# FAMILY PLANNING BY MEANS OF CONTRACEPTION:
## An Ethical Comparison of Different Methods of Contraception Used by Couples of Kalingalinga, Mtendere, Kabwata and Kamwala Compounds in Lusaka, Zambia.

By

Habiyaremye Evariste

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The University of Zambia

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## DECLARATION

I, Habiyaremye Evariste, declare that this dissertation:

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## APPROVAL

This dissertation of Habiyaremye Evariste is approved as fulfilling the partial requirements for the award of the degree of Master of Arts in Applied Ethics by the University of Zambia.

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## ABSTRACT

This study is an ethical assessment of "Family Planning by Means of Contraception". Its aim is to present an ethical comparison of different methods of contraception used by couples of Kalingalinga, Mtendere, Kabwata and Kamwala compounds as means of family planning. This study is undertaken because some people use contraceptives without paying attention to ethical issues raised by contraception. For instance, the wrong usage of contraception may lead to unplanned pregnancies. Thus, knowledge about the risks and benefits of contraceptives is very important. In addition, some Christians view contraceptives as a means of abortion, which has, however, not yet been established.

The study employed utilitarianism to investigate the ethical issues associated with methods of contraception. Semi-structured in-depth interviews were used to gather primary data from the sixty (60) couples and twelve (12) key informants from various health institution and churches.

The findings show that contraception methods are associated with ethical issues such as promiscuity, abortion and contracting sexual transmitted diseases.

Furthermore, the study has revealed that some contraception methods pose risks to the users. The risks include prolonged bleeding during menstrual period, headache and weakness. The study also shows that contraception has various benefits. Among them are the prevention of unplanned pregnancy, regulation of the spacing of children as well as the number of children, and some contraceptives protect the user from contracting transmitted diseases.

The study shows that Depo-Provera is the favourite contraceptive method used by many couples in the areas of the study, followed by pills, condoms, and natural family planning. On the other hand, condoms seem to be the best method when their risks and benefits are considered because they are the only method that protects the users from unwanted pregnancy and sexually transmitted diseases.

In line with utilitarianism, the study concluded that condoms are ethically seen the best contraceptive method, as compared with the other methods.

The study recommends that the government and private health institutions should provide a variety of contraceptive methods, and should provide enough information about contraceptives and encourage men to use methods of contraception suitable to them.



## DEDICATION

I dedicate this piece of work to my wife Mukando Yvonne and my lovely children Cecilia Habiyaremye and Emmanuel Habiyaremye, for their sacrifice during my study.

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## LIST OF ABBREVIATIONS

ECPs: Emergency Contraception Pills

HIV: Human Immunodeficiency Virus

IUDs: Intrauterine Devices

MoH: Ministry of Health

NFP: Natural Family Planning

POPs: Progestogen Only Pills

SFH: Society for Family Health

STDs: Sexually Transmitted Diseases

STIs: Sexually Transmitted Infections

UTH: University Teaching Hospital

WHO: World Health Organisation

# CHAPTER 1: INTRODUCTION

## 1.0 Background

Family planning programs are said to be essential to assure widespread access to good quality reproductive health care. The World Health Organization (1999) reports that the support for family planning is becoming vital as demand for reproductive health care grows. Worldwide, as many as six million people use contraception and millions more would do so with better access to good quality service. Although fertility levels are falling in many parts of the world, rapid population growth remains a significant issue in many developing countries where livelihood basic needs are greater, and resources are scarce.

The Heritage Medical Dictionary (2000: 242) defines family planning as "a program to regulate the number and spacing of children in a family through the practice of contraception or other methods of birth control." In other words, family planning is the planning of when to have children and the use of birth control and other techniques to implement such plans. Family planning is most usually applied by couples who wish to limit the number of children they have and or to control the timing of pregnancy. That means, family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births.

Thus, family planning has been proven to save and enhance the lives of women, children, and families. It allows women to space births, and longer birth intervals reduce maternal and infant mortality rates. Women who control their fertility have fewer unsafe abortions, thereby saving mothers' lives. Family planning is achieved through the use of contraception methods and treatment of involuntary infertility.

Many studies revealed that family planning greatly contributes to poverty reduction and environmental conservation. As a result, most countries in Africa have been implementing family planning programs. Andrew (1995: 21) says that "family planning in Sub-Sahara Africa, virtually non-existent ten years ago, is now rapidly developing in majority of countries." Based on the information highlighted above therefore, the progression of family planning in various countries of Africa and in other continents around the world indicates that family planning has positive results worldwide.

Speizer and Justin (2007: 3) report that Zambia experienced a declining aggregate fertility and an increasing aggregate contraceptive use from 1990 to 2000. Yet in rural Zambia, progress in family planning has lagged far behind the advance made in Zambia's urban areas. The above-mentioned information shows that the issue of family planning is not a new program to Zambia. As mentioned, Zambia, like other countries, has used methods of contraception to achieve family planning.

Thus, according to Shier (2004: 862), contraception can be defined as "behaviour or device that prevents fertilization." With recent assertions of overpopulation on Planet Earth, there have been claims that birth control is the answer (ibid. 883). This means that contraception has been seen as the best and major tool to regulate the population on the earth.

Russell and Tompson (2000: 4) also mention that "contraception entails the use of drugs, chemicals, devices, surgery or behaviour that control fertility amongst sexually active heterosexual people". They add that the various methods of contraception can be categorized by mode of operation, whether they are traditional or modern, or whether they are provided or user dependent.

Cynthia (2006: 126) points out "that contraception means to prevent conception, but in common medicine usage, it also refers to methods that prevent implantation". Although contraception is said to be a good method of family planning, some Christians, for example Roman Catholics, are against the use of some of these methods. Some Muslim communities are also not in favour of some of the methods of contraception. They hold that some methods of contraception are associated with issues which raise a number of ethical concerns.

Kelly (2010: 23) reports that Pope Paul VI in his 1968 encyclical letter "Humanae Vitae" (§14), prohibits the use of every barrier method, such as male and female condoms. He further prohibited the use of contraceptives such as pills (especially the morning after pill) for the specific purpose of preventing conception, since the morning after pill is often taken while conception may have taken place. Hence, its users are considered to be performing abortion. In this regard, several church bodies have issued statements that condemn condom distribution because they are perceived to accelerate moral degradation in societies such as increased sexual activity outside marriage. The

Catholic Bishops of Zambia see abstinence before marriage and fidelity in marriage as safe sex or protected sex (ibid.: 24). Furthermore, many Christians believe that sex was created by God and designed it to be a sign of love between a man and a woman in the context of marriage and that God wanted children to be seen as a gift, not as a burden.

Chaudhuri (2004: 9) highlighted that there are many methods of contraception used in family planning. Moreover, the major categories are: barriers contraceptives (male and female condom), oral contraception (combined oral contraceptives pills and progestogen-only pills), non-oral hormonal contraceptives (implant, patch and injectables such as Depo-Provera), intrauterine device, emergency contraception (morning after pills), sterilisation (male and female sterilisation), and natural method of contraception (withdrawal method, rhythm method, basal body temperature, and cervical mucus method). These methods of contraception will be discussed in more detail in Chapter 2 of this dissertation.

However, Banda (1998: 59) holds that some of the methods of contraception used in reproductive health implies that people are able to have a satisfying and safe sexual life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. It is a right for men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice. They also have a right to access other methods of their choice for regulation of fertility, which are not against the law and the right of access to appropriate health care services that enable women to go safely through pregnancy and childbirth.

The information gathered from various sources indicates that contraception methods play a vital role in the context of family planning in the sense that they have good consequences to the users. On the other hand, however, they are associated with serious ethical issues. This study will be carried out to examine ethical issues related to methods of contraception and it will be conducted in Kalingalinga, Mtendere, Kabwata and Kamwala compounds of Lusaka.

## 1.1 Statement of the problem

This study is an ethical comparison of different methods of contraception used in family planning by couples of Kalingalinga, Mtendere, Kabwata and Kamwala compounds. Contraceptive usage had many debates from various groups of society but to date no conclusive outcome has been reached. Furthermore, a large literature has acknowledged that methods of contraception are associated with risks and benefits, but men and women are still applying them without paying attention to these risks. In addition to the problems that surround contraceptives, not many studies have been conducted to establish a comparative study to show the variations, similarities and rankings in usage of the different types of contraceptives in use. In the same vein, the ethical issues surrounding the use of contraceptives have not been adequately established to ascertain the morality of contraceptive usage.

### 1.2 Aim of the study

The focal aim of this study is to carry out an ethical comparison of different methods used by couples of Kalingalinga, Mtendere, Kabwata and Kamwala compounds.

### 1.3 Objectives

This study was guided by the following specific objectives:

- To explain the ethical debate on contraception as a means of family planning.
- To describe the different contraceptive methods which are used by couples of Kalingalinga, Mtendere, Kabwata and Kamwala compounds.
- To explain the risks and benefits of contraceptive methods that are being used in these compounds.
- To compare the different methods of contraception used by couples of Kalingalinga, Mtendere, Kabwata and Kamwala compounds from an ethical point of view.

### 1.4 Research questions

This study was guided by the following research questions:

- What is the ethical debate on contraception as a means of family planning?
- What are the different contraceptive methods used by couples of Kalingalinga, Mtendere, Kabwata and Kamwala compounds?
- What are the risks and benefits of the contraceptive methods used by couples of these compounds?
- What are the ethical advantages and disadvantages of different methods of contraception used by couples in Kalingalinga, Mtendere, Kabwata and Kamwala?

### 1.5 Significance of the study

This study is important because the findings may be used to explain the ethical issues regarding to the contraception, since many issues about them have not been adequately discussed. The study may also highlight the risks and benefits of contraceptive methods. It may also be of use in outlining the major methods of contraceptives used by different couples in family planning. Lastly, its significance may be seen from the fact that it seems to be the first study in Zambia that examines contraception from an ethical point of view. Hence, other researchers may be using it as reference in the future.

# CHAPTER 2: LITERATURE REVIEW

## 2.0 Introduction

This chapter highlights the relevant information from various sources on contraception methods used in family planning. That is, how they work, their benefits and their risks. By doing this, it is one way of providing information on the objectives of the study. Furthermore, the first objective, which is 'to explain the ethical debate on contraception as means of family planning', will be answered in this chapter.

## 2.1 Family planning and methods of contraception worldwide

Chaudhuri (2004: 1) reports that ''family planning is essential for the welfare of the individual family, and the population control for the socioeconomic development of the nation. Family planning also means limitation of pregnancy and family size, and it can be achieved by using contraception methods." Currently, numerous countries in the world encourage their citizens to apply methods of contraception because access to contraceptives allows couples worldwide to make informed decisions about when to become parents and helps secure women's full and equal participation in modern society. Using any form of contraception significantly reduces a woman's chance of getting pregnant and either having an abortion or giving birth to a child, she did not intend to have.

Carvino (2008: 3) points out that in the less developed countries, unintended pregnancies are largely the results of low rates of contraceptive use. About 200 million women worldwide have an unmet need for effective methods of contraception. Worldwide, a third or more of all pregnancies are unplanned, resulting in high rates of abortions that are often unsafe when they occur in developing countries. Abortion rates are lowest in Western Europe, where effective contraceptive use is very high. In contrast, abortion rates are much higher in Africa, Latin America and the Caribbean, where contraceptive use is low, notwithstanding the fact that abortion in these regions is highly restricted.

## 2.2 A classification of contraceptive methods

There are many methods of contraception used worldwide, some of which are not available or applied in Zambia. As a reminder, contraception entails the use of drugs, chemical, devices, surgery or behaviour that control fertility amongst sexually active heterosexual people. The various methods of contraception can be categorized by mode of operation, whether they are traditional or modern, and whether they are provider or use dependent. The main methods of contraception used in family planning are oral contraception (combined pills, progesterone-only pills and emergency contraception pills), non-oral contraceptives (progesterone only injectable, contraceptive implant and the patch), barriers contraception (male condom and female condom), intrauterine devices (IUDs), male and female sterilization and natural family planning.

### 2.2.1 Oral contraceptives

The oral contraceptives commonly known as "the pills" are medications taken by mouth for the purpose of birth control. Oral contraceptives fall into the following categories: combined oral contraception, progesterone-only pills and emergency contraception pills.

*i) Combined Oral Contraceptives*: According to Ministry of Health (2006: 22), combined oral contraceptives are pills that use synthetic estrogens and progestin to prevent pregnancy. Combined oral contraceptives were introduced in Zambia in the early 1960s and are appropriate for most women who want highly effective and easily reversible protection against pregnancy. Combined oral contraceptives have numerous health benefits in addition to pregnancy prevention.

Paed (2005: 873) states that "worldwide, oral contraceptives have been used for over 35years and sixty-five million women are now regular users." Combined oral contraceptives work by stopping ovulation or thickening the cervical mucus so that sperm cannot pass through, and by changing the lining of the uterus so that an egg is unable to attach to it. When pills have been manufactured to acceptable standards or stored properly and used correctly, they are virtually hundred percent (100%) effective. Another advantage of applying pills as a method of contraception is that they can be stopped any time if the couple wants to have a child (ibid.: 875).

