	80				
CSP	Pearson (r)	.087	1			
	Sig. (2-tailed)	.004				
	N	80	80			
DMC	Pearson (r)	-.047	.303**	1		
	Sig. (2-tailed)	.681	.006			
	N	80	80	80		
CU	Pearson (r)	.159	.054	.360**	1	
	Sig. (2-tailed)	.158	.633	.001		
	N	80	80	80	80	
SI	Pearson (r)	.097	.112	.422**	.425**	1
	Sig. (2-tailed)	.394	.321	.000	.000	
	N	80	80	80	80	80

**. Correlation is significant at the 0.01 level (2-tailed).
Source: Field Data (2023).

Table 4.7, it was shown that the overall correlation result was 0.01, a level of significance and that there was a positive relationship between the dependent and independent variables. The results from the linearity assumption show that Child Sex Preference (CSP) had (r (80)>.087, p<, .0004), which means that there is a positive and significant relationship between child sex preference and prevalence of grand multipara among women. Moreover, the results show that Desire for More Children (DMC) had (r (80)> .303, p, < .006), which means that there is a relationship between desire for more children and grand multipara. On the other hand, Contraceptive Uses (CU) had (r (80)> .360, p< .001), this also shows the presence of the relationship between contraceptive use and grand multipara. Lastly, Social Influence (SI) has (r (80)> .425, p<.000).

The findings of this study pinpoint that there is a positive and significant relationship between the selected factors such as child sex preference, desire for more children, contraceptive uses and social influence on the grand multipara practice. This is also

supported by Solanke et, al (2018) did a study on the intention to use contemporary contraception and maternal grand multiparity in Nigeria. It is critical to create a demographic and health programme that specifically targets grand multiparous women in the nation because it could be included in the current national family planning programme through targeted contraception education, counselling, and information. Grand multipara is a state where a woman has delivered five or more fetuses (Ajong, et al., 2019), in the view pinpointed by Muniro, et al., (2019) it was shown that the predominant types of gender preference that are identified in these surveys are a preference for sons or a preference for a balance of daughters and sons (often expressed as a desire for at least one child of each sex) (Tadese, et al., 2021). In some countries, these two types of preferences exist simultaneously. Gender preference may refer to Sex selection, the attempt to influence the sex of the child.

4.5.3 Multiple Regression Analysis

The researcher finally, ran linearity regression to confirm the most significant factor for grand multipara. The study considered four main variables namely; Child Sex Preference (CSP), Desire for More Children (DMC) and Contraceptive Use (CU), Social Influence (SI) as independent Variables and GMP as the dependent variables. the results were recorded and later on interpreted and discussed to bring the meaning of the final results for the stated objectives as presented in Table 4.8, 4.9 and 4.10.

Table 4.7: Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.717[a]	.647	.604	.667	1.798

Source: Field Data 2023).

The initial regression results have the intention to confirm the model equation acceptance of the variables if they measured the dependent variable. Table 4.8 shows that four independent variables namely CSP, DMC, CU and SI have a combined factor loading of .717 which is equivalent to 71.7% as the explanation of the regression equation. The results also show that the Rsquare value was loaded at .647 approximately 64.7%. The R square values were loaded at .604 which is equivalent to 60.4%. According to Saunders et al., (2016) and Malhotra (2009), the Rsquare value of the range between 50 – 70% implies a moderate effect of the independent variables on the dependent variable.

Similarly, the Durbin-Watson test, which is a test for autocorrelation (a violation of the parametric assumption) of items revealed a value of 1.798. autocorrelation is a violation of one of the parametric assumptions (Saunders et al., 2010). According to Durbin and Watson 1971 as quoted in Saunders et al., 2010 autocorrelation values which are close to zero imply a negative autocorrelation while values close to 4 suggest a negative autocorrelation and between 1.5 and 2.5 imply no autocorrelation. In this study, the value of Durbin Watson was 1.798 which means no autocorrelation exists between variables.

Table 4.8: ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
	Regression	1.652	4	.413	29.129	.000[b]
	Residual	33.348	75	.445		
1	Total	35.000	79			

Source: Feld Data (2023).

Table 4.9 shows the results obtained from the Analysis of Variance which confirms the relationship between and within the group of variables (Malhotra, 2009). In other

words, (ANOVA) testifies the interaction effects between variables in this study the F-test was 29.129 which was significant at .000 and this allowed the researcher to present the final regression results as per Table 4.10.

