

THE UNIVERSITY OF ZAMBIA

SCHOOL OF MEDICINE

DEPARTMENT OF POST-BASIC NURSING

***A STUDY TO DETERMINE THE KNOWLEDGE,
ATTITUDE AND PRACTICE OF WOMEN TOWARDS
THE USE OF DEPO PROVERA IN KALOMO DISTRICT***

By

NAME : Irene Simonda Banda

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By

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*A research study submitted to the school of Medicine ,
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requirements for the degree of the Bachelor of science in
nursing*

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My sincere gratitude is also extended to the fifty women who were used as samples and ten who were used in the pilot study.

Lastly but not the least, I would like to pay tribute to my Uncle who passed away during the course of study. He was my source of Inspiration. May his soul rest in peace!

LIST OF ABBREVIATIONS

CBOH – Central Board of Health

DMO- District Medical Officer

DMPA- Depot-Medroxy Progesterone Acetate, Depo Provera

FDA-Food and Drug Administration

IPPF- International Planned Parenthood Federation

MCH- Maternal and Child Health Department

RHC- Rural Health Centre

USFDA- United States Food and Drug Administration

PPAZ- Planned Parenthood of Zambia

WHO- World Health Organisation.

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DECLARATION

I Irene Simonda Banda declare that, the work presented in this study for a Bachelor of Science Degree in Nursing has not been presented either wholly or partially for any other degree and is not being currently submitted for any other degree.

Signed:.....*Simonele*.....Date.....*26/6/2001*

Candidate

Signed:.....*Angoma*.....Date.....*26/06/2001*

Supervisor

STATEMENT

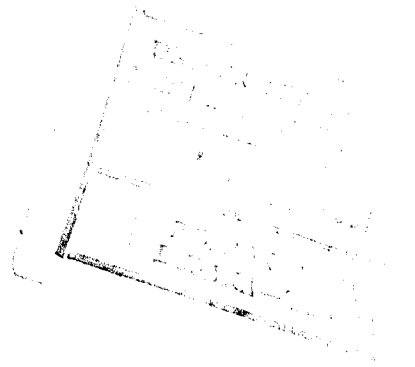
I hereby certify that, this study is entirely the result of my own independent investigations. The various people and source to which I am indebted are clearly indicated in the paper and in the references.

Signed:.....

Candidate

DEDICATION

This Study is affectionately dedicated to my dear husband, R. Banda and our Lovely daughters and sons, Marie, Tamara, Nathaniel and Elijah, who were denied motherly love at the time when they needed it most.



ABSTRACT

The aim of the study was to determine the knowledge, attitude and Practice of women towards the use of Depo Provera in Kalomo district.

Literature reviewed consisted of studies done in Africa, Zambia and other parts of the world.

A pilot study was conducted at Zimba mission hospital, maternal child Health department to assess whether the study instrument would be able to collect the desired data and also to detect and correct mistakes.

The study was conducted at Namwianga Rural health centre and four outreach posts in Kalomo district. The study sites were conveniently selected. A non-experimental descriptive study design has been used. A sample of fifty (50) women who used Depo Provera before and those who are currently using the method are randomly selected using simple random technique. The respondents were interviewed using a semi structured interview schedule.

The study revealed that Depo Provera was not distributed adequately in all health centres. Hence the majority of respondents 88% also felt that Depo Provera should continue to be used as a method of family planning in Zambia despite all the Misconceptions and side effects that were associated with it.

The women felt that side effects occurred differently in different individuals so those who did not experience any side effects and problems should continue to use it. The researcher therefore concluded that women being the users approved the use of Depo Provera and felt comfortable using it.

CHAPTER 1

INTRODUCTION AND PROBLEM STATEMENT.

1.0 INTRODUCTION.

Over 30 years there has been a major expansion of contraceptive use around the world, but the patterns of contraceptive use vary in different countries. Many family methods have been developed and are being promoted world wide.

The ability to choose from a range of contraceptive opinions, both modern and traditional, is a fundamental element of quality and a right for all users of family planning. It is important to realize that no single method is adequate for every person's needs. Some methods may provide protection against STI as well as protect against pregnancy. Use of a method may also be influenced by factors like lifestyle, age, gender and socio-economic factors and these provide a range of options which ensures that a clients concerns about the safety, effectiveness, cost and convenience are addressed.