The negative side of using combined oral contraceptives is that they must be taken every day and they can reduce milk supply in breastfeeding women. Combined oral contraceptives do not offer protection against sexually transmitted infections (STIs) including human immunodeficiency virus (HIV) infection. Combined oral contraceptives are effective methods of contraception when they are taken at appropriate time but if are taken later or missed, the chances of getting pregnant are high (ibid.: 876).

*ii) Progestogen-Only Pills (POPs):* The Ministry of Health (1997: 80) reports that "progestogen-only pills are appropriate for most women who want effective protection against pregnancy and who can tolerate some menstrual bleeding irregularities." Paed (2005: 432) reports that progestogen-only pills thicken the cervical mucus in order to avoid spermatozoa penetration to meet with the ovum. The effect begins within 4 hours of taking the progestogen-only pills and continues for about next 20 hours before cervical mucus gets back to normal. Progestogen-only pills are also appropriate for breast feeding women and women who have cardiovascular disorders or who smoke. These types of pills have no serious side effects. They are highly effective in preventing pregnancy when taken correctly. Progestogen-only pills may reduce pain and bleeding during menstrual periods. Progestogen-only pills do not increase the risk of fatal abnormality if the client conceives while on the progestogen-only pills or after discontinuing it. Melinda and Grimes (2000: 242) write that

> progestogen only pills reduce cervical mucus volume, increase its viscosity and alter its molecular structure. The result is hostile or blocked cervical mucus that decreases the possibility of sperm penetration. Progestogen-only pills also may interfere with the cyclic development of the uterine lining by making it unsuitable for ovum implantation. Progestogen-only pills appear to reduce the number and size of endometrial glands and inhibit the synthesis of progesterone receptors in the endometrium. POPs may affect cilia in the fallopian tubes by decreasing the intensity and frequency of their action then the result may be a slowing effect on the rate of ovum transport.

The primary side effect of progestin-only pills is menstrual cycle disturbance. Progestogen-only pills users commonly have spotting or breakthrough bleeding,

amenorrhea or short cycle. Progestogen-only pills do not protect against sexual transmitted diseases. Progestogen-only pills may also cause abdominal pain, weight gain or loss, nausea, dizziness or vomiting. The variability of menstrual cycle lengths can be especially troubling for the users. Menstrual side effects are the most frequently cited reason for method-related discontinuation of POPs (ibid.: 245).

*iii) Emergency Contraception Pills (ECPs):* Emergency contraception pills are oral contraceptions that are meant to prevent unintended pregnancy. Emedicinehealth (2010: 4) points out that emergency contraception pills are hormonal methods of contraception that may be used to prevent pregnancy following an unprotected act of sexual intercourse. They are sometimes referred to as "*morning after pills"*. However, Emergency contraception pills should not be used regularly as they contain a high dose of the hormones that are used in birth control pills. Nonetheless, the high dose of hormones is short lived.

The hormones in the "morning after pills" also prevent pregnancy by thickening a woman's cervical mucus and the mucus blocks sperm and keeps it from joining with an ovum. They also prevent pregnancy by stopping or delaying the release of an egg and blocking fertilization by affecting the ovum or sperm. The first dose should be taken within the first 72 hours after unprotected intercourse. Some studies show they are effective when taken at the right time. Cases of deep vein thrombosis (blood clotting) have been reported in women using the emergency method. Morning after pills are however, not favourable for use as contraception method for women who are sexually active. They are not as effective as any ongoing contraceptive method (ibid.: 8).

Emergency oral contraception should not always be used in place of family planning methods. It should be used only in an emergency case. For instance, it can be used when a woman has had sex against her will or has been forced to have sex (rape). It can also be used when a condom has broken or when sex took place without contraception, and the woman wants to avoid pregnancy. Emergency oral contraception can be utilised when a woman runs out of oral contraceptives. However, emergency oral contraception may cause nausea, vomiting abdominal pain and fatigue (Hatcher and Rinehart, 1998: 21).

### 2.2.2 Non-oral hormonal contraceptives

Non-oral hormonal contraceptives are medications not taken by mouth for purpose of birth control. Chaudhuri (2004: 167) reports that "new methods of non-oral hormonal contraception have been developed over 40years." They include:

*i) Progesterone-Only Injectables:* According to Ministry of Health (2006: 32), "progesterone-only injectables are injections given every 2 or 3 months to prevent pregnancy and can tolerate menstrual bleeding irregularities. They are appropriate for most women who want highly effective protection against pregnancy."

One of the popular progesterone-only injections is called Depo-Provera. The Centre for Young Woman's Health (2008: 2) stated that "Depo-Provera is a female hormonal method of birth control. It is very effective in preventing pregnancy." Depo-Provera contains a synthetic form of the hormone progesterone. The Depo-Provera injection gives 3 months protection against pregnancy. In order to get the best protection against pregnancy, a woman should have one injection every 3 months (13 weeks). It is safe to have an injection up to 2 weeks early if one's 3-month appointment date does not fit into her schedule (ibid.: 2).

Allan (2006: 814) adds that the injectable Depo-Provera stops woman's ovaries from releasing an ovum. Without the ovum, fertilisation cannot take place. Depo-Provera also changes the lining of the uterus and the mucus in the cervix. Therefore, by changing the cervical mucus, the hormones make it harder for sperm to reach the ovum. If women get Depo-Provera injections at the precise time every 3 months, they are more than ninety-nine percent effective. However, a Depo-Provera injection does not protect individuals against sexually transmitted diseases**.** The side effects from Depo-Provera injections vary from one woman to the other. They include irregular menstrual periods, that is longer or shorter menstrual periods, heavier or lighter periods, loss of menstrual periods, weight gain and headaches.

*ii) Contraceptive Implants*: The Center for Young Woman's Health (2008: 4) defines hormonal implants as "tiny rods equivalent to the size of a matchstick and contain hormones that are inserted under the skin". Hormonal implants include *Norplant* which has 6 small rods, *Norplant II* which has 2 small rods, and *Implanon* which has one small rod. The tubes slowly release small amounts of *levonorgestrel* or

*etonogestrel* hormons that stop ovaries from releasing an ovum. Without these ova, fertilization cannot happen. The hormones also change the lining of the uterus and the mucus in the cervix. By changing the cervical mucus, the hormones make it more difficult for sperm to reach the ova. Norplant and Jadelle are the common contraceptive implant. Cunningham (2000: 91) points out that *Norplant* and *Jadelle* is a matchstick-sized, silicon-rubber implant containing a slow-release analogue of progesterone. Implants are inserted under the skin (on the woman's arm) where they release hormones for up to five years.

Hormonal implants are more than ninety-nine percent (99%) effective. Hormonal implants are a type of contraception that lasts for 3 to 5 years, depending on the type. Implants may be removed at any time and the woman may become pregnant. The implant may also reduce risk of some female cancer. MedecineNet.com (2010: 4) writes that the most common side effect of hormonal implants is irregular menstrual bleeding. Other possible side effects are: headaches, weight gain and scalp hair loss. Norplant implants do not provide protection against HIV infection and STIs. It requires a minor procedure for insertion and removing and one may experience spotting between periods, light or long period or no periods. As a result, Norplant is no longer used in many countries. For instance, in the United States of America, Norplant is no longer available.

*iii) Contraceptive Patch:* Sarah (2012: 2) reports that, "the contraceptive patch is a combined form of hormonal contraception. It contains estrogen and progestogen hormones similar to the oral contraceptive pill. The contraceptive patch is stuck on to the skin so that the two hormones are continuously delivered to the body. The contraceptive patch works mainly by changing the body's hormonal balance so that a woman does not produce an ovum every month." She further states that the patch also makes the cervical mucus thicker, forming a plug in the cervix. This makes it difficult for sperm to get through to the womb and fertilise an ovum. The contraceptive patch also makes the lining of the uterus thinner so it is less likely that a fertilized ovum will be able to attach to the uterus. If used correctly, it is a very effective form of contraception.

The benefits of contraceptive patch are that it is very effective and easy to use. It does not interfere with sex, the periods are lighter and less painful and more regular

when one is using the contraceptive patch. It is better than pills as it is changed once per week while pills are taken every day. The patch is small and discreet so people will not notice that one is wearing it, it is skin coloured, and it can be worn continuously. Even when someone is bathing or showering, she can still wear it (ibid.: 6).

Some risks of the patch are that some women have skin irritation when they use contraceptive patch that usually lead to itching or soreness. Some women experience some mild side effects in the initial stages of using the contraceptive patch. Other possible effects associated with the patch are breast discomfort and tenderness, slight changes in bodyweight (these are small and are similar to those that can occur with the pill), headaches, feeling sick and bleeding between one's periods and spotting (ibid.: 8).

### 2.2.3 Barrier contraceptives

Chaudhuri (2004: 76) points out that, barrier contraceptives are family planning methods, which act as barriers and prevent the unification of a sperm and an ovum necessary for pregnancy. There are many types of barrier contraceptives used in family planning. This study has focussed on male condoms and female condoms, which are more often used by individuals. Chaudhuri further states that all condoms are contraceptive sheaths meant to cover the penis during coitus to prevent pregnancy. Condoms are called rubbers or sheaths and are known by many different brand names. They are also the oldest and most widely used birth control device in the world.

*i) Male Condom:* The Ministry of Health (2006: 70) reports that the male condom is a thin, usually latex sheath that a man wears over his penis during sexual intercourse. Latex condoms prevent pregnancy and STIs including prevention of HIV. Condoms made of other materials may not offer protection against STIs and HIV. For instance, "natural condoms made of sheep intestinal membrane can allow passage of hepatitis B viral particles" (Drife and Baird, 1993: 177). Currently, latex condoms are the only widely available barrier method for men, although polyurethane condoms are becoming more accessible. Shier (2004: 863) writes that "the main purpose of condom is to prevent semen from entering the vagina." That means condom creates the barrier (no contact) between the penis and vagina.

Chaudhuri (2004: 79) reports that condoms are suitable for use in old age or for couples who have infrequent coitus and for subjects who cannot tolerate oral pills and intrauterine devices. Condoms are also suitable for teenagers particularly to prevent unwanted pregnancies and for those who have problems of premature ejaculation. When condoms are used for more than five years, they reduce the chance of developing severe cervical dysplasia and cervical cancer as compared to the use of oral pills or to non-use of contraceptives. Therefore, when condoms are use correctly, they are effective in preventing pregnancy. They may help to protect the user against contracting sexually transmitted diseases, and may prevent him/her from spreading them.

Male condoms are also associated with risks. Some of the risks include the following: condoms may break any time when they are not used correctly. Condoms reduce sexual pleasure to a small extent by causing interruption of the sexual act and may reduce sensitivity during coitus. Nevertheless, the majority of couples can adjust themselves quite well to this. People may feel shy to buy a condom or to put on and take it off. They may also feel shy to ask a partner to use it. Condoms also may briefly interrupt sexual excitement when a couple stops to put it on and it may be problematic when it has expired (Hatcher and Rinehart, 1998: 11). Latex condoms may cause itching for a few people who are allergic to latex. In addition, some people may be allergic to the lubricant used by some brands of condoms. Condoms may become unsafe if stored for too long or in a place in which condoms are exposed to heat and direct sunlight. Many people associate condoms with promiscuity (immoral sex or sex outside marriage and sex with prostitutes) (ibid.: 11).

Chaudhuri (2004: 81) writes that the typical average failure rate of a condom as commonly used is twelve per cent (12%) but is only three per cent (3%) when used correctly and consistently. Lower failure rates are experienced by those who use good quality condoms regularly and properly during each act of coitus and if spermicidal condoms are used. Effectiveness may also be improved, reducing the failure rate to even one per cent (1%), if spermicidal products are used along with the condom. Failures are due to breaking and slippage of the condom, errors in technique, such as applying the condom after some semen has escaped into the vagina, irregular use,

escape of the semen from the condom because of delayed withdrawal, and the failure to leave a dead space of air in the condom.

*ii) Female Condoms:* The International HIV and AIDS Charity (2010: 3) report that the female condom is a thin sheath or pouch worn by a woman during sex. Chaudhuri (2004: 95) points out that "female condom is a new disposable barrier contraceptive for women. It consist of; a soft loose fitting polyurethane sac about 15cm long and 7cm in diameter." A female condom provides an opportunity for women to share the responsibility for condom use with their partners. Some of the benefits of female condom are that female condoms protect against most STDs and pregnancy if used correctly. A woman may be able to use the female condom if her partner refuses to use a male condom. Other benefits are that female condoms rarely break during use and that they may be used many times.

A study conducted under the auspices of the US Food and Drug Administration (FDA) found that female condoms can be washed, dried and pre-lubricated before reuse. When re-use is necessary, female condoms should be washed with plain water or soap water and kept dried; they should be lubricated with mineral oil (for instance baby oil or sunflower oil) or spermicides before coitus (ibid.: 97).

The negative side of using female condoms is that intercourse is noisy and slippage occurs at times. Occasionally, the penis is introduced by mistake outside the female condom, leading to pregnancy and STDs. Some women find the female condom hard to insert and remove and it has a higher failure rate in preventing pregnancy than non-barrier methods such as the pill.