Table 4.9: Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	(Constant)	**B**	**Std. Error**	**Beta**		
		2.684	.285		5.906	.000
1	CSP	.365	.112	.269	-.582	.002
	DMC	.314	.124	.323	-.921	.003
	CU	.342	.106	.172	1.346	.001
	SI	.480	.127	.283	.631	.005

Source: Field Data (2023).

The above Table the final regression results can be summarized as follows

$Y = 2.684 + 0.365CSP + 0.314DMC + 0.342CU + 0.480SI + \varepsilon$.

This equation can be interpreted to mean that Grand Multipara (GMP) as the dependent variable can be affected by four factors namely Child Sex Preference (CSP), Desire for More Children (DMC) Contraceptive Use (CU) and Social Influence (SI). The effects of interaction depend on each factor when other factors are constant as follows (CSP = 0.365; DMC = 0.314; CU = 0.342; SI = 0.480). the variables have a positive relationship which is positive and significant to the dependent variable (GMP).

4.6.1 Effects of Child Sex Preferences on Grand Multipara Practice in Geita District

Child Sex Preference (CSP) was statistically significant on the regression results, this means that where there is child sex preference in the family it means the chance for a woman to become multiparous increases since the regression results show that

CSP had unstandardized coefficients of .365 which was significant at .002. This shows the relationship between child sex preference and grand multipara has been established. These findings show that the predominant types of gender preference that are identified in these surveys are a preference for sons or a preference for a balance of daughters and sons (often expressed as a desire for at least one child of each sex) (Tadese et al., 2021).

In some countries, these two types of preferences exist simultaneously. Gender preference may refer to: Sex selection, the attempt to influence the sex of the offspring gender identity, and personal identification of gender (Ajong, et al., 2019). Also, it was revealed by Lauren (2020) who noted that the decision to have a child is extremely complex, distilling the interaction between fertility and sex composition preference, fertility level and gender norms is an important step towards understanding both the reproductive choices people make as well as the formation of fertility preferences.

Inyang- and Ekanem (2016) concluded that Nigeran was a patriarchal society where women preferred to have male children as against daughters although the trend was towards the attainment of child sex balance in the composition of offspring in the family and this made women become multiparous, while Emecehbe et al., (2018) suggested that the presence of certain sex of a child, women lack health awareness on the dangers of grand multiparity, reorientation of the long-held culture of gender preference, female education and economic empowerment will help the women to discards wrong sociocultural and religious beliefs.

4.6.2 Effects of Desire for More Children on Grand Multipara Practice in Geita District

Another factor for the Grand Multipara was Desire for More Children which was regressed in this study and the results obtained showed that the unstandardized coefficient was .314 which was significant at .0003. Therefore, the results of the descriptive statistics show that the predetermined relationship between the desire for more children and grand multipara has been established, and this is supported by Shechter et al., 2010), The preference of parents to have more children affects fertility and reproductive behaviour of the respondents and it is necessary to reduce son preference for the health and well-being of children and women.

Meanwhile, the relationship between the desires for more children was also supported by Rai et al., (2014) who pinpointed that parents' preference for more children leads to grand multipara and has an effect on fertility and reproductive behaviours. In the same vein presence of only a few children in a family significantly increased the desire of other children. Also it was established by Ahinkorah et al., (2020), who concluded that there is a relatively higher prevalence of women desiring more children as the factor associated with having more children.

Despite of presence of health intervention if women themselves desire to have more children then this can make them multiparous. Muluneh & Moyehodie, (2021), concluded that continuous education and knowledge or reproductive health is still needed to better control; fertility behaviour for women which makes them feel the need to give birth to more children. However, Rai, (2017) pinpointed that women who had at least one child with an equal number of boys and girls, more boys than

girls or more girls than boys, who did not want any more children and those who were unsure about their desire for more children showed their intention to use contraceptive in the future, compared with those with an equal number of children and women with no children. However, those who wanted more children did not want to use contraceptives.

4.6.3 Effects of Contraceptive uses among Grand Multipara practice in Geita District.

In the same vein it was noted that contraceptive use was another important factor for grand multipara, the results obtained through multiple regression depict that the unstandardized coefficient was .342 which was significant at .0001. Thus, it can be established that Contraception is a way to prevent pregnancy, however, it is not used much among women which is why there is a prevalence of grand multipara. Thus, there is a positive and significant relationship between low contraceptive use and grand multipara. There are many different types of contraception and some are more effective than others. There are methods of contraception including oral contraceptive pills, implants, injectables, patches, vaginal rings, Intra uterine devices, condoms, male and female sterilization, lactational amenorrhea methods, withdrawal and fertility awareness-based methods.