1.1 History of Depo Provera (DMPA).

Depo Provera (DMPA) is an injectable family planning compound which has a slow acting effect, that is the compounds are slowly released into circulation, when injected in the body there by providing a long lasting hormonal activity.

Depo Provera was produced between 1953 and 1957, and it was first used in humans in 1960 for prevention of premature labor and for treatment of threatened abortion, endometriosis and endometrial carcinoma given in high doses of 1-4 grams per injection.

Clinical trials were started in 1963 where three independent and separate reports were published indicating very high effectiveness in preventing pregnancy. DMPA is now being marketed in over 80 countries in the world.

According to WHO 1990 report, it is estimated that more than 30 million women worldwide have used injectable contraceptives and of these only 6 million are currently using injectable contraceptives. The use of DMPA in developing countries is still very minimal despite the method being effective, safe and reversible.

There is therefore a great need for women in developing countries to have an effective, safe and reversible method of contraceptive that does not interfere with lactation, which can be administered by non physicians in remote areas and does not require special facilities. It should also be realized that every approach to fertility has its own advantages and disadvantages. For example as mentioned above no one method is suitable to every client.

There has been some controversy regarding Depo Provera (DMPA) side effects. Researches have been done to give enough highlights and information on the method, for example, in 1978 researchers in the united states of America and Toxology panel of WHO specialists concluded that available evidence does not indicate a risk of adverse effects associated with DMPA, but monitoring was needed to ensure safety on on-going basis.

More over, the Food and Drug Administration (FDA) in USA in 1978 also approved DMPA use. However, WHO experts in 1981 concluded that injectables offered several advantages as a contraceptive method and extensive clinical epidemiology studies among women using these drugs have so far demonstrated no life threatening side effects.

Researches were also done to determine the relationship between DMPA and breast cancer. According to the interim analysis of a 3 country case control study of DMPA and cancer, a total of a 427 cases of breast cancer among 5951 controls were found. This concluded that the relative risk of breast cancer among women who used DMPA was 1.0, that shows that there is no relationship or association existed between DMPA use and cancer.

Zambia like other developing countries is also promoting DMPA as a method of family planning among other methods. Family planning is viewed as a critical component of the essential package of health interventions.

In Zambia the population has been growing at an alarming rate, at the rate of 3.7 % per year. This rapid population growth rate has had an impact or adverse effect on the socio-economic activities of this young nation with most of its real economic growth at 0.6 % per year, (McDonald et.al, 1992).

In view of the above the Ministry of health developed family planning policy framework strategies and guidelines, which are used by health workers through out the country. It has also created a family planning logo, which emphasizes the importance of family planning in the country.

1.2 statement of the problem.

DMPA has become very popular since its reintroduction to the family planning circles in 1996, for instance, a large number of women using Depo Provera as a family planning method have been recorded in CARE international clinics where the method is provided, in southern, Lusaka and Copperbelt provinces.

In Addition, Namwianga health centre records in Kalomo, Southern province showed an Increase in the number of new cases from 1996 to 1999. See table below.

Table 1 New Depo Provera acceptors.

1997	1999
63	127

Source: Namwianga RHC reports.

From the above table we can see that DMPA is still popular. It is likely that many women in Kalomo and many other areas would like to use the method but have been denied access to it since the governments stand regarding the use of the method is not clear.

Since its reintroduction in 1996 the government of Zambia has not yet approved the use of DMPA in the country. It is still left in the hands of NGOs like PPAZ and CARE international who are the only ones allowed to distribute and administer it in their adopted pilot clinics.

In Kalomo district there are only two clinics that have been adopted by CARE international that administer DMPA. These two clinics are Zimba and Namwianga. These carter for only a small number of women compared to the total number of women in the child bearing age in the whole district as projected in 1998 by the District.

Perhaps many countries, Zambia Inclusive are reluctant to approve the use of Depo Provera because of the side effects and misconceptions associated with it.

The common side effects experienced by users are bleeding, spotting, amenorrhoea and weight gain. These discourage many women from using DMPA. Therefore there is need for more researches on the side effects and psychological consequences of long term use of DMPA, in order to encourage safe use of the method by more women.

Other misconceptions which could prevent women from using DMPA concerns the risk of neoplasia and its effects on later developments of infants who are exposed to it in utero or through breast milk.

Despite all the above side effects and misconceptions about DMPA, NGO's have gone ahead to provide the method to the public in the name of pilot for more than five years. The question which can still be asked is for how long is DMPA going to remain a pilot.