### 2.2.4 Intrauterine Devices (IUDs)

Chaudhuri (2004: 100) states that "intrauterine contraceptive devices are made of plastic or metal or a combination of these materials, meant for insertion into the uterine cavity for contraception." Intrauterine devices are an effective, safe and convenient contraceptive method. They are particularly suitable for women, who want to delay pregnancy for some years; who are breastfeeding; who have difficulty in using other reversible methods and women who prefer a method that does not require supervision or action before sexual intercourse.

Marie Stopes International-Zambia (2011: 3) reports that the intrauterine device is a small, "T" shaped device made of flexible plastic that is inserted into the uterus by a trained health professional. The intrauterine device is safe, inexpensive and provides extremely effective long-term contraception. The World Health Organisation (1987: 6) writes that copper devices produce an inflammatory or foreign body reaction, which in turn causes cellular and biochemical changes in the endometrium and in uterine and tubal fluids. Besides, normal cyclical change in the endometrium may be delayed or deranged by the inflammatory reaction and liberation of prostaglandin, making it inhospitable for implantation of the blastocyst. Intrauterine devices contain progesterone that prevents the sperm from passing through the cervical mucus.

Hatcher and Rinehart (1998: 12) point out that it is easy to use a copper intrauterine device and it requires low maintenance method. It is effective up to 10 years and reduces the risk of pregnancy. An intrauterine device can be inserted immediately or soon after childbirth. It may as well be inserted after induced abortion with no evidence of infection. They further write that the intrauterine method of contraception is reversible. That is to say, when women have their intrauterine devices removed, they may become pregnant as quickly as women who have not used intrauterine devices. Couples who use the intrauterine devices, experience increased sexual enjoyment because there is no need to worry about pregnancy. Its greatest advantage is that it is a one-time procedure and need no regular use of tablets or barrier contraceptives. It does not affect sex play and does not have the systemic bad affect of oral contraceptives.

The risks of intrauterine devices are that they do not protect against sexually transmitted diseases including HIV and AIDS. In addition, this method does not favour women with multiple sexual partners. Intrauterine device may cause some pain or bleeding immediately after intrauterine device insertion but may go away in a day or two. Intrauterine device also may increase bleeding or cramping during periods. Women may also experience pain at the time of insertion. Another risk faced by users of the intrauterine device is that the client cannot stop the intrauterine device use individually but requires the services of the trained health practitioner to remove it. Hence, a trained health care provider must remove the intrauterine device for her. Another possible risk of using the intrauterine device is that it may come out of the

uterus, possibly without the women's knowledge (it is more common when the intrauterine device is inserted soon after childbirth). The intrauterine device requires a trained health provider to insert or remove it. However, the intrauterine device has been proven to be a safe and effective method of fertility control (ibid.: 12).

### 2.2.5 Male and female sterilization

*i) Male Sterilization (Vasectomy):* Wyeth (2008: 2) reports that male sterilization is "a surgical procedure, usually permanent, in which an individual is made incapable of reproduction." Generally, vasectomy is a surgical procedure that involves tying, sealing, or cutting the tube (called *vas deferens*) through which the sperm travels to the penis from the testicles. It is a simple, safe, inexpensive, and well-accepted permanent method of protection against pregnancy.

Phiri (2010: 6) reports that vasectomy is applied as a method of contraception in Zambia. He gives an instance of a forty-six years old man called Marlon Kananda who decided to go for vasectomy because his wife used to have complications with the family planning medications she was using. In short, Mr. Kananda went for vasectomy upon seeing that his wife was in persistence pain resulting from contraception. Kananda said that he is proud of the decision he took to undergo vasectomy because he has helped his wife to live a healthy life despite his family receiving the news with mixed feelings. Kananda added, "It used to worry me when my wife suffered from all these complications when a solution is there." She started gaining weight and she does not like that, so I thought why don't I go to save my beloved one.

Kananda says he would love to see more men undergoing vasectomy to protect their wives from family planning-related complications and manage their families well. In addition, Dr Manda, who did the vasectomy on Kananda, says vasectomy is the safest method of family planning for couples that feel they have enough children. He further said that vasectomy is the safest and simplest method of family planning because it has no side effects compared to the family planning methods administered to women, which have multiple adverse effects (ibid.).

According to WebMD (2008), vasectomy is a very effective birth control method (99.85%). Only 1 to 2 women out of 1,000 will have an unplanned pregnancy in the

first year after her partner had a vasectomy. The benefit of this method of contraception is that it is permanent. So, one does not need to worry about using other methods of contraception; it is a safe and cheaper procedure that causes fewer complications than tubal ligation in women. The risks or complications after a vasectomy are very low. Complications however, may include bleeding, inflammation of the tubes that move sperms from the testicles and infection at the site of incision, which is however, very rare. However, vasectomy does not protect against sexually transmitted diseases (STIs) including human immunodeficiency virus (HIV) and it may contribute to sex out of marriage.

*ii) Female Sterilization (Tubal Ligation):* Evans (2006: 520) states that female sterilization or tubal ligation is a surgical procedure that involves cutting, tying, or blocking the fallopian tubes. Hence, an ovum cannot travel through to the uterus. Tubal ligation is a highly effective surgical sterilization technique for women who do not want children or more children.

The benefits of the female sterilization method are that it prevents sperms and ovum from fusing. Therefore, it may be the best method in terms of preventing pregnancy. The method allows couples to have sexual intercourse at any time as it sheds off fears of unintended pregnancy while cutting off one's needs to visit a health centre for contraceptives.

Some of the risks of female sterilization are that it does not protect from STIs and that this method requires surgery, which has some risks. That means, one may have serious wound infections. Female sterilization may not be reversible. Therefore, one has to think twice before making a decision of choosing this method. This method may also contribute to sex out of marriage (ibid. 522).

### 2.2.6 Withdrawal method

Cullins (2011: 6) says that the withdrawal method is also known as the *coitus interrupts*. It is the practice of ending sexual intercourse before ejaculation. The withdrawal method is one of the oldest methods of birth control methods, which was used even by people in the early stages of human civilization. However, the withdrawal method needs great motivation and self-control on the side of both partners, especially

the male partner. As a result, Cullins adds that the main risk of withdrawal method is that a male partner may not perform the manoeuvre correctly or in a timely manner. Chaudhuri (2004: 71) also writes that concern has been raised about the risk of pregnancy from the sperm in pre-ejaculate.

Some of the benefits of the withdrawal method are that it is inexpensive, that it needs no medical supervision and requires no prior preparation. The risks of the withdrawal method are that it is not a reliable method compared with other methods of contraception. It is not reliable method of contraception because it relies more on the male partners' discretion to pull out. Hence, failure to do so may result in a pregnancy. The failure may also result from the lack of self-control especially by the male partner. Other drawbacks of the method are its inadequacy to provide full sexual satisfaction for both partners and the relatively high failure rate. Furthermore, the withdrawal method is not for men who ejaculate prematurely or men who do not know when to pull out (ibid.: 71).

### 2.2.7 Natural Family Planning methods (NFP)

McSweeney (2005: 47) states that natural family planning techniques are based on fertility awareness-based methods that teach women how to identify the fertile days of their menstrual cycle. They can then use this information to avoid pregnancy or to become pregnant. Chaudhuri (2004: 55) holds that "natural methods of contraception are those which do not use any appliance of medicine". It means that natural family planning refers to a "methods of planning and preventing pregnancy by observation of the naturally occurring signs and symptoms of the fertile phase of the menstrual cycle and avoid sexual intercourse during the fertile phase". Thus, fertility awareness-based methods include the calendar or rhythm method, the basal body temperature method and the cervical mucus method.

*i) Calendar or Rhythm Method:* According to Ministry of Health (2006: 64), the calendar method involves calculations based on the length of previous menstrual cycles to predict the first and last fertile day in future menstrual periods. This method determines the time a woman can conceive according to the calendar dates.

*ii) The Basal Body Temperature Method:* The basal body temperature method is based on the change in body temperate that occurs during the cycle. That means, shortly after ovulation the progesterone level in the blood rises, increasing the basal, metabolic rate and causing rise of temperature. Thus, the woman should record her temperature every day before getting up from the bed in the morning.

*iii) The Cervical Mucus Method:* The cervical mucus method is also called ovulation method or Billing ovulation method. This method is based on recognizing the changes that occur in cervical mucus due to the effect of oestrogen and progesterone at different times of the menstrual cycle. If cervical mucus is wet or slippery, the couple should abstain from sex or they can use barrier method of contraception or withdrawal method (ibid.: 64).

Chaudhuri (2004: 62) reports that the benefit of natural family planning method is that it has no physical side effects, it does not cost anything like other methods of contraception, it does not require a prescription by a medical person and it also improves knowledge of the reproductive system. Natural family planning also can be used both for avoiding pregnancy or to achieve it when desired. The Natural family planning can improve the marital relationship as it involves the man's co-operation.

The risks of the natural family planning method of contraception is that it does not provide protection against sexually transmitted diseases, requires accurate daily record keeping, requires intensive training and has a higher rate of failure than other family planning methods. This kind of contraception method may fail if men do not agree with their wives on the same method. Hence, it requires cooperation of male partners. That means the calendar method of contraception may fail when some men want to have sexual intercourse regularly in a month. Furthermore, it may be difficult to practice it, if a woman has more than one partner. The calendar method may also be ineffective for women with irregular menstrual cycles. NFP can be unreliable or hard to use if the woman is breastfeeding, or if she has any other condition that changes body temperature. Lastly, its effectiveness is less than that of some modern contraceptives.

## 2.3 The ethical debate on contraception

Contraception methods are said to be good in terms of family planning and some methods may be used to prevent sexually transmitted diseases, including HIV infections. However, more research on contraceptives revealed that "family planning has been practiced throughout the world since earliest times but the population and family planning field is still confronted by difficult ethical issues" (Mundi, 2002: 4). Under this sub-heading, therefore, the study focuses on the current ethical debate on the methods of contraception as a means of family planning. The ethical debate developed from the various concerns and perceptions that surround contraception by different stakeholders in society. Below are some of the ethical debates that various groups have presented regarding contraception.

### 2.3.1 Objections to contraception based on life and the natural order

*a) Contraception is unnatural:* Gordon (2011: 8) writes that "the natural consequence of having sexual intercourse is conceiving a child**,** it is wrong to interfere with this, thus birth-control is intrinsically wrong." This argument is founded on two ideas, which are:

*i)* There is some natural order in the processes of the universe. That means to interfere in the universe's processes is not good.

*ii)* It is wrong to interfere with the natural order of the universe. This means that human beings interfere with the natural order of the universe when they try to disturb the natural processes (for example the use of contraceptives). The results may sometimes be good or bad. Nevertheless, the usage of contraception can be seen as intrinsically wrong because contraception is against the natural order of the universe and often disturbs the natural processes in the universe.

*b) Contraception is anti-life*: This argument is based on the premise that life is a good thing. The holders of this view argue that contraception is morally wrong because life is a fundamental good. In other words, life is a good thing. Thus, those who use contraception are engaged in an intentionally "anti-life" act because they intend to prevent a new life from coming into being. It is always morally wrong to do something with a bad intention. The main problem of contraceptives in this context is that they

may be used to terminate the life of someone who could have become great in terms of intelligence (ibid.: 8).

*c) Contraception is a form of abortion:* Some birth control techniques operate by preventing the implantation and development of a fertilised egg. Those opposed to such methods say that this is equivalent to an abortion, and that if abortion is wrong then those forms of contraception that cause it are wrong. The forms of contraception included are emergency contraception and intrauterine devices. Furthermore, morning-after pills and intrauterine device operate by preventing implantation of a fertilised egg. Therefore, using pills presents the risk of causing abortions. It is morally wrong to use these contraceptives that risk causing an abortion (ibid.: 9).

### 2.3.2 Objections to contraception based on sexual behaviour and health

Gordon (2011) further mentions that some people are concerned that the availability of contraceptives has led to promiscuity in countries where contraceptives have generally been accepted and widely used, thereby lowering the standards of sexual morality. He further writes that the president of the American Life League explained that contraceptive mentality gives men and women absolute and total control over their reproductive lives. However, this mindset has lead to irresponsible sexual behaviour that has often resulted in health problems and elimination of pregnancies.

Gordon also says that contraception may be a health risk to individuals in two ways: either through side effects of the contraceptive or because using contraception allows people to have more sexual partners and thus it increases the possibility of catching a sexually transmitted disease.

*i) Side effects***:** Contraception does have side effects that affect human health. Some health problems have been identified while others have not been identified. For example, those identified include the intrauterine device that may cause some pain or bleeding at the point of its insertion and immediately after its insertion, but may go away in a day or two. The intrauterine device may also increase bleeding or cramping during periods. Female sterilisation may cause serious wounds. It can also cause internal infections or bleeding and injury to internal organs.

Furthermore, opponents of contraceptives point out that some contraceptives are a concoction of chemicals meant to prevent conception or induce miscarriage. Opponents of these contraceptives argue that these contraceptives work on chance grounds thus they have a failure chance. Generally, in case of failure, contraceptives may be a risk and unsafe for women taking them, and probably affect the infant that may lead to birth defects.

*ii) STDs and HIV/AIDS:* Gordon (2011) further notes that contraceptives have been taken liberally for pregnancy but not disease prevention hence they have increased health risks. Coupled with it, contraceptives allows many people to have multiple sexual partners, thereby increasing the risk of individuals catching sexually transmitted diseases, and increasing the opportunities for such diseases to spread in the population. Depo-Provera for example, can increase the risk of being infected with HIV.