According to Saadia, (2014), family does not support the use of contraception are considered serious challenges that cause an increase in the incidence of GMP in the Saudi population. Tadese, (2021) incidence of negative perinatal outcomes and a lack of prenatal care were found to be important predictors of negative perinatal outcomes in this research. However, there was no statistically significant correlation

between parity and perinatal outcomes. Significant predictors of perinatal outcome were maternal age, place of residence, profession, absence of prenatal care, and prior pregnancy problems, Solanke et, al (2018) the findings of this study show a significant correlation between maternal grand multipara and Nigerian women's willingness to use contraception. Because it may be included in the present national family planning policy through targeted contraceptive education, counselling, and information, it is imperative to develop a demographic and health campaign that explicitly targets grand multiparous women in the country.

4.6.4 Contributions of Social Influence on the Grand Multipara Practice in Geita District.

Lastly, it was established that social influence is another factor which affects grand multipara, whereby the results obtained through multiple regression depict the unstandardized coefficient of .480 which was significant at .0005, hence it can be concluded that there is a positive and significant relationship between social influence and grand multipara among women. These findings are positively supported by Muniro et al., (2019) who show that there is a higher prevalence of a higher number of women who have given birth more than 4 times in Tanzania.

However, most of the studies about grand multiparity show that grand multipara is associated with social influence which presumes having many children as a sign of prestige and wealth Shrestha (2019). Based on the prevalence, trend, and related pregnancy outcomes of grand multiparity in Tanzania show that social influence contributes much to grand multipara. Also according to Al-Shaikh, *et al* (2017) provides that grand multiparty might not be discouraged as long as women are

provided with good perinatal care, meanwhile Saadia, (2014) the practice of early marriages and religious beliefs that do not support the use of contraception are considered serious challenges that cause an increase in the incidence of GMP in the Saudi population. Whether this represents an obstetric problem or not should be extensively investigated as the risk of complications is thought to be minimized in high-income countries as they provide a high-quality health-care system. Dasa *et, al* (2022) showed that women with big multiparty histories were more likely to have negative parenting outcomes. The study went on to show that the lack of or low rate of contraceptive usage among women is a major contributing factor to grand multipara.

CHAPTER FIVE

SUMMARY, CONCLUSSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of major research findings obtained based on the research objectives. The chapter also provides for the conclusion of the research findings, moreover, it provides for the conclusion and recommendations as well as areas for further research study as provided in the following subsections.

5.1 Summary of Findings

5.1.1 Child sex preferences and grand multipara in Geita District

The findings of this study show that preference for male children led to grand multipara, on the other hand, preference for female children led to the presence of grand multipara. Also, the preference for an equal number of male and female children led to the presence of grand multipara. On the other hand, partners' preference to have a male child leads to grand multipara. The overall correlation result was 0.01 level significance which and that there was a positive relationship between the dependent and independent variables.

The results from the linearity assumption show that Child Sex Preference (CSP) had (r (80)> .087, p<, .0004), which means that there is a positive and significant relationship between child sex preference and prevalence of grand multipara among women. Child Sex Preference (CSP) was statistically significant on the regression results, this means that where there is child sex preference in the family it means the chance for a woman to become multiparous increases since the regression results show that CSP had unstandardized coefficients of .365 which was significant at .002.

This shows the relationship between child sex preference and grand multipara has been established.

5.1.2 Desire for More Children on the Grand Multipara in Geita District

The findings obtained in this study show that having more children is a prestige to the community, on the other hand, having many children provides security to the family. Also, having many children helps to maintain clan growth, many children ensure the availability of labour for production. The results of the descriptive statistics show that the predetermined relationship between the desire for more children and grand multipara has been established. The overall correlation result was 0.01 level significance which and that there was a positive relationship between the dependent and independent variables.

Moreover, the results show that Desire for More Children (DMC) had (r (80)> .303, p, < .006), which means that there is a relationship between desire for more children and grand multipara. Another factor for the Grand Multipara was Desire for More Children which was regressed in this study and the results obtained showed that the unstandardized coefficient was .314 which was significant at .0003. Therefore, the results of the descriptive statistics show that the predetermined relationship between the desire for more children and grand multipara has been established.