A lot of factors may affect the attitudes, knowledge and practice of women towards the use of Depo Provera. One such factor is national policy on DMPA. National policy may influence the attitudes and use of Depo Provera because the public may have mixed thoughts as to why it is only available in certain clinics and not in all health centres in the country. This is likely to discourage the use of the method.

Another factor that can affect attitude and use of Depo Provera are traditional/religious beliefs. Some traditions feel that womanhood is associated with menstrual bleeding and side effects like amenorrhoea may contradict this belief. Further more religious beliefs are close to traditional beliefs, for example some churches are strongly against use of family planning method.

Other Churches may influence the choice of family planning method for Instance, the Catholic Church agree with the idea of using family planning although they find only certain methods acceptable. However, McDonald (1982) does not subscribe to this idea she found religious beliefs to have a little effect on the use of family planning among women in Zambia.

Fear of infertility can be one of the factors that have influence on women's attitudes and use of Depo Provera. Some women feel that if they use DMPA they may loose their fertility there by be divorced by their husbands who may be influenced by families who still want more children.

The level of knowledge can also influence women's attitude towards Depo Provera. Inadequate knowledge can make women chose or not chose the method. Attitudes of health workers can also prevent women from using DMPA. Sometimes providers may have very negative attitudes towards the method and may discourage women from choosing the method.

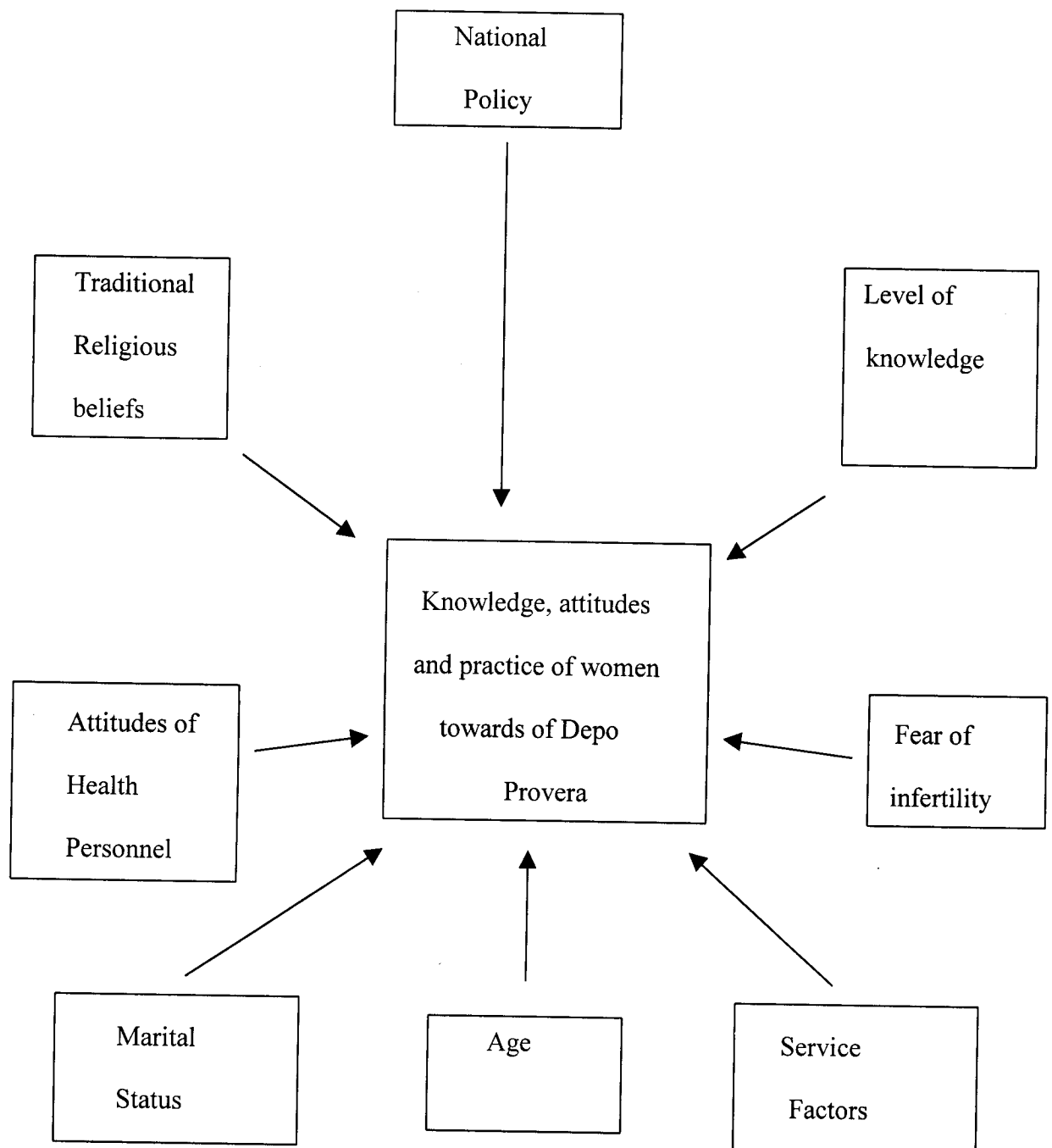
Age and marital status can also influence the choice of DMPA, some women have a misconception that family planning is only for older married women and only those with children above four years old. These misconceptions can be minimized with adequate counselling.