Maluba (2011: 7) reports that a study conducted by researchers at the University of Washington has revealed that the most popular contraceptive for women in Eastern and Southern Africa showed a double risk of being infected with HIV. Furthermore, a study by the New York Times revealed that when contraceptives are used by HIV positive women, their male partners are twice as likely to become infected as women who used no contraception.

The study led by researchers at the University of Washington and published in "The Lancet", indicates that infectious diseases involved 3,800 couples in Botswana, Kenya, Rwanda, South Africa, Tanzania, Uganda and Zambia. It stated that in each couple, either the man or woman was already infected with HIV. The authors said that the injectable used by the African women were probably a generic. The study found that women who use hormonal contraception become infected at a rate of 6.61 per 100 person-years, compared with 3.78 for those not using that method. The report noted that transmission of HIV to men occurred at a rate of 2.61 per 100 person-years for women using hormonal contraception compared with 1.51 for those who did not (ibid.: 7).

### 2.3.3 Objections to contraception based on marriage breakdown

The usage of contraception may contribute to marriage breakdown. This is certainly true, since having sexual intercourse without contraception carries a significant risk of

conceiving a child, which most of those having sexual affairs outside marriage would regard as a deterrent. However, contraception may contribute to marriage breakdown if one partner is having sexual affairs outside marriage. For instance, Chilufya (2012) a news reporter at Muvi TV Zambia, reported that a woman identified as Mrs. Muntali divorced her husband because he forced her to use contraceptives each time they had sexual intercourse. Mrs. Muntali also told the news reporter that her husband used to move with condoms in his pockets. She added that when she tried to ask her husband the reason for moving with condoms, that was the end of their marriage.

### 2.3.4 Objections to contraception based on increase of unintended pregnancies

Icebergsandbabies' Stuffs (2011: 8) report that no method of birth control is hundred percent effective. The more often one has sex the greater the chance one is likely to have of failure. For instance, one may become pregnant due to the condom failure or if one misses to take contraceptive pills several times. That is how contraception methods can increase the number of unplanned pregnancies and not decreased it.

Before contraception was available, the greatest deterrent of having sex was the fear of becoming pregnant. Currently, most unplanned pregnancies occur with those using contraception. Therefore, the number of unwanted pregnancies has also increased. A reflection of this is that the abortion rate in the UK has continued to increase annually despite contraception being available for more than 30 years. In fact, many would say that the increase in the usage of contraception methods in the UK contributed to the increase in abortion rates rather than reverse them. Hence, In 1967 abortion act in Britain was introduced as a backup for failed contraception (ibid.: 8).

### 2.3.5 Christian views on contraception methods

Jefskins (2009: 12) reports that Christian ideas about contraception come from church teachings rather than the scripture, as the Bible has little to say about the subject. As a result, their teachings on birth control are often based on different Christian interpretations of the meaning of marriage, sex and the family. Since these churches regard sex outside marriage as morally wrong (or if not wrong, as less than good), they

believe that abstaining from sex would be morally better than having sex and using birth control.

Churches that are more conservative suggest that contraception should be limited to married couples who are using it to regulate the size and spacing of their family. They often teach that using contraception to prevent children altogether is not desirable. The Roman Catholic Church only allows 'natural' birth control, by which it means only having sex during the infertile period of a woman's monthly cycle. Artificial methods of contraception are banned. Thus, the only way for a Catholic couple to be faithful to the Church's teachings on human sexuality and to avoid having children is to use “natural” family planning. Moreover, NFP has no side effects, like causing clots or long-term risks like increasing the risk of breast cancer (unlike taking hormone pills) or increasing the risk of ectopic pregnancies and infections (having foreign objects e.g. IUDs in your body). If practiced correctly, natural family planning is as reliable in avoiding pregnancy as the combined oral contraceptive pill (ibid.: 13).

Jefskins further writes that God knows that even in a marriage relationship, a woman cannot continue having one baby after another until exhaustion occurs. He knows that through circumstances such as illness or poverty it is not always possible to have one or more children. He therefore invented family planning by natural means. As creator, he has the ultimate knowledge of our bodies. That is why he designed a woman to be fertile only for a couple of days each cycle.

Many world religions, including Christianity and Islam, recognise that life begins at conception and hence it is against their faith to use contraceptives in order to avoid pregnancy. Many religions believe that we have a spiritual dimension as well as a physical and emotional one and that we have a purpose beyond our present life; and that we must be accountable not just to one another but to a creator. This gives an importance to humanity far beyond being a creature on earth. Many believe that sex was created by God not only in order to “multiply” and keep the human race going but to deepen a relationship, as an ultimate and exclusive sign of love. God designed sex to be a sign of overflowing love between a man and a woman in the context of marriage. Literally, he wanted all of us to be made by love and for love as a sign of his love for us. He wanted children to be seen as a gift, not a burden.

Religiously, sex is the most intimate kind of physical contact two people can have. It is therefore very personal and not something, one ought to share with someone casually. Contraception "allows" sex to occur without much prior thought. This may even be on a first date. In such cases, there is an absence of respect and often a feeling of being used for sex. In teenage relationships, once sex enters the relationship on average the relationship only lasts a further 3 weeks. Even in a longer relationship with the frequent use of contraception, a man may finally lose respect for the woman and may come to the point of considering her as a mere instrument of selfish enjoyment, and no longer as his respected and beloved companion. This has a damaging effect on self-respect and self worth. The religious idea suggests that birth control is intrinsically wrong because the natural consequence of having sexual is conceiving a child. Hence, it is wrong to interfere with this (ibid.: 14).

In conclusion, this chapter presented information about contraception used in family planning. It especially looked at the different methods of contraception more used in family planning, their risks and benefits. At the end, this chapter answered the first specific objective of this study.

# CHAPTER 3: THEORETICAL FRAMEWORK

## 3.0 Introduction

The main aim of this chapter is to describe the theoretical framework used in this study. Utilitarianism is the moral theory that will be used in this study. It will be applied in Chapter 5 to analyse the findings of this study from an ethical point of view. That means, the ethical evaluation of this study will be guided by the utilitarian ethical theory.

Utilitarianism was also relevant in collecting data for this study. It guided the researcher in terms of gathering primary and secondary data suitable for this study. Some of the information gathered from the users of contraception methods was related to the popular methods known by the couples in the study areas and the benefits and risks they had experienced through the use of methods of contraception.

## 3.1 General idea of utilitarianism

Shaw (1999: 7) writes that the term 'utilitarianism' was initially coined by the English philosopher Jeremy Bentham (1748-1832). It was loosely used to describe those in the history of ethics whose criterion for moral judgment was based on maximizing the good. It is also worth mentioning that all utilitarians share the conviction that human action ought to be morally assessed in terms of their production of maximal value (Beauchamp, 1982: 80). Utilitarianism is a widely applied ethical theory by which people decide what they ought and ought not to do.

Beauchamp (1982: 73) reports that ''utilitarianism is the most influential of several ethical theories that measure the worth of actions by their ends and consequences. These theories are commonly said to be *teleological* (Greek term *telos*, meaning 'end') or *consequentialist.* While there are many types of utilitarianism, they hold in common that the rightness and wrongness of actions and practices are determined solely by the consequences produced for the general well-being of all parties affected by the actions or practices.'' In other words, what makes an action morally right or wrong is the net outcome produced by the act, not the mere act in itself.

Beauchamp further says that the Utility principle holds that an act is morally right if there is no other possible act that has overall seen better consequences. A utilitarian would hold that one ought to choose the action that leads to the production of the best consequences for all affected (ibid.: 73). “A consequence of this is that when deciding whether an action is right or wrong, it is always essential to go from the action to the consequences. If the consequences of an action are better than the consequences of its alternatives, then this action is better than the alternatives. Moreover, utilitarianism tells us why the actions are right or wrong and when they are right or wrong.” Shaw (1999: 3)

In order to understand utilitarianism better, it is very important to mention the distinction between hedonistic utilitarianism and pluralistic utilitarianism. Beauchamp (1982: 81) pointed out that Bentham and Mill are hedonistic utilitarians because they conceive utility entirely in terms of happiness or pleasure. They argue that the good is equal to happiness, which is the same as pleasure. All other things are valuable only as means to the production of pleasure or the avoidance of pain. Hedonistic utilitarianism, then, holds that acts or practices which maximize pleasure, when compared with any alternative acts or practices, are right actions (ibid.: 81). Pluralistic utilitarian philosophers, however, have not looked kindly on pleasure. They have argued that “there is no single goal or state constituting the good and that many values besides happiness possess intrinsic worth” (ibid.: 83).

### 3.2 The history of utilitarianism

Julia (2009: 3) reports that utilitarianism is one of the most powerful and persuasive approaches to normative ethics in the history of philosophy. Though there are many varieties of the view discussed, utilitarianism is generally held to be the view that the morally right action is the action that produces the most good. There are many ways to spell out this general claim. One thing to note is that the theory is a form of consequentialism. Thus, the right action is understood entirely in terms of consequences produced.

On the utilitarian view, one ought to maximize the overall good—that is, one needs to consider the good of others as well as one's own good. The so-called Classical

Utilitarians, Jeremy Bentham, John Stuart Mill and Henry Sidgwick identified the good with pleasure. Though the first systematic account of utilitarianism was developed by Jeremy Bentham (1748-1832), the core insight motivating the theory occurred much earlier. That insight is that morally appropriate behaviour will not harm others, but instead increase happiness or utility (ibid.: 3).

Weiss (2003: 80) points out that there are various interpretations of utilitarianism. The basic utilitarian view holds that an action is judged as right, good, or wrong on the basis of its consequences. Weiss (2003) also states that utilitarianism includes the following tenets: i) an action is morally right if it produces the greatest good for the greatest number of people affected by it; ii) an action is morally right if the net benefits over costs are greatest for all affected compared with the net of all other possible choices considered; iii) an action is morally right if its immediate and future direct and indirect benefits are greatest for each individual and if these benefits outweigh the cost and benefits of the other alternatives.

Weiss (2003) further mentions that the precursors to the classical approach were the British Moralists Cumberland, Shaftesbury, Hutcheson, and Hume. Of these, Francis Hutcheson (1694-1746) is explicitly utilitarian when it comes to action choice. Some of the earliest utilitarian thinkers were the 'theological' utilitarians such as Richard Cumberland (1631-1718) and John Gay. They believed that promoting human happiness was incumbent on us since it was approved by God (ibid.: 4).

Furthermore, Shaw (1999: 7) reports that "the English philosopher Jeremy Bentham, who coined the term utilitarian, is generally considered to be the founder or at least the first systematic expounder of utilitarianism." In politics and ethics, Bentham and his followers saw themselves as fighting on behalf of reason against dogmatism, blind adherence to tradition, and conservative social and economic interests. They were social reformers who used the utilitarian standard as the basis for assessing and criticizing the social, political, and legal institutions of their day. They also rejected many of those institutions (such as the penal code, the reform which was the interest to Bentham) as backward or even harmful, and they dismissed much of the accepted morality of their day as unenlightened, prejudice and repressive (ibid.: 7).

John Stuart Mill is another philosopher who wrote on utilitarianism. Beauchamp (1982: 75) points out that "John Stuart Mill argues that the creed which accepts as the foundation of morals, Utility, or the greatest happiness principle, holds that actions are right in proportion as they tend to promote happiness, wrong as they tend to produce the reverse of happiness. By happiness, is intended pleasure, and the absence of pain, by unhappiness, pain and the privation of pleasure."

### 3.3 Types of utilitarianism

Utilitarianism can be divided into act and rule utilitarianism. According to Christian (2007: 4), "act utilitarianism states that, when faced with a choice, we must first consider the likely consequences of potential actions and, from that, choose to do what we believe will generate the most pleasure."

Christian further states that rule utilitarian, on the other hand, begins by looking at potential rules of action. In order, to determine whether a rule should be followed, one may have to consider what would happen if such a rule was constantly followed. If adherence to the rule produces more happiness than the opposite, it is a rule that morally must be followed at all times. The distinction between act and rule utilitarianism is therefore based on a difference about the proper object of consequentialist calculation—specific to a case or generalised to rules.

### 3.4 Importance of utilitarianism

Weiss (2003: 80) writes that "utilitarianism concepts are widely practiced by government policy makers, economists, and business professionals. Utilitarianism is a useful theory for conducting a stakeholder analysis, since it forces decision makers to i) consider collective as well as particular interests, ii) formulate alternatives based on the greatest good for all parties involved in decision, and iii) estimate the costs and benefits of alternatives for the effected groups." Thus, one may use utilitarian principles in making decisions.

Generally speaking, the basic principal of utilitarianism involves a calculus of happiness, in which actions are deemed to be good if they tend to produce happiness in the form of pleasure and evil if they tend to promote pain. As such, the philosophy is

said to derive from the classical concept of hedonism, which values the pursuit of pleasure and avoidance of pain. The sophisticated system proposed by Bentham and later expanded by John Stuart Mill and others regards not only the end product of happiness, or utility, in actions, but also considers the motives of actions and the extent to which happiness can be created not only for the individual, but also for the members of society as a whole (Salem 2012: 2).