5.1.3 Effects of Contraceptive Use on the Grand Multipara in Geita District.

The findings of this study show that there was a different perception towards contraceptives where some respondents opined that contraceptive use affects the ability to be able to reproduce in the future, using contraceptives can lead to family

misunderstanding, just dislike the use of contraceptives. The use of contraceptives is against our values and beliefs, sometimes use contraceptives but in most cases I don't use them. The study shows that the overall Mean was 1.722 and the Standard Deviation was 0.632. This shows that the relationship between contraceptive uses and grand multipara has been established. Further results show that the overall correlation result was 0.01 level significance and that there was a positive relationship between Contraceptive Uses (CU) had ($r(80) > .360$, $p < .001$) on grand multipara.

In the same vein it was noted that contraceptive use was another important factor for grand multipara, the results obtained through multiple regression depict that the unstandardized coefficient was .342 which was significant at .0001. Thus, it can be established that Contraception is a way to prevent pregnancy, however, it is not used much among women which is why there is a prevalence of grand multipara. Thus, there is a positive and significant relationship between contraceptive use and grand multipara.

5.1.4 Contributions of Social Influence on the Grand multipara in Geita District

The results obtained through descriptive statistics show that family influences me to bear as many children as possible. Some respondents said that in their society it is good to have many children. On the other hand, most of my friends are multiparous so I also thought to be among them. others don't know that being multiparous can bring health problems to them. In our social institutions, we are advised to have many children because we don't know who will help us in old age. The findings of this study show that the overall Mean was 1.582 and the Standard Deviation was

0.584.

These results confirm the presence of a relationship between social influence and grand multipara. The results obtained through correlation analysis show that Social Influence (SI) has (r (80)> .425, p<.000), which signifies a positive and significant relationship to grand multipara. Lastly, it was established that social influence is another factor which affects grand multipara, whereby the results obtained through multiple regression depict the unstandardized coefficient of .480 which was significant at .0005, hence it can be concluded that there is a positive and significant relationship between social influence and grand multipara among women.

5.2 Conclusion

The findings of this study pinpoint that there is a positive and significant relationship between the selected factors such as child sex preference, desire for more children, contraceptive uses and social influence on the grand multipara.

5.2.1 Effects of Child Sex Preferences and Grand Multipara in Geita District

The effect of child sex preference on grand multipara is well established in this study because it is important to know that preference for a specific child's sex can vary widely across society some prefer to have a male child for prestige and others prefer to have a female child because can act as a sign of wealth, however preference on any of the child may lead to the women to give the high number of children. Child sex preference lead to grand multipara because these are complex and multifaceted situation sparked much the nature of the society in which people live. In the Geita region, sex preference is a common practice among the family members especially

men to prefer having a male child and this leads to the presence of grand multipara.

5.2.2 Effects of Desire for More Children on the Grand Multipara in Geita District.

From the findings of this study, it can be concluded that the desire for more children encourages women to have additional offspring to fulfil the desire of their partner, while this on the other hand causes them to be multiparous. The effect of desire for more children and being a grand multipara hence it can be established that preference of having more children is mostly practiced in the Geita region and it has effects of the presence of grand multipara trends in the area.

5.2.3 Effects of Contraceptive Uses on the Grand Multipara in Geita District.

From the findings of this study, it can be established that there is a trend of lower use of contraception among women in the study area something which is associated with religious, and social norms and other factors like access and availability of contraceptives. To that effect, it can be said that grand multipara is associated with unplanned pregnancies because of low contraceptive uses. Hence this study successfully established that there is a relationship between contraceptive uses and the presence of grand multipara.

5.2.4 Contributions of Social Influence on the Grand Multipara in Geita District

The research findings obtained in this study show that social influence plays a role in the occurrence of grand multipara through various factors for example in the study area people still have their traditional values which they uphold, these may have a strong cultural emphasis on having large families, also women sometimes feel

pressured to conform to these expectations which could lead them to have more children. Also, in the study area having a large number of children have been historically important for reason such as inheritance, family status or survival in harsh environment hence this causes the presence of grand multipara among women.