Finally, the availability of the method at the health centers can also have an influence in that some women may want to use the method but it may not be available. Clients may live very far from where the method is provided and may not have transport means so they may opt to use a method that is readily available, and accessible in their near by health center.

The factors that may influence women's knowledge attitudes and use of Depo Provera are summarised in **figure 1**.

1.3 The Analysis Diagram of factors affecting , Knowledge , attitudes and practice of women towards Depo Provera.

Fig 1



1.4. Justification.

The purpose of the study was to determine what women know about the use of Depo Provera and what their attitudes are towards its use. The researcher also wished to determine the women's views on the use of DMPA since they are the only ones who can provide first hand information. Do the women advocate for continued use or not. The results of this study will help policy makers to decide whether to approve or disapprove use of Depo Provera in Zambia.

1.5. Objectives of the study.

1.5.1. General objective.

To determine knowledge, attitudes and practice of women towards the use of Depo Provera, to provide data that will facilitate or help policy makers and NGOs in effective program and implementation of recommendations, and decide on the approval or disapproval of the use of Depo Provera in Zambia.

1.5.2 Specific objectives.

1. To assess women's knowledge on Depo Provera.
2. To identify factors that influences the use of Depo Provera.
3. To explore women's attitudes towards Depo Provera.
4. To provide data that will facilitate effective programme, implementation and decision for Depo Provera.
5. To Identify areas of further research.

1.6 Hypothesis.

1. Women who experience serious side effects have a negative attitude towards the method.
2. Women who get information from friends may have a negative attitude towards the use of Dope provera.

Table 2

Indicators and cut off points for variables

Dependent Variable	Indicators	Cut of points
Knowledge	High	Those who know Depo Provera and can mention all the side effects
	Average	Those who know Depo Provera and can mention at least two side effects
	Low	Those who do not know Depo Provera
Attitudes	Positive	Those who support the use of Depo Provera
	Negative	Those who don't support the use of depo Provea
Practice	Current user	Those Using the Method
	Non User	Those not using the method
Independent Variable		
Age	Young	10-30
	Middle age	31-45
	Old	Above 45.
Educational level	Primary	Low
	Secondary	Medium
	College/University	High
Economical Status	High	Educated with adequate Income
	Low	No source of income and lowly Educated.
Distance	Far	More than 12 Kilometres away from the health centre
	Near	Within 12 Kilometres away from the health Centre

1.7. Variables

The variable is an imperical property that is capable of taking two or more values.

In this study there are both independent and dependence variables.

1.7.1. Independent Variables

An independent variable is one which is hypothesized to be the course of something.

Examples of Independent variables are:

Age

Educational Level

Marital Status

Religion

1.7.2. Dependent Variables

A dependant Variable is one which is hypothesized to be the effect being caused.

Examples of dependant variables are :

Knowledge

Attitude

Practice

1.8. Operational definitions

Women: Females using a modern method of family planning regardless of age.

Knowledge: The ability to recall what has been taught.

Attitude: A feeling, emotion or mental position with regard to a fact or a state.

Practice: Using a method of family planning.

Current Users: Women using a modern method of Family planning.

Non Users: Women who are not using any method of family planning.