### 3.5 A contemporary version of utilitarianism

Among the key elements of the contemporary vision of utilitarianism that I am going to apply in this dissertation are welfarism, universalism, and impartiality. I will describe these elements in turn.

i) Welfarism: this element of utilitarianism states that the value of the consequences depends on the welfare or well-being found in the consequences as opposed to other goods. Well-being plays a vital role in moral theory. That is to say, a theory, which says that it just does not matter, would be given no credence at all. The philosophical idea of well-being encompasses both the positive and the negative aspects. The positive aspect means how well a person's life is for that person. It may perhaps also mean what is in the interest of a person. Another term that is used in this context is 'flourishing'. A flourishing life refers to a good life. The negative aspect of well-being refers to a condition where one is living in suffering. Other terms used to explain the negative situation include 'ill-being', 'ill-faring' or unhappiness.

ii) Universalism: this element of utilitarianism states that moral rightness depends on the consequences for all people or sentient beings (as opposed to only the individual, present people, or any other limited group). That means the goodness of morality depends on the consequences of all people. Thus, if we compare this to a theory called *ethical egoism,* the theory holds that an action is morally right if it maximises the agent's good. It also says that we should always do what is in our own best interest. However, utilitarianism is universalistic in the sense that it holds that we must consider the consequences of our action on everyone who will be affected. In other words, consequentialism is not restricted to a particular group of people or individuals but it

takes into consideration everyone who will be affected by the consequences of an action.

iii) Impartiality: this holds that in determining moral rightness, benefits to one-person matter just as much as similar benefits to any other person. That means all who count, count equally. In short, utilitarianism is an impartial theory. Everyone's happiness counts the same. When one maximizes the good, it is the good *impartially* considered. This means that one's own good count for no more than anyone else's good.

One may conclude by saying that utilitarianism belongs to consequentialist theories, which hold that the rightness or wrongness of an action depends solely on its consequences. The utility principle also highlights that an act is morally right if there is no other possible act that has overall seen better consequences.

In this study, utilitarianism will be applied in the ethical comparison of different methods of contraception used by couples in Kalingalinga, Mtendere, Kabwata and Kamwala compounds.

# CHAPTER 4: METHODOLOGY

## 4.0 Introduction

This research is an ethical evaluation of family planning by means of contraception. The research was conducted in Kalingalinga, Mtendere, Kabwata and Kamwala compounds. Both an empirical and a philosophical method of gathering and analyzing information were used in this study since ethical evaluations rely on empirical data. I shall first describe the empirical method used in this dissertation and then the method employed in the ethical assessment.

## 4.1 The Empirical Method

### 4.1.1 Research sites

The study sites of this research were Kalingalinga, Mtendere, Kabwata and Kamwala compounds of Lusaka District. The rationale behind selecting these areas of study was that the researcher lives in one of these compounds and is therefore familiar with the conditions of life in these compounds.

### 4.1.2 Sample size

The sample size of this study was 72 respondents. It was subdivided in the following manner: sixty (60) respondents were couples sampled from the study sites. These couples were men and women of Kalingalinga, Mtendere, Kabwata and Kamwala compounds. Twelve (12) respondents were key informants chosen from various government health institutions, private health organisations and churches. Under the government health institutions, key informants comprised officers from reproductive department of Kalingalinga clinic, Mtendele clinic, Kabwata clinic, Kamwala clinic and University Teaching Hospital. Key informants from private health organisations comprised health personnel selected from the Society for Family Health and Marie Stopes International-Zambia, while key informants from churches consisted of selected senior members of Kamwala Islamic Church, Central Seventy Day Adventist Church,

Kalingalinga United Church of Zambia, Mtendere Apostolic Church and Kabwata St Patrick. The total number of selected respondents is 72 individuals.

### 4.1.3 Target population

The target population of this research comprised couples from study sites, government health institutions, private health organisations and some churches found in the study sites. Couples were the main target group in this research since they are the users of contraceptives. Government and private health institutions were also targeted because they deal with issues regarding family planning. Representatives of churches were interviewed in order to obtain their views on contraceptives.

### 4.1.4 Tools used to collect primary and secondary data

In-depth interviews were used as a tool to collect data in this study. In-depth interviews (one to one interviews) were conducted to gather primary data from respondents in the above-mentioned study sites, government health institutions, private health organisations and selected churches found in the study sites. Secondary data were collected from relevant books at the University of Zambia Library, Ministry of Health library, Marie Stopes International-Zambia Library, Society for Family Health Library and the Department of Philosophy and Applied Ethics. Secondary data were also collected from the Internet.

### 4.1.5 Breakdown of in-depth interviews

In-depth interviews were administered to fifteen (15) couples from each selected compound of the study. That means sixty (60) in-depth interviews were conducted from the four (4) compounds of the study sites. Five (5) officers (health personnel) who are in charge of family planning under the reproductive department in the government health institutions were interviewed. Two (2) experts in reproductive issue from private health organisations were also interviewed, and in-depth interviews were also used to collect data from five (5) senior members of selected churches found in the study sites.

### 4.1.6 Sampling method

Purposive sampling procedure was used to select the respondents of this study. Purposive sampling method is one in which only a few members of the population who

have characteristics related to the study are sampled. It was also used to choose the officers from the government and private health institutions that deal with family planning issues. It was again employed to select representatives of churches in order to get their views on the methods of contraception. Laerd (2012) highlights that the main purpose of this sampling technique is that the people who have been selected for the sampling have been selected with a particular purpose in mind and that those people who are unsuitable for the study or who do not fit the bill have already been eliminated. Therefore, only the most suitable candidates will be chosen. As only the most appropriate people for the study have been selected, this process becomes less time consuming. In addition, the results are expected to be more accurate than those achieved with alternative forms of sampling.

### 4.2 The Philosophical Method

The ethical analysis is based on the results of the empirical research, but it has its own method. There are various methods employed in Applied Ethics (see Beauchamp, 2003). This research used the deductive approach, which is also called the "Straightforward-Application Model" (or "Top-Down Model") of Applied Ethics. This technique "involves in the application of ethical theories or ethical principles to a given problem with the purpose of answering the ethical question of what to be done in regard to this problem" (Spielthenner, 2009, 29). When the notion of 'applied ethics' gained popularity in philosophy, it was widely assumed that general ethical theories were to be applied top-down to certain moral problems or cases. In fact it was this approach that accorded 'applied' ethics its name. It is still one of the recognized methods in applied ethics, even though it has, as any technique, restrictions and dangers (see Beauchamp, 2003, 7-8).

According to this technique, the ethical theory (or the ethical principle) is the starting point, and we apply the theory to the case in question in order to reach a conclusion about what needs to be done. On this view, an ethical assessment of a case is compared with deductive reasoning that starts from ethical principles. The application of this methods requires (i) a thorough description of the case under consideration, (ii) a clear explanation of the ethical principle that is intended to be applied, in order to see

whether it is appropriate to the issue, (iii) the collection of empirical data that are essential for applying the principle, and (iv) correct deductive reasoning to make sure that the principle together with the empirical data allow an assessment about what ought to be done in the case under consideration. The theory which has been used in this study is utilitarianism. It was described in more detail in the chapter on the Theoretical Framework, and its application is shown in Chapter 5.

# CHAPTER 5: FINDINGS AND DISCUSSION

## 5.0 Introduction

This chapter presents the findings of this study as answers to the following objectives: (a) to describe the different contraceptive methods which are used by couples of Kalingalinga, Mtendere, Kabwata and Kamwala compounds and (b) to explain the risks and benefits of contraceptive methods that are being used in these compounds.

The study aimed at collecting data that was relevant to the ethical evaluation part. In this light, utilitarian theory guided the researcher to gather the data that was relevant and suitable to the study. The target participants were couples residing in the study areas.

## 5.1 Findings

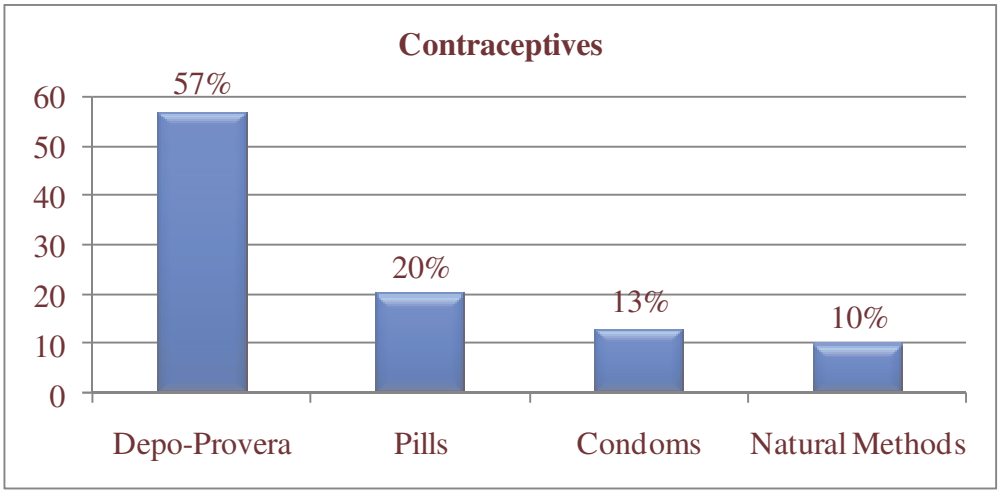
### 5.1.1 Different contraception methods more used by couples

Out of sixty (60) couples interviewed in the study areas, eighty-five percent (85%) have children, while fifteen percent (15%) have no children. The respondents said they are able to control their fertility, number of children and protect themselves from sexually transmitted diseases using the various methods of contraception as indicated below.

Fifty-seven percent (57%) of the sixty (60) couples interviewed in the study areas (four compounds) indicated that they use Depo-Provera injection as a contraception method. Twenty percent (20%) of the sixty (60) couples revealed that they use pills. Thirteen percent (13%) said they use condoms while the remaining ten percent (10%) indicated that they use natural family planning methods of contraception.

The bar graph below illustrates the different contraceptive methods used by couples in Kalingalinga, Kabwata, Kamwala and Mtendere compounds

**Figure 1:** The types of contraceptives used by couples in the study sites




Furthermore, the sixty (60) couples indicated that they were aware of different other contraception methods. Seventy seven percent (77%) mentioned that they knew the following contraception methods: Pills, Male and a Female Condoms, Depo-Provera, Intrauterine Device, Male and Female Sterilisation, Natural Family Planning Method (NFP) and traditional methods of family planning. The remaining twenty three percent (23%) indicated that they knew some of the above mentioned contraception methods but had no knowledge of the intrauterine device, male and female sterilisation and traditional methods of family planning. One respondent of Kabwata compound told the researcher that in the past, some women used herbs as method of contraception. They used to wear some herbs in the waist, and these women believed that they would be protected from unintended pregnancies. The table below shows different types of contraception methods known by couples interviewed

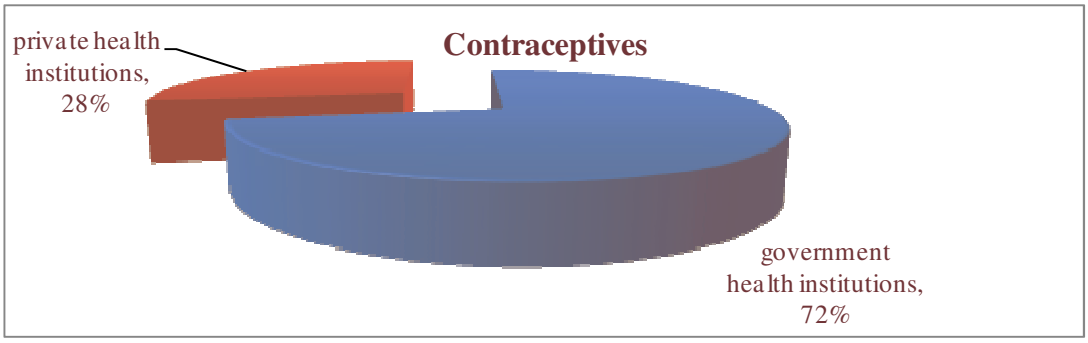
**Table 1.** Methods of contraception known by the couples interviewed

| Popular methods of contraception | Number of couples | Percentage |
|---|---|---|
| Pills, Male and a Female Condoms, Depo-Provera, Intrauterine Device, Male and Female Sterilisation, Natural and Traditional methods of family planning. | 46 | 77% |
| Pills, Male and a Female Condoms, Depo-Provera | 14 | 23% |
| Total | 60 | 100% |

Four (4) government officials who were interviewed at Kalingalinga, Mtendere, Kabwata and Kamwala clinics indicated that they provide various methods of contraception such as barrier method (male and female condoms), hormonal methods (pills, Depo-Provera), intrauterine devices and natural family planning. For male and female sterilisation, they said that clients are sent to the University Teaching Hospital. Furthermore, officials from the University Teaching Hospital, Society for Family Health International and Marie Stopes International-Zambia said that they offer similar methods of contraception as the clinics.

Seventy two percent (72%); of the interviewed couples indicated that they got contraceptives from government health institutions while the remaining twenty-eight percent (28%) said that they were supplied by the private health institutions.