5.3 Recommendations

This research recommends the following

i. Since grand multipara is associated with the presence of child sex preference this study recommends that the society particularly in the Geita region should be educated that all children are equal and have the same status so there is no need to force to have any chances for children.
ii. The study also recommends that members of the community consider the side effects of being multiparous, this is because this practice is associated with the presence of many bad effects like cancers. Hence community member should be able to know the effects that grand multipara can bring to their women.
iii. The findings of this study show that many women have low levels of formal education. Also, members of the community in the study area have little understanding of the side effects of grand multiparous. Thus, education both formal and informal should be given a high priority in this community to make the entire population understand the importance of birth control and the harmful effects of giving birth to many children.

5.4 Area for Further Research

This research recommends further research to assess the awareness of community members on the effects of grand multipara among women in Tanzania. This study

will provide roles of education and awareness programs to women so that they can have a proper understanding of the effects of the so-called grand multipara. Awareness also will help women to make an informed decision based on their health status to avoid the side effects likely to be caused by grand multipara.

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APPENDICES

APPENDIX I: Questionnaire for women with more than 5 children

Introduction

I am **Stephen Atingi Mwaisobwa** a student of the Open University of Tanzania, I am conducting ***"Factors Influencing Grand Multipara Practice Among Women in the Lake Zone, a Case of Geita Region"*** this study is conducted in partial fulfillment of the requirement for the award of the Degree of Masters of Arts in Monitoring and Evaluation of the Open University of Tanzania.

This questionnaire intends to collect information from the respondents in relation to the cited topic above. Therefore, even information collected will be used for academic purpose only and to that effect shall be confidential and provider shall be treated with anonymous identity. Thanks in advance.

Part I: Socio economic Information

1. Age
    a) 18 – 25 [ ]
    b) 26 – 35 [ ]
    c) 36 – 45 [ ]
    d) 46+ [ ]

2. Gender
    a) Male [ ]
    b) Female [ ]

3. Level of education
    a) No formal education [ ]

b) Primary education [ ]

c) Secondary education [ ]

d) Diploma [ ]

e) Bachelor's Degree [ ]

f) Master's Degree [ ]

4. What do you do to earn an income?

a) Depending on my partner [ ]

b) Iam a peasant [ ]

c) Iam employed [ ]

d) Small business woman [ ]

e) Depending on my parents [ ]

5. What is your marital status?

a) Married [ ]

b) Unmarried [ ]

c) Divorced [ ]

d) Separated [ ]

e) Cohabiting [ ]

6. How many children do you have?

a) 1 – 2 children [ ]

b) 3 – 4 children [ ]

c) 5 – 6 children [ ]

d) 6+ children [ ]

Part II. Opinions on grand multipara practice

7. What is your opinion about the grand multipara practice?

   a) I think it is bad practice [ ]

   b) I think it is good practice [ ]

   c) I don't know [ ]

8. If the answer of question 7 is either a or b, please explain why?

….……

……

……

……

Part II. Relationship between child sex preference and grand multipara practice

9. What are the effects of child sex preference on your grand multipara practice? In responding to this question use the following Likert scale to select on whether ***1*** = *Yes, I agree,****2*** *= No, I disagree,* ***3*** *= Iam not sure,*

S/N	Child Sex preference on Grand multipara	1	2	3
CSP1	My preference to male child led me to be grand multiparous			
CSP2	My preference to female child led to be grand multiparous			
CSP3	My preference to equal number of male and female children led to be grand multiparous			
CSP4	My partners' preference to have male child lead me to grand multiparous			
CSP5	My partners' preference to have female child lead me to grand multiparous			

10. What are your opinions about the effects of child sex preference at on the grand multipara practise?

    ……

    ……

    ……

Part iv: The relationship between desire for more children and grand multipara practice

11. What is the effect the desire of more children on the grand multipara? In responding to this question use the following liker scale to select on whether ***1*** *= Yes, I agree,****2*** *= No, I disagree,* ***3*** *= Iam not sure,*

S/N	Desire of more children on the grand multipara	1	2	3
DMC1	Having more children is a prestige to the community			
DMC2	Having many children is an indicator of wealth			
DMC3	Having many children provides security to the family			
DMC4	Having many children help to maintain clan growth			
DMC5	Many children provides assurance to availability of labour for production			

12. What are your opinions about the desire for children and its effect on the grand multipara?

    ……

    ……

    ……

Part v. The relationship between use of contraceptives and grand multipara

13. Are you aware about contraceptives uses?

    a) Yes [ ]
    b) No [ ]

14. Have you ever used contraceptives?

    a) Yes [ ]

    b) No [ ]

15. What are the effect of the contraceptive uses on the grand multipara? In responding to this question use the following Liker scale to select on whether. ***1*** *= Yes, I agree,****2*** *= No, I disagree,* ***3*** *= Iam not sure,*

S/N	Contraceptive uses on Grand Multipara	1	2	3
CU1	Contraceptive uses affect the ability to be able reproduce in the future			
CU2	Using contraceptive can lead to family misunderstanding			
CU3	I just dislike the use of contraceptive			
CU4	The use of contraceptive is against our values and beliefs			
CU5	I sometime use contraceptives but in most cases I don't use.			