CHAPTER 2

2.0 LITERATURE REVIEW

2.1 Introduction

Depo Provera contraceptive has remained a controversial method of family planning in many countries of the world. Some countries approve its use while others do not and others have just put it as a pilot. Researches have been done in different countries and their government policies still remain different from country to country. The main causes of all these controversies are the misconceptions and side effects that are associated with the method. The users also have a lot of misconceptions and experiences about the method

In Zambia not many researches have been done apart from a few unpublished ones by NGOs who are allowed to distribute depoprovera. However, some researchers from other countries will be highlighted in this review of literature, concerning the knowledge, attitudes and practice of women towards the use of Depo Provera.

Erickson (1987) says that while users may not be as competent as the providers in assessing the technical quality of care consumers are the best judge in many areas of care especially in Areas such as the process of care and the surroundings in which care is given.

According to the results of Taylor (1989) study on the patient's satisfaction as a measure of quality care the results revealed that patients were more concerned with interpersonal relationships and competence. This led to the conclusion that patient's opinions were more emotional and subjective.

2.2. Global perspective.

Between eight and nine million women worldwide are currently using DMPA for contraception and the number of users continuing to increase? Among the countries that have approved the contraceptive use of DMPA are several with stringent agencies such as Sweden, France, Germany the UK and now the USA, (Kaunitz A, 1992). In the United States of America DMPA was approved for therapeutic use, but for contraceptive use until 29th October 1992 when the United states food and drug administration (USFDA) approved it. The principal reasons for this was due to an increased incidence of breast cancer in beagle dogs that were given massive doses of DMPA in trials in the late 1970s. It is now recognized that large doses of all progestational agents, including progesterone, cause breast tumors in female dogs. Hence the Food and drug administration(FDA) no longer uses Beagle dogs to assess the safety of hormonal contraceptives. Food and Drug Administration (FDA) approved the use of Depo Provera in Humans, will now make it easier for the United states agency for international development to provide DMPA to family planning agencies overseas that request for the drug, and may open the way for other national drug regulatory authorities to license the use of DMPA, (IPPF Medical Bulletin, 1992).

WHO, (1995) also revealed that high levels of acceptability of long acting injectables and implantable contraceptives will result in the availability of additional similar products. The current products namely Depo Provera and noristerat were introduced in the clinical practice in over two decades ago but it is strange that their popularity in many family planning programs did not indicate the introduction of other injectable products sooner.

Another hospital-based study of over 3500 women in Thailand assessed the relationship between the use of DMPA and myoma (fibroids). The results revealed that the use of DMPA had a strong protective effect against uterine myoma and that it was even greater for women who had used DMPA for longer than 6 years.

The study also found that the protective effect lasts for more than 10 years after the last DMPA injection. The same study also found out that, the risk of uterine myoma was higher among women who had been sterilized using the tubal ligation method, (WHO, 1995).

Kaunitz (1992) also highlights that DMPA and noristerat may increase breast milk production and the duration of lactation. It has been also observed that Infants whose mothers received DMPA while breastfeeding appear to develop normally both physically and mentally, (IPPF Medical Bulletin, 1992).

It has been documented in various studies conducted Bangladesh, Chile, china, Dominican Republic that DMPA Increases the levels of Haemoglobin (Hb) and Ferrin. The results of these studies showed that current users of DMPA had higher haemoglobin and ferrin levels than women using other Family planning methods, (WHO, 1998).

Upjohn the manufacturers of Depo Provera has aggressively marketed it in third world countries as an ideal solution to the increasing population. All these women are participating in a long term human experiment and have not given informed consent regarding the possible risks. This form of contraceptive method is not placing women in control of their bodies, it is in fact threatening our right to that control, (Allen, copyright 1997, 1998, internet).

Many women may have the same view that raises the question for research. The use of Depo Provera was approved by USFDA in 1992. The countries that have been reluctant to approve the use of DMPA may well change their mind now that the United States of America where DMPA originated has granted its approval, (IPPF medical bulletin, 1992).

An Indonesian woman, in a research done in South Sumatra to find out how effective the outreach activities to family planning users, said that she was unhappy about 'safari system' of family planning in which health workers visit a village. Provide methods but leave shortly after, unavailable, to counsel women on side effects such as those experienced by women using DMPA. She felt that 'the acceptors had to take the risk without readily available help, (Population Report, 1999).