**Figure 2:** Providers of contraceptives



### 5.1.2 Risks and benefits of contraceptives used by the couples

**a) Risks**

The literature review revealed that many types of contraceptives may cause some health risks. This research has shown that couples in the study areas have faced various problems caused by different contraceptives. Some of the risks caused by contraceptives are as follows:

**Depo-Provera**: This study shows that fifty seven percent (57%) of interviewed couples said that they were facing various health complications caused by the use of Depo-Provera. The problems they encountered include headaches, weakness and nausea. Only two percent (2%) of them told the researcher that they experienced prolonged bleeding during menstrual period. The contraceptive providers interviewed report that Depo-Provera does not offer protection against sexually transmitted infections and Human Immunodeficiency Virus. They further highlighted that women who are under 35 years and are having first exposure to Depo-Provera may have a slight increased risk of breast cancer. They also said that Depo-Provera may cause menstrual changes such as irregular prolonged bleeding and Depo-Provera may delay fertility return.

**Pills:** The findings indicated that twenty percent (20%) of couples who use pills face the following health problems caused by contraceptives pills: They said that the main risk of using pills was that once one misses taking a pill, one may end up getting an unwanted pregnancy. Four women out of sixty women interviewed told the researcher that they got pregnant due to the pill's failure. The contraceptive providers interviewed revealed that pills often cause irregular bleeding and may decrease in effectiveness if the users are taking drugs used for the treatment of tuberculosis. Thus, patients who suffer from tuberculosis may use other types of contraception instead of applying pills.

A fifty-two year old man of Kamwala compound told the researcher that he opted to practice sex outside married because his wife was in prolonged periods of twelve days. As a result, he failed to abstain from sex for such a period. This is an indication that someone may engage in unfaithful action due to the contraceptive's failure. The government and private health institutions further added that pills do not offer

protection against sexually transmitted infections and pills can reduce milk supply in breastfeeding women. Two women of Kalingalinga and Kamwala compounds pointed out that they were infected by their husbands while using oral contraceptives (pills). Health providers also mentioned that pills may cause change in weight, nausea, sometimes vomiting, headache, prolonged bleeding and dizziness.

**Condoms:** The users of condoms were thirteen percent (13%) out of sixty. They cautioned that other remaining contraception methods only protect couples from unintended pregnancies but leave couples at a risk of contracting STIs. Seventy three percent (73%) of the 60 couples and the twelve (12) key informants selected from government and private health institutions, also added that condoms may lead people to have multiple sexual partners as they believe that condoms protect them from having unintended pregnancies and catching STIs. For instance, a woman of Kabwata compound outlined that she divorced her husband after she found condoms in his pockets on two occasions and later discovered that he had extra marital affairs with other women. However, the remaining twenty-seven percent (27%) of the respondents argued that the use of contraceptive does not push anyone to have multiple sexual partners. They added that before contraceptives became popular, people had extra marital relationships. Thus, they concluded that it depended on one's inclination to have multiple sexual partners. A key informant also said that condoms may break when they are not used correctly and may break when they are not well stored. As a result, the users may catch STIs or HIV.

**Natural methods:** The study revealed that ten percent (10%) of couples used this method. They explained that natural family planning method might fail when there are some misunderstandings between partners, especially the male partner, and may fail if it is incorrectly practiced. For instance, one woman in Kalingalinga said that she got pregnant because of natural family planning failure. She said that her husband insisted on having sexual intercourse with her while she was in her fertile days. Government and private health institutions also said that the natural method of family planning does not provide protection against STIs and HIV. They further stated that this method requires intensive user education and instructions before confidence is gained in detecting fertility signs.

**Figure 3**: A nurse explaining some of the risks and benefits of contraceptives.

*Source: photo taken by the researcher in Lusaka.*

**b) Benefits**

**Depo-Provera:** The users of Depo-Provera explained that it provides highly effective protection against pregnancy for three months. In other words, Depo-Provera contraceptive injection is a long lasting method of contraception that protects a woman from unwanted pregnancy. They added that Depo-Provera assisted them to have sexual intercourse with a free mind. The contraceptive providers interviewed report that Depo-Provera does not decrease production or quality of breast milk and it may protect against endometrial cancer and sickle cell diseases. They further mentioned that Depo-Provera does not depend on client action for efficacy and has no adverse estrogen-related complications.

**Pills:** The users of pills told the researcher that pills do allow them to have sexual intercourse with a free mind while protecting them from getting unplanned pregnancy. The government and private contraceptive providers interviewed outlined that pills may decrease pain and bleeding during menstrual periods and may protect the users from ovarian cancer. Breastfeeding women also can use pills, as they do not change the quantity or quality of breast milk.

**Condoms:** The users of condoms stated that condoms protect them from contracting sexually transmitted diseases and getting unplanned pregnancy. They also said that condoms are easily accessed in case sexual intercourse occurs unexpectedly. Condoms are relatively inexpensive and sold in many places and they do not require medical consultation or contact with health providers. The officials who deal with contraceptives from government and private health institutions also noted that male and

female condoms may protect individuals from contracting STIs and HIV when used correctly and consistently in every sexual intercourse. They further said that condoms also may help in preventing cervical cancer and that they have no hormonal side effects. The key informants interviewed noted that male and female condoms are good because they protect someone from contracting STIs when correctly used. They further cautioned that other remaining contraception methods only protect couples from unintended pregnancies but leave couples at a risk of contracting STIs.

**Natural method:** The couples who apply this method state that it is a good method because it does not cost much in terms of money and it does not require a prescription by medical personnel. They added that natural family planning protects them from getting unwanted pregnancies. The health providers interviewed stated that natural family planning increases communication and marital bonding for some couples and it improves the knowledge of the reproductive system.

The representatives of churches (Islamic and Roman Catholic) said that the natural method is the best because it is not associated with abortion issues like pills. For instance, the *Imam* at Kamwala Islamic school stated that they do not advise their members to use contraceptives and do not teach issues about contraception in their schools. He said that they may advise their members to use contraceptives in case a partner is suffering from sexually transmitted diseases or HIV or if one is suffering from a disease that does not permit her to continue having children.

### 5.2 Discussion

Eighty-five percent (85%) of couples interviewed stated that they have children and they use contraceptives to control the number of children. Referring to other studies conducted earlier by some scholars, literature reviewed indicates that contraception methods are the only way that has helped people to regulate their families and space of their children world over. In view of this, contraception methods have been instrumental to most couples of the world. Contraception methods have recently been of great use in Zambia. Currently, there are many methods of contraception used to plan the number of children one could have and when to have them. This study also indicates that couples are aware of different methods. It shows that seventy-seven percent (77%) of 60 couples

had knowledge about the following: Pills, Male and a Female Condoms, Depo-Provera, IUD, Male and Female Sterilisation, Natural Family Planning method (NFP) and traditional method of family planning.

However, the remaining couples indicated that they had no knowledge of IUDs, male sterilisation and traditional methods of family planning. This means that they had not used them. Apart from these methods known by the couples from the study sites, there are other many methods of contraception used worldwide. Some are available in Zambia, others are not. As indicated in the literature review, not all methods are hundred percent effective in terms of pregnancy prevention and also some methods raise ethical issues, especially hormonal methods. The study reveals that pills may work as a form of abortion and condoms may also promote promiscuity and cause unwanted pregnancy if they break during sexual intercourse.

Both literature and findings indicate that Christian and Muslim communities condemn most methods of contraception. The views of Christian Churches on the usage of contraception were based on their interpretation of biblical teachings that children should be considered as a gift from God not a burden. Psalm 127: 3-5 reads that "children are a gift from the Lord; they are a real blessing. The sons, a man has when he is young are like arrows in a soldier's hand; happy is the man who has many such arrows. He will never be defeated when he meets his enemies in the place of judgement". But some studies indicated that "Christian ideas about contraception come from church teachings rather than the scripture, as the Bible has little to say about contraceptives" Jefskins (2009: 12). As the literature shows, some Christians and Muslims hold that the usage of contraception could be seen as abortion. They said that some types of contraception (e.g. emergency contraception) could work as an abortion because they may be used while the woman has already conceived. Because of that, they recommend natural methods of contraception. Church members (a Pastor from main Seventh Day Adventist Church and an *Imam* from Kamwala Islamic school) contacted acknowledged that contraceptives are not good but people can still use them because it is not easy for every couple to use natural family planning methods. They said that contraceptives should be used if one partner is HIV positive or suffering from other sexually transmitted diseases.

The study also revealed that females were dominant in terms of using contraceptives as compared to males. The main reason behind this seems to be that many methods of contraception were designed for females.

Regarding risks, the study has revealed a number of risks resulting from the use of contraceptives. The main risks outlined include getting an unintended pregnancy or contracting sexual transmitted diseases due to the failure of contraception. That is, in the case of a condom breaking while having sexual intercourse. The study further revealed that contraceptive methods depend on the individual couple's choice. That means, each couple chose a contraception method they were comfortable with. That is to say, each couple chose a method with better effects or consequences on them.

The study also revealed that Depo-Provera was the most favoured contraceptive method used by most couples because it provides consumers with better results than any other contraception method. The users of Depo-Provera injection pointed out that Depo-Provera is good in terms of preventing pregnancy, as it does not require applying it every day like pills. It also helps them to control the number of children and gives them enough confidence of meeting their partners without fear of getting an unplanned pregnancy. However, Depo-Provera injection was said not to be able to protect consumers from sexually transmitted diseases. The users of Depo-Provera also explained that they experienced problems such as weaknesses and nausea.

The Pill was rated second. The respondents stated that contraceptive pills like Depo-Provera were good in terms of preventing unplanned pregnancies and helping in the spacing children. However, they were quick to mention that unlike Depo-Provera, the Pill was monotonous as it must be taken every day to give positive results. They further said that the pills sometimes caused heavy bleeding, headache, nausea and feeling weak. Other effects of the Pill included prolonged menstrual periods that result in discomfort by the users and expenses that come with the need to buy pads or cotton wool. As a result of the prolonged menstrual periods caused by the pill, one male respondent in Kabwata confirmed that he and other married men ware sometimes forced to engage in extramarital affairs at the time their wives were on these abnormally prolonged menstrual periods as they fail to abstain. Furthermore, the respondents noted

with concern that like Depo-Provera, the Pill did not protect the consumers from sexually transmitted diseases.

Condoms came third, and its users explained that they did not experience any problem in using them. They explained that the condom had several advantages but could not be easily obtained as consumers felt ashamed to procure them or ask for them from those selling or providing them. They further explained that condoms did not only avoid unwanted pregnancies but also protected them from sexually transmitted diseases. Compared to the other contraception methods, condoms have comparative advantages over the other methods as they protect the users from pregnancy as well as sexually transmitted diseases. Nonetheless, two respondents pointed out that condoms could also fail to some extent. They explained that they got unintended pregnancies after the condom broke. They established that condoms required a careful usage for them to be successful.

The Natural Family Planning (NFP) came fourth; the respondents explained that NFP was a good contraception method because it did not cause any health problem. They said that the only problem associated with this method was that if male partners did not take care, it could easily result in pregnancies.

A woman of Kalingalinga compound informed the researcher that she had an unplanned pregnancy while using natural family planning method. Therefore, unlike the other methods mentioned above, NFP does not protect users from both unwanted pregnancies and sexually transmitted diseases.

The government and private health Institutions contacted were the Ministry of Health, University Teaching Hospital, four Government Clinics found in the study sites, Society for Family Health and Marie Stopes. They provide a variety of methods of contraception to people. The methods of contraception provided by these institutions include Male and Female Condoms, Oral Pills, Intrauterine devices, Male and Female sterilization and Natural Family Planning.

An interview with the Marie Stopes' Team Coordinator for the Outreach Program and the Society for Family Health's Reproductive Department leader revealed that they provide enough information on each type of contraception, how they work and their side effects, and that clients were later given a chance to choose a method that they felt

would work to their benefit. These organisations also added that the only serious complaint received from their clients is about prolonged bleeding caused by the contraceptive called Jadelle and Pills. Other complaints were minor effects caused by other types of contraception.

Furthermore, these institutions pointed out that they support the usage of contraception in family planning because contraception play a vital role in terms of reducing maternal deaths, contributes to fewer abortions and safer sex behaviour, and improving children's lives. Family planning may also contribute to poverty reduction and environment conservation.

Another important point discovered by the study is that women in the study areas are the most users of contraceptives compared with men. The reason for this seems that the most available methods of contraception were designed for women. Most men interviewed in this study revealed that they do not use any brand of contraception. Only some of them use condoms. As a result, women complained that contraceptives affect them greatly but their male partners are not willing to use contraception methods designed for them. Parents also complained that contraceptives affect younger people greatly in the sense that they use them to prevent unplanned pregnancies and then in the process they contract sexually transmitted diseases and die.

Members of the Roman Catholics that were interviewed in the study areas revealed that it was not easy to apply NFP. That was when they were asked whether they obeyed the rules and regulations designed by their church over the issues of using natural method as a means of family planning. As a result, they said they used other types of contraception.

Respondents also confirmed that they controlled the number of children because they wanted to manage to feed them accordingly and to take them to school at the right time. They also said that today's economy did not permit people to have many children because providing the basic needs for them was difficult. It is in the same vein that many people opted to apply contraception in order to regulate their families.