16. What are your opinions on the effects of contraceptive use on the grand multipara women?

    ……

    ……

    ……

Part vi. The relationship between social influences and grand multipara practice

17. What are the effects of social influence on the grand multipara? In responding to this question use the following Liker scale to select on whether ***1*** *= Yes, I agree,****2*** *= No, I disagree,* ***3*** *= Iam not sure,*

S/N	Social Influence on the Grand Multipara	1	2	3
SI1	My family influences me to bear many children as possible			
SI2	In my society it good to have many children			
SI3	Most of the friends are multiparous so I also thought to be among them			
SI4	I don't know that being multiparous can bring health problems to me			
SI5	In our social institutions we are advised to have many children because we don't know who will help us at the old age.			

18. What are your opinions about social influence and their effect on the grand multipara?

……

……

……

……

APPENDIX II: Interview Guiding Questions for The Health Care Providers

1. What is your perception about grand multipara among women?

   ….…….

   ….…….

   ….…….

2. How many multiparous cases have you encountered in your carriers of service provision?

   ….……

   ….……

   ….……

3. Do you think thank preference of a certain child sex can cause many women to fall into grand multiparous practice?

   a) Yes [ ]

   b) No [ ]

   Please give short explanation to your answer

   ….…….

   ….…….

4. Do you think that the desire for having more children cause women to give birth to more children?

   a) Yes [ ]

   b) No [ ]

   Please give short explanation to your answer

   ….……..

   ….……..

……..

……..

5. According to your job experience what is the rate of contraceptives use among grand multipara women in your area?

   a) High [ ]

   b) Medium [ ]

   c) Low [ ]

   d) None [ ]

6. In your opinions what is the contribution of social influence in grand multipara in Geita region

   a) High [ ]

   b) Medium [ ]

   c) Low [ ]

   d) None [ ]

7. In your opinion what is the reason for most women in this area to practise grand multipara?

   ……

   ……

   ……

8. What recommendation do you have about grand multipara among women?

   ……

   ……

   ……

APPENDIX III: Research Clearance

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY

THE OPEN UNIVERSITY OF TANZANIA

Ref. No OUT/ PG201801778 **2nd August, 2023**

District Executive Director (DED),
Geita District Council,
P.O. Box 139,
GEITA.

Dear Director,

RE: RESEARCH CLEARANCE FOR MR. STEPHEN ATINGI MWAISOBWA, REG NO: PG201801778

2. The Open University of Tanzania was established by an Act of Parliament No. 17 of 1992, which became operational on the 1st March 1993 by public notice No.55 in the official Gazette. The Act was however replaced by the Open University of Tanzania Charter of 2005, which became operational on 1st January 2007.In line with the Charter, the Open University of Tanzania mission is to generate and apply knowledge through research.

3. To facilitate and to simplify research process therefore, the act empowers the Vice Chancellor of the Open University of Tanzania to issue research clearance, on behalf of the Government of Tanzania and Tanzania Commission for Science and Technology, to both its staff and students who are doing research in Tanzania. With this brief background, the purpose of this letter is to introduce to you **Mr. Stephen Atingi**

Evaluation (MAME). We here by grant this clearance to conduct a research titled **": Factors Influencing Grand Multipara Practice among Women in the Lake Zone: A Case of Geita Region".** He will collect his data at your area from 3rd August to 3rd September 2023.

4. In case you need any further information, kindly do not hesitate to contact the Deputy Vice Chancellor (Academic) of the Open University of Tanzania, P.O.Box 23409, Dar es Salaam. Tel: 022-2-2668820.We lastly thank you in advance for your assumed cooperation and facilitation of this research academic activity.

Yours sincerely,
THE OPEN UNIVERSITY OF TANZANIA
Prof. Magreth S.Bushesha
For: VICE CHANCELLOR

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY

THE OPEN UNIVERSITY OF TANZANIA

Ref. No OUT/ PG201801778 **2nd August, 2023**

Town Director,
Geita Town Council,
P.O. Box 384,
GEITA.