In the Philippines a major technical assistance effort, provided data on pilot program on the reintroduction of DMPA for program implementation and planning. It was revealed that about 1/4 of DMPA acceptors under the pilot program were first time users. The study also showed that the continuation rate per 100 acceptors was 78 at 3 months, 53 at 6 months, 43 at 9 months and 31 at 12 months. In the same pilot study it was revealed that many subjects experienced several side effects. The side effects experienced were nausea and vomiting, 46%, spotting 40%, gained weight 39%.

Among the clients who experienced side effects 1/5 returned to the health provider for treatment, 8% treated themselves and 71% did nothing about their condition, (Strategies in improved family planning, 1998).

Another study was done in Peru on identifying gaps in DMPA method counseling, and the study concluded that inadequate counseling caused the high discontinuation rate and it was recommended that training for providers was needed on side effects and administration of DMPA and also that DMPA was to be made widely available, (Population Project article, 1998).

2.3 Regional perspective

In Africa women's attitudes towards the use of contraceptive are mostly influenced by traditional and cultural beliefs though other factors like religion and socioeconomic sectors may also play a part.

In a study in Zimbabwe women and men said family planning was an important element in quality of life. However, women also identify negative experiences or consequences of family planning and they suggested that men must be included so that couples can decide together on how to solve the problems of side effects. Such as those experienced with Depo Provera use, (Population Report, 1999).

In a research done in Ghana in 1995 on DMPA use the study revealed that there was delay in return to fertility with DMPA use. This led to health providers to restrict DMPA use to women, and providers also ensured that women already had children before they could give them this method since they incorrectly believed fertility could be lost permanently, (Family planning International , 1995).

In another study done by WHO in 1994 in Kenya and Egypt. In their prospective studies which compared infants breast fed by women using various types of progestin only methods like DMPA . The study revealed that progestin only contraceptives when started at least Six weeks post-partum, did not harm infants whose mothers used them during breast feeding, (Family health International, 1995).

2.4. Zambian perspective

In a book entitled safe motherhood in Zambia a situation analysis, it is stated that family planning was only made a national priority in 1989 when the effects of the economic decline and the rising population density prompted government action. It also states that over 90% of women know at least one contraceptive method and where to get it, but only 49% have ever used a modern method of family planning users 58% obtain their services from the Government Sources.

The Demographic and health surveys carried out in Zambia was 15% in 1992, of which 9% were modern family planning users, (MOH, CBOH, 1999).

WHO also reviewed the major impact of reproductive health in Zambia. The first stage assessment done together with WHO medical eligibility criteria for contraceptive use formed the basis for a new policy document entitled family planning in reproductive health policy framework and guidelines which was the new national policy and action plan. The plan was also to draw on the findings of a safe motherhood need assessment carried out in 1996.

The second stage research study reviewed the experiences of CARE international in the provision of DMPA and other contraceptive methods in 26 government clinics in Livingstone and Lusaka. The results were used to finalize a training curriculum for providers. A situational study was carried out at 3 study site in rural districts of the copperbelt province. During 1997, staff at study sites was trained on the use of available contraceptive methods. The availability of a broader choice of methods has led to a significant increase in the uptake contraceptive method with 50% of clients choosing DMPA, (WHO, 1998).

2.5. Conclusion

From the literature review , it is clear that there are a number of factors that affect the use of DMPA such factors include inadequate knowledge given to the people on what DMPA is , its advantages, disadvantages and how it protects against conception. It is therefore important for health workers to educate the women in order to increase their knowledge and use of DMPA.

CHAPTER 3

3.0 RESEARCH METHODOLOGY

3.1 Research Design

A research design is the plan of the research that is developed before the actual launching of the study (Abdellah and Levine, 1986). It is part of a number of steps beginning with the formation of the problem and ending with a report of the finding of the study.

The purpose of this study was to determine the knowledge, attitude and practice of women towards the use of Depo Provera. A non- experimental descriptive research design was used in this study. A descriptive study according to Polit and Hungler (1997) has a main objective, an accurate portrayal of the characteristics of persons, situation or group and the frequency with which the phenomena occur. This type of design was chosen because it allows exploration of the problems that are responsive to experimentation. The design also helps to identify current practices and making judgments because it involves a systematic collection and presentation of data in order to show relationships between the dependent variables and independent variables. Descriptive research design is also less expensive and takes a short period to conduct.