# CHAPTER 6: ETHICAL EVALUATION

This chapter answers the fourth research question of this study. It makes an ethical comparison of the different methods of contraception used by couples of Kalingalinga, Mtendere, Kabwata and Kamwala compounds in Lusaka. This chapter looks at the different types of contraceptives used by the people living in the areas of the study and ethically compares them. Through this, this chapter analyses and compares how couples residing in these four compounds benefit from the different methods of contraception; and the risks they face caused by using contraception.

There are many different types of methodological approaches used in Applied Ethics. Some of the methods rely more on empirical data than other methods. For example, there is an approach called "empirical ethics". However, the method used in this study is called "Top-down Model". This technique involves the application of ethical theories or ethical principles to a given problem with the purpose of answering the ethical question of what is to be done in regard to the problem.

All analyses and comparisons of this study are in line with the utilitarian ethical framework. Utilitarianism holds that "an action is morally right if the net benefit over costs are greatest for all affected compared with the net benefits of all other choices considered" (Weiss, 2000: 80). In other words, utilitarianism is a moral theory that holds that the morally right course of action in any situation is the one that produces the greatest balance of benefits over harms for everyone affected.

The methods of contraception more used by the couples in the study areas were the following: Depo-Provera, pills, condoms and natural family planning methods of contraception. In what follows, I shall summarise their risks and benefits and compare them from a utilitarian viewpoint.

*i) Depo-Provera:* Depo-Provera was said to be helpful in terms of preventing unplanned pregnancy and spacing the number of children one may have. It does not decrease production or quality of breast milk but on the other hand, Depo-Provera is bound with ethical problems such as prolonged bleeding during menstrual period,

headaches, weakness, nausea and it may increase the risk of breast cancer. Depo-Provera does not offer protection against sexually transmitted infections and the human immunodeficiency virus. Forty-nine percent (49%) out of fifty-seven (57%) of the users of contraception told the researcher that they use Depo-Provera because is a method that may protect the users for many days (90 days). Looking at the theory used in this study (utilitarianism) however, Depo-Provera cannot maximize the good or well being of the users of it because it protects them only to avoid unplanned pregnancies but it leaves a room of serious health side effects such as prolonged bleeding and cancer that may lead to abortion.

*ii) Pills:* Pills are also contraceptives used by the couples in the study sites. Pills help the couples in the study areas to regulate the number of children and spacing them and allow the users to practice sexual intercourse with a free mind. On the other hand, pills produce some bad effects that may cause serious health problems. Some of the problems of the pills are that they do not protect users from contracting sexually transmitted diseases and may cause prolonged bleeding during menstrual periods, nausea and headache. In view of utilitarianism therefore, pills do not provide the maximisation of the well-being to the users because the majority of the users complained about the bad effects caused by pills. Fourteen percent (14%) out of twenty percent (20%) users of pills said they use pills because it easy to apply them and can be stopped any time without consulting the health provider.

*iii) Condoms:* Condoms as contraceptives are also used in the study areas. The users of condoms stated that condoms are instrumental in preventing unwanted pregnancies and they may protect the users from sexually transmitted diseases such as HIV. Condoms may also help couples to have sexual intercourse with a free mind because there is no worry of getting an unwanted pregnancy or STIs/HIV. Twelve percent (12%) out of thirteen percent (13%) of users of condoms revealed that they have been using condoms without any problems. The remaining one percent (1%) of condom users revealed that they got pregnant while using a condom. Looking at the theory used in this study, therefore, condoms may maximize the good and well-being of the users.

However, condoms can break if not used correctly or not stored properly. Thus, the overall results produced by the condoms provide good consequences to the users compared to the bad consequences.

*iv) Natural family planning:* According to the couples interviewed, natural family planning methods offer good service in terms of pregnancy prevention if practiced correctly. This method did not show any health side effects but one percent (1%) out of ten percent (10%) of the users of natural family planning methods said that they had an unintended pregnancy. In line with utilitarianism therefore, one may say that natural family planning method also brought about the benefit to the majority of the users. For instance, the users of natural family planning method do not experience any health complications such as prolonged bleeding, nausea, headache during menstrual period. The major problem associated with natural family planning is that it does not protect the user from sexually transmitted disease and HIV.

However, if one compares these methods of contraception by looking at the results they produce, one may say that condoms may come as the best contraceptive because the users of condoms did not complain much about the bad results of using them. The findings show that condoms are the only method that may protect someone from an unplanned pregnancy and from catching sexually transmitted diseases. Condoms have no serious side effects compared with other methods of contraception.

The second method that produces few bad results on the users is natural family planning. This is so because the users also did not complain much about the bad results produced by natural family planning. For example, natural family planning does not offer physical health side effects like other methods of family planning and it does not cost anything compared with other methods. When compared with condoms, natural family planning methods does not protect the users from contracting sexually transmitted diseases.

The third method that may produce few good consequences are pills. Pills are a method of contraception that helps couples to regulate the number of children and space them. This method has serious health effects that may largely affect the users. As a result, the usage of this method does not maximize the greatest good or well-being of the couples.

The last method of contraception is Depo-Provera. This method is the favourite method used by the many couples in the study areas. However, being a favourite method does not mean that it produces the greatest good for the users. The users like it because it protects them from unplanned pregnancies for a long time. It protects users for ninety days (90) from unintended pregnancies.

However, in terms of producing good consequences, one may rank methods of contraception used in the study sites as follows: condoms come as the best methods seconded by the natural method of contraception. The pill follows these two methods while Depo-Provera comes as the last method.

# CHAPTER 7: SUMMARY, CONCLUSION AND RECOMMENDATIONS

## 7.1 The overall summary of the study

The study title was "Family Planning by Means of Contraception: An ethical comparison of different methods used by the couples of Kalingalinga, Mtendere, Kabwata and Kamwala compounds in Lusaka-Zambia". The World Health Organisation (1999) reports that Family planning (FP) programmes are essential to assure widespread access to good quality reproductive health care. Family planning is a programme to regulate the number and spacing of children. Family planning has been proved to save and enhances the lives of women, children and families. Family planning therefore, can be achieved by using contraception.

The statement of the problem in this research is that people use contraceptives without paying attention to ethical issues bound to them. The wrong usage of contraception may lead to various ethical problems such as unplanned pregnancies, promiscuous behaviour and contracting sexual transmitted infection. Thus, knowledge about them is very important. Another problem is that some Christians view some contraceptives as causing abortion but this has not yet been established. The rationale of this research is that it may be used to explain ethical issues regarding contraception. Thus, the study may be used to highlight the risks and benefits of contraceptive methods and may be used in discussing the major methods of contraception applied in family planning. Its significance may also be seen from the fact that it may be the first study in Zambia that examines contraception from an ethical point of view. Hence, other researchers may be using this study as reference point for the future.

The general objective of this study was to carry out an ethical comparison of different methods of contraception used by couples of Kalingalinga, Mtendere, Kabwata and Kamwala compounds in Lusaka as a means of family planning; while the specific objectives were (i) to explain the ethical debate on contraception as a means of family planning, (ii) to describe the different contraceptive methods which are used by couples

of Kalingalinga, Mtendere, Kabwata and Kamwala compounds, (iii) to explain the risks and benefits of contraceptive methods that is being used in these compounds and (iv) to compare the different methods of contraception used by couples of Kalingalinga, Mtendere, Kabwata and Kamwala compounds from an ethical point of view.

The sample size was seventy two (72) respondents— sixty (60) couples residing in the study areas and 12 respondents from selected government, private health institutions and churches (Ministry of Health, Marie Stopes International-Zambia, Society for Family Health International, University Teaching Hospital, four (4) clinics found in the study sites, and four different churches found in the study areas). The literature review indicated that there are many methods of contraception used in family planning and each method is bound with some ethical issues. Some of the main methods of contraception identified with this study are oral contraception (combined pills, progesterone-only pills and emergency contraception pills), non-oral contraceptives (progesterone only injectable, implant and the patch), barriers contraception (male condom and female condom), intrauterine devices (IUDs), male and female sterilization and natural family planning.

The moral theory used by this study was utilitarianism. Beauchamp (1982), states that ‘‘Utilitarianism is the most influential of several ethical theories that measure the worth of actions by their ends or consequences.” These theories are commonly said to be teleological or consequentialist. There are many type of utilitarian theory; they hold in common that the rightness and wrongness of actions and practices are determined solely by the consequences produced for the general well-being of all parties affected by the actions or practices. However, this study was guided by act utilitarianism. The findings answered objective number two and objective number three of this study. Objective number one of this study was answered in literature review while number four, which is the last one, was answered in Chapter five of the “ethical evaluation”.

The findings show that fifty seven percent (57%) of couples interviewed in the study areas prefer to use Depo-Provera, twenty percent (20%) use pills, thirteen percent (13%) use condoms while the remaining ten percent (10%) use the natural method of family planning.

The ethical evaluation of this study shows that condoms were the best methods of contraception that may protect the users from getting unwanted pregnancies and from catching sexually transmitted diseases. The second best in terms of producing good consequences was the natural method of contraception. Pills followed these methods cited above while Depo-Provera occupied the last position in terms of producing the best consequences for the users. Finally, the conclusion, recommendations and this summary have been drawn out at the end of the study.

### 7.2 Conclusion

The main aim of the study was to carry out an ethical comparison of different methods of contraception used by couples of Kalingalinga, Mtendere, Kabwata and Kamwala compounds in Lusaka as a means of family planning. The findings indicated that contraceptives were the corner stone of family planning. That means contraception helps many couples to regulate the number of their children and spacing them. The majority (90%) of respondents in this study revealed that contraceptives played a vital role in terms of birth control. They told the researcher that they have been relying on contraceptives through out to control the number of children and space them. The findings also showed that the couples of Kalingalinga, Mtendere, Kabwata and Kamwala compounds, have used different methods of contraception. The major contraceptives known by the couples included the following: Pills, Depo-Provera, Male and Female Condoms, Intrauterine, Male and Female Sterilisation, Natural Family Planning Method (NFP) and Traditional Method of Family Planning (herbals). The study also revealed that Depo-Provera is the only method that is more used than other methods. Depo-Provera is seconded by pills, condoms and then natural methods of family planning.

Respondents who use contraception pointed out that the Depo-Provera injection is good in terms of preventing pregnancy because it does not require to be taken it every day like pills. Depo-Provera also gives the users enough confidence of having sexual intercourse without fear of getting unplanned pregnancies. In view of the findings, the theory used in this study indicates that the action by people to use contraceptives does not maximize happiness and general welfare of the users because most contraception

helps the user to avoid unwanted pregnancy but they do not protect them from sexually transmitted diseases and they cause serious health effects. In line with utilitarianism however, the condom was identified as the method that may produce the good consequences compared with other methods of contraception. The findings also showed that Depo-Provera was the method of contraception mostly used by many couples compared with other forms contraception but it does not mean that Depo-Provera maximises the good and welfare of the users. The users stated that they use it because it protects them from getting unplanned pregnancy for a long time compared with other methods of contraception.

### 7.3 Recommendations

1) The government and private health institutions should provide more written information to their clients on how contraception methods should be used, their risks and benefits.

2) The government through the Ministry of Health should do more research on risks and benefits associated with different contraception methods so that people who want to use contraceptives are aware of these risks. This exercise will enable the users of contraceptives to pick a type of contraceptive suitable to their bodies.

3) Many parents interviewed complained that younger generations are dying plentifully especially those who are in high schools due to the usage of contraception; parents/guardians revealed that these young girls and boys use contraceptives in order to avoid pregnancy but in the process, they end up contracting sexual transmitted infections such as gonorrhoea and HIV and may die. Hence, this study is suggesting that the government of Zambia through the Ministry of Health and Ministry of Education should come up with a strategy of teaching these young generations how they should behave when it comes to the issue of using family planning.

4) The government through the Ministry of Health should encourage men to utilize contraceptive methods designed for them such as male condoms or vasectomy. The main reason for this recommendation is that women complained that men do not take part when it comes to the issue of birth control. Most women respondents said that

contraceptives give them many diverse problems but their husbands are not willing to go for the methods designed for them.

5) The government through Ministry of Health and private health providers should make sure that contraceptives distributed to users are not expired. Some of the respondents in this study revealed that sometimes government health providers and private health institutions do not check expiry dates of contraceptives. This may bring some serious ethical problems such as contracting sexually transmitted diseases, unintended pregnancies and other health complications when expired contraceptives are used.

6) Government and private health institutions should provide a variety of methods of contraceptives so that the users can chose a method that is suitable to their body. Most of the respondents told the researcher that they do not know many methods of contraception

7) Government should encourage the private health providers to teach their clients how to use contraceptives. The reason of saying this is that some respondents told the researcher that some private health institutions do not give instructions on how to use certain types of contraceptives.

# REFERENCES


Allan, H., 2006. Primary Health Care (Official Evaluation and Management of the Adult Patient). New York: Lippincott Williams and Wilkins.

Andrew, F., 1995. Policy Formulation in Sub-Sahara in Africa. Available at www. jstor/table40230073. [Accessed on 10th February, 2011].