Dear Director,

RE: RESEARCH CLEARANCE FOR MR. STEPHEN ATINGI MWAISOBWA, REG NO: PG201801778

2. The Open University of Tanzania was established by an Act of Parliament No. 17 of 1992, which became operational on the 1st March 1993 by public notice No.55 in the official Gazette. The Act was however replaced by the Open University of Tanzania Charter of 2005, which became operational on 1st January 2007.In line with the Charter, the Open University of Tanzania mission is to generate and apply knowledge through research.

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4. In case you need any further information, kindly do not hesitate to contact the Deputy Vice Chancellor (Academic) of the Open University of Tanzania, P.O.Box 23409, Dar es Salaam. Tel: 022-2-2668820.We lastly thank you in advance for your assumed cooperation and facilitation of this research academic activity.

Yours sincerely,
THE OPEN UNIVERSITY OF TANZANIA
Prof. Magreth S.Bushesha
For: VICE CHANCELLOR

GEITA DISTRICT COUNCIL

(All letters should be addressed to the District Executive Director)

GEITA REGION
TEL: 028 – 2520061
028 – 2520003
FAX: 028 – 2520061
Email: ***ded@geitadc.go.tz***

S.L.P 139,
GEITA.

In reply please quote:
Ref. No. GDC/D.30/9/192 **23/08/2023**

The Open University of Tanzania,
P.O. Box 23409,
DAR ES SALAAM.

RE: RESEARCH FOR MR. STEPHEN ATINGI MWAISOBWA

Kindly refer to your letter **Ref.No.OUT/PG201801778** dated **2nd August, 2023** concerning the heading above.

This is to inform you that **Mr. Stephen Atingi Mwaisobwa** from Open University of Tanzania Geita (Regional Centre) has been accepted to conduct /collect data in Geita District Council titled of **"Factors Influencing Grand Multipara Practice among Women in the Lake Zone"**. His research project will be attached to Katoro Health Center and Kasota Health Center from **3rd August** to **3rd September, 2023**.

However be informed that the Council shall not be responsible for any expenses during his research project.

Yours,

Colletha D. Richard
FOR: DISTRICT EXECUTIVE DIRECTOR
GEITA

Copy to: - District Executive Director,
P.O.BOX 139
GEITA. - For information

Medical Incharge,
Katoro Health Center,
Kasota Health Center
GEITA

Mr. Stephen Atingi Mwaisobwa,
Open University of Tanzania Geita,
(Regional Centre),
GEITA.

THE UNITED REPUBLIC OF TANZANIA
PRESIDENT'S OFFICE
REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT
GEITA TOWN COUNCIL

In reply please quate:

Ref. No.AB.279/477/01A/306 24th August, 2023

Stephen Atingi Mwaisobwa,
The Open University of Tanzania,
P. O. Box
TANZANIA

RE: RESEARCH PERMIT FOR STEPHEN ATINGI MWAISOBWA.

Kindly, refer to the letter dated **17th August, 2023** concerning the research permit.

2. The permit is granted for you to conduct a research in Geita Town Council with a tittle **"Factors Infuencing Grand Multipard Practice Among Women in the Lake Zone." A** case study at **Geita Regional**.

3. However, be informed that the Council shall not be responsible for any expenses during exercise of Data Collection. This permit will be conducted for One Month.

Yours,

Zahara M. Michuzi,
TOWN DIRECTOR.

TOWN DIRECTOR
GEITA TOWN COUNCIL

THE UNITED REPUBLIC OF TANZANIA
PRESIDENT'S OFFICE
REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT
GEITA TOWN COUNCIL

In reply please quate:

Ref. No.AB.279/477/01A/306

24th August, 2023

Stephen Atingi Mwaisobwa,
The Open University of Tanzania,
P. O. Box
TANZANIA

RE: RESEARCH PERMIT FOR STEPHEN ATINGI MWAISOBWA.

Kindly, refer to the letter dated **17th August, 2023** concerning the research permit.

2. The permit is granted for you to conduct a research in Geita Town Council with a tittle **"Factors Infuencing Grand Multipard Practice Among Women in the Lake Zone." A** case study at **Geita Regional**.

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Zahara M. Michuzi,
TOWN DIRECTOR.

TOWN DIRECTOR
GEITA TOWN COUNCIL