Banda, S., 1998. A Handbook of Medical Ethics for Medical Students and Health Professionals. Lusaka: Starlix.

Beauchamp, T., 1982. Philosophical Ethics: An Introduction to Moral Philosophy. New York: McGraw-Hill Book Company.

Beauchamp, T., 2003. The Nature of Applied Ethics. In R.G Frey and C.H. Welleman (eds.). A Companion to Applied Ethics (pp. 1-6). Oxford: Blackwell.

Carvino, D., 2008. Birth Control, Emergency Contraception, Policy. Available at:www below thewaist.org/2008/09/celebration. [Accessed on 12th December 2011].

Center for Young Woman's Health, 2008. Health information for teen girls around the world. Available at: www.youngwomenshealth.org/femalehormone3.html. [Accessed on 4th January, 2011].

Chaudhuri, K., 2004. Practice of Fertility Control. New Delhi: Saurabh Printers

Chilufya, M., 2012. "Muntali Divorced Emmanuel Banda". Mid-day news on Muvi Television-Zambia, February 23th.

Christian, F., 2007. Utilitarianism. Available at: en.wikipedia.org/wik/utilitarianism. [Accessed on 18th November, 2011].

Cullins, M., 2011. Pull Out Method-Withdrawal Method. Available at: www.plannedpa renthood.org/health. [Accessed on 10th January, 2012].

Cunningham, W., 2004. Principal of Environmental Science. New York: Mc Graw Hill.

Cynthia, M., 2006. ACP Medicine (2006 edition). New York: Web MD Inc.

Drife, J. and Baird, D., 1993. Contraception. London: Churchill Livingstone Inc.

Driver, J., 2009. The History of Utilitarianism. Available at:www.plato.stanfor.Edu/ entries/ utilitariansm. [Accessed on 20th August, 2011].

Emedicinehealth, 2010. Emergency Contraception. Available at: www.emedicinehealth. com>home. [Accessed on 20th February, 2011].

Evans, M., 2006. Mosby's Family Practice Source Book: "An Evidence-Based Approach" Fourth Edition. Toronto: Elsevier Canada

Gordon, E., 2011. Moral Case Against Contraception. Available at: www.bbc.co.uk/ethics/contraception. [Accessed on 10th February, 2012].

Hatcher, R. and Rinehart, A., 1998. The Essentials of Contraceptive Technology. Baltimore: Johns Hopkins.

Icebergsandababies' Stuffs, 2011. Contraception-Moral and Ethical Considerations. Available at: www.icebergsandbabies.org.uk/contraception_moral. [Accessed on 20th February 2011].

International HIV and AIDS Charity, 2010. Female Condom. Available at: www.avert.org/female-codom.htm. [Accessed on 4th March 2011].

Jefskins, D., 2009. Ethics: contraception. Available at: www.bbc.co.uk/ethics/contaception. [Accessed on 6th January, 2012].

Kelly, M., 2010. HIV and AIDS: A Social Justice Perspective. Nairobi: Paulines Publication Africa.

Laerd, 2012. Sampling Strategy. Available at: www.dissertation.laerd.com/articles/com. [Accessed on 5th January, 2012].

Maluba, J., 2011. "Depo-Provera doubles HIV risk". The Post of 10th October, 2011.

Marie Stopes International Zambia, 2011. Long Reversible Contraception (your guide to the implant and the intrauterine device).

McSweeney, L., 2005. Love and Life: Billing Method of Natural Family Planning. Nairobi: Kolbe Press.

MedicineNet.com, 2010. Levonorgestrel-Implant (Norplant) side effects. Available at: www.medecinenet.com>home. [Accessed on 26th February, 2010].

Melinda, A. and Grimes D., 2000. Modern Oral Contraception. Totowa, New Jersey: Emron.

Ministry of Health, 1997. The Family Planning Circle: Police Framework, Strategies and Guidelines. Lusaka Ministry of Health.

Ministry of Health, 2006. Zambia Family Planning Guidelines and Protocols, The Family Planning Circle: for a happy health family. Lusaka: Ministry of Health.

Mundi, G., 2002, Ethical Issues in Contraceptive Technology. Available at: www.whocares.biz

Paed, D., 2005. Midwifery (A textbook and reference book for Midwives in South Africa). Lansdowne-South Africa: Juta and Co, Ltd.

Phiri, P., 2010. "Vasectomy in Zambia". The Post, July 16th 2010.

Russell, A. and Tompson, M., 2000. Contraception Across Cultures. New York: Berg.

Salem, J., 2012. Utilitarianism. Available at: www.enotes.com. [Accessed on 4th January, 2012].

Sarah, J., 2012. Contraceptive Patch. Available at: www.patient.co.uk. [Accessed on 8th February, 2012].

Shaw, W., 1999. Contemporary Ethics. Massachusetts: Blackwell Publishers Inc.

Shier, D., 2004. Human Anatomy and Physiology. New York: McGraw-Hill Company, Inc.

Speizer, E. and Justin, W., 2007. Can Family Planning Outreach Bridge the urban-rural divide in Zambia? Available at: www.ncbi.nlm.nih.gov/guide/genes-expression [Accessed on 7th October, 2010].

Spielthenner, G., 2009. Research in Applied Ethics. Journal of Humanities, 9, 18-36.

The Heritage Medical Dictionary, 2000. Family Planning Definition. Available at:www. MyMDNow. com. [Accessed on 20th February 2011].

WebMD, 2008. Vasectomy Procedure, Effects, Risks, Effectiveness and More. Available at: www.webmd.com/../vasectomy-14387[Accessed on 24th January, 2011].

World Health Organisation, 1987. Intrauterine Devices. Geneva: WHO Publication.

World Health Organization, 1999. Why Family Planning Matters. Available at: http:// info.k4 health.org/pr/j49edsum.shtml [Accessed on 7th February, 2011].

Wyeth, M., 2008. Different Women, Different Methods. Available at: www.pfizer.com [Accessed on 29th January, 2011].

Weiss, J., 2003. Business Ethics. Ohio: Thomson.

# APPENDIX

## SEMI-STRUCTURED INTERVIEW SCHEDULE FOR COUPLES OF KALINGALINGA, MTENDELE, KABWATA AND KAMWALA COMPOUNDS.

***a) Personal details***

1. Sex

……..…

2. What is your age?

……..…

3. What is your marital status?

……..…

4. Residential Area?

……..…

5. Religion?

……..…

6. Level of education

……..…

***b) The ethical debate on contraception***

7. Do you think the use of contraception methods as a means of birth control good?

……..…

……..…

8. If yes, does your religion allow you to use contraception methods as means of birth control?

Explain……..…

……...……..

9. What is the position of your culture on the issue of contraceptives as means of birth control?

……..…

……..…

***c) <u>The different contraception methods used by couples</u>***

10. Do you have children?

i) Yes [ ] ii) No [ ]

11. If yes, how many children do you have?

……..…

……

12. How do you control the number of your children?

……..…

……..…

13. Which methods of contraception do you use to control birth?

……..…

……..…

14. What types of contraceptives do you know?

……..…

……..…

15. Which method of contraception do you like to use?

……..…

……..…

16. Where do you get contraceptives from?

i) Government health institutions? ii) Private health institutions?

……..…

…..……

17. Did the above mentioned institutions guide you on how to use these contraceptives?

……..…

……..…

***d) <u>Risk and benefits of contraceptive</u>*** *(applied only to the user of contraceptives)*

18. Do you encounter any health complications caused by using contraceptives?

i) Yes [ ] ii) No [ ]

19. If yes what sort of complications do you experience when use these contraceptives?

……..…

……..…

20. Have you ever accidentally pregnant your partner because of not using contraceptive? (Applied to men)

Explain……..…

……..……

21. Have you ever accidentally become pregnant because of not using contraceptive? (Applied to women)

Explain……..…

……...……...…

22. Have you ever become pregnant while applying contraceptives? (Applied to women)

i) Yes [ ] ii) No [ ]

23. If yes, what type of contraceptives were you using?

……..…

……..…

24. Do you think that one can suffered from sexual transmitted diseases while using contraceptives?

Explain……..…

……..…

25. Do you think that the use of contraceptives can protect a person from catching sexually transmitted diseases?

……..…

……..…

26. Do you think the use of contraceptives can cause the user to have multiple sexual partners?

……..…

……..…

27. What are some of advantages and disadvantages you experienced by using contraceptives?

……..…

……..…

28. Generally, what is your personal view on the use of contraceptives?

.....

.....

**SEMI-STRUCTURED INTERVIEW SCHEDULE FOR CLINICAL OFFICIALS FROM KALINGALINGA, MTENDERE, KABWATA AND KAMWALA COMPOUNDS.**

***a) <u>The ethical debate on contraception</u>***

1. Do you encourage people to use contraception method as a means of birth control?

i) Yes [ ] ii) No [ ]

2. If yes, why do you encourage them?

……..…

……

3. If no, why do you not encourage them?

……..…

……

***b) <u>The different contraception methods used by couples</u>***

4. What types of contraceptives do you offer in this clinic?

.....

.....

5. Do you provide some information on how to use contraceptives to your clients?

Explain.....

.....

6. What criteria do the users of contraceptives consider when choosing the type of contraceptives to use?

…….....

.....

7. What types of contraceptives are mostly demanded by users from in this clinic?

.....

.....

8. Why are the above mentioned contraceptives more preferable?

.....

.....

***c) Risks and benefits of contraceptives***

9. Have you ever received any complaints from your clients concerning bad effects of contraceptives?

i) Yes [ ] ii) No [ ]

10. If yes, what were the complaints all about?

.....

.....

11. What are the main risks of using contraceptives do you offer?

.....

.....

12. What are the main benefits of using contraceptives do you offer?

…….....

.....

13. What is your personal view on the use of contraceptives as means of contraception?

…….....

.....

**SEMI-STRUCTURED INTERVIEW SCHEDULE FOR OFFICIALS FROM THE MINISTRY OF HEALTH.**

***a) The ethical debate on contraception***

1. In your Ministry, do you encourage people to use contraceptives as means of family planning?

i) Yes [ ] ii) No [ ]

2. If yes, why do you encourage them?

……..…

……..…

3. If no, why do you not encourage them?

……..…

……..…

4. As a ministry, do you think contraceptives play a vital role in family planning?

Explain……..…

……

***b) The different contraception methods used by couples***

5. Does the Ministry provide contraceptives to people who need them?

……..…

……..…

6. If yes, what type of contraceptives does the Ministry offer in Zambia?

……..…

……..…

7. How do you choose the contraceptives for the people of Zambia?

……..…

……..…

8. What are the contraceptives which are most preferable by the users?

……..…

……..…

***c) Risks and benefits of using contraceptives***

9. Does the Ministry provide health personnel with the skills to educate people how to use contraceptives?

……..…

……..…

10. Has the Ministry made some follow-up on how contraceptives are used?

Explain……..…

……...……..

11. Has the Ministry established the effects of contraceptives?

……..…

……..…

12. If yes, what was the final findings (the final answer)

……..…

……..…

13. Does the Ministry receive any reports from the users of contraceptives concerning the negative effects of using contraceptives?

……..…

……..…

14. What is the Ministry`s position on the use contraceptives?

……..…

……..…

15. What is your personal view on the user of contraceptives?

……..…

……..…

**SEMI-STRUCTURED INTERVIEW SCHEDULE FOR OFFICIALS FROM NON-GOVERNMENTAL ORGANISATIONS DEALES WITH HEALTH ISUES.**

***a) The ethical debate on contraception***

1. Does your organization support the usage of contraception as means of family planning?

i) Yes [ ] i) No [ ]

2. If yes, in which way?

……..…

……..…

3. If no, why does not your organization support the usage of contraceptives?

……..…

……..…

***b) The different contraception methods used by couples***

4. What type of contraceptives does your organization recommend?

……..…

……..…

5. Why does your organization recommend the above mentioned contraceptives?

……..…

……..…

6. What type of contraceptive is mostly used by people assisted by your organization?

……..…

……..…

***c) Risk and benefits of contraceptives***

7. Do you teach your clients how to use contraceptives?

……..…

……..…

8. If yes, did your clients report the problems they are facing in use of contraceptives?

……..…

……..…

9. What is the Organization's position on the use of contraceptives?

……..…

……..…

10. What is your personal view on the use of contraceptives?

……..…

……

**SEMI-STRUCTURED INTERVIEW SCHEDULE FOR REPRESENTATIVES OF DIFFERRENT CHURCHES.**

***a) The ethical debate on contraception***

1. Does your Church support the usage of contraception as means of family planning?

i) Yes [ ] i) No [ ]

2. If yes, in which way?

……..…

……..…

3. If no, why does not your Church support the usage of contraceptives?

……..…

……..…

***b) The different contraception methods used by couples***

4. Which methods of contraception does your Church recommend?

……..…

……..…

5. If there is any, why does your Church recommend it?

……..…

……..…

6. Which method of contraception do you think is more used by people?

……..…

……

***c) Risk and benefits of contraceptives***

7. Do your members face challenges by using contraceptives?

i) Yes [ ] ii) No [ ]

8. If yes, what challenges do they face?

……..…

……..…

9. What is the church's position of the use of contraceptives?

……..…

……..…

10. What is your personal view on the use of contraceptives?

……..…

……..…