3.2 Research Setting

The researcher decided to conduct the study in Kalomo District in Southern Province which is both peri urban and rural. Women from 5 out reach posts and Namwianga RHC were sampled in order to have a cross-section of women from different social, educational and economic background.

Most of the areas in Kalomo District are peri urban and are densely populated , for example Namwianga is situated 7km from Kalomo town. The health centre at Namwianga mission caters for a population of 4796 people. The centre has seven outreach posts which include farms and villages. These outreach are situated between 5 kilometres and 70 Kilometres away from the health centre. The population characteristics of Namwianga catchment area vary ranging from educated to uneducated , very rich and very poor and commercial farmers and peasant farmers. Therefore the behaviour of people in relation to the health matters also differ. A large number of people live in villages and are not able to reach the health centre sop they can only be reached through outreach activities, conducted by the health centre staff.

The researcher sampled women from Mulwazi , Yusa farms, Swart Farms and Bell's Section settlement area, Kalowa Village and Namwianga area. These women allowed the researcher to have a cross-section people from different social, economical, and educational back- ground. This also allowed the chances for all women using and those who had discontinued to have an equal chance of being sampled.

3.3 Study Population

The study population was women of childbearing age in Kalomo District currently using modern family planning. The study units were women on Depo Provera attending Namwianga RHC and the five health posts and those that had discontinued and changed to another method. The researcher chose this population because she felt that they were the right people to give the right information about the use of Depo Provera since they have used the method.

3.4. Sampling Method

Simple random sampling was used in this study to select respondents. Simple random sampling is a sampling method, which provides equal opportunities of selection for each element in the population (Bless and Achola 1988). Clients on Depo Provera who were due for the next dose on the day the researcher was at the clinic or health post were interviewed.

Selection was done using the lottery method, the names of the respondents due for Depo Provera and those who had used it before were written on pieces of paper and put in a container which was shaken at intervals before picking the piece of paper.

3.5. Sample size

A sample of 50 women was selected for this study. This number was picked because of lack of funds to carry out a large study.

3.6. Data collection Technique

An interview schedule was used for data collection. The researcher interviewed all the women and filled in the data. In order to enhance easy understanding of the questions and to facilitate response, the questions were read slowly to the respondents. The questions were also verbally translated into Lozi, Tonga, Nyanja and so on, depending on the language the respondent understood best.

3.7. Data collection

Data collection was done between 16th July to 11th August 2000. The researcher collected data alone as per expectation of the course.

3.8 Pilot Study

A pilot study is a small preliminary investigation of the same general characteristics as the main study. It is designed to acquaint the investigation with the problems that can be corrected in preparation for a major study (Treece and Treece, 1986).

A pilot study was done at Zimba mission hospital MCH department to assess if the interview schedule would be able to collect the desired data and also to detect and correct mistakes. The pilot study also helped to test the reliability and validity of the interview schedule. 10 women of childbearing age were selected using the lottery method, and this sample was not used in the final study.

No adjustments to the instruments were made.

3.9 Ethical Considerations

Before the collection of data, a letter requesting for permission was written to the District Director of health of Kalomo District (appendix 1). Written permission was also sought from the clinics administrator of Namwianga Mission to conduct the study at the rural health center and out reach posts (appendix 2).

A verbal consent was obtained from the respondents before the interviews was conducted. Self-introduction was done and the purpose of the study explained. Confidentiality and anonymity was assured by explaining to them that their names will not appear on the interview schedule and final report.

CHAPTER 4

4.0 DATA ANALYSIS AND PRESENTATION OF FINDINGS

4.1 Introduction

The purpose of the study was to determine the attitudes, knowledge and practice of women towards the use of Depo Provera in Kalomo district.

The data was collected from 50 women who were using Depo Provera and a family planning method as well as those who have discontinued use of Depo Provera.

After data was collected, all questionnaires were checked for accuracy, completeness and consistency. Responses categorized, coded and entered on a data master sheet and analyzed manually using a scientific calculator.

4.2 Presentation of findings.

Data was presented in form of tables to facilitate easy understanding and reference for those who wish to refer to the findings.

Table 3 Respondents demographic data.

AGE OF RESPONDENTS	No 50
11 – 20	2 (4%)
21 –30	28 (56%)
31 – 40	15 (30%)
41 – 50	5 (10%)
MARITAL STATUS	
Single	2 (4%)
Married	46 (92%)
Widowed	2 (4%)
Level of Education	
No education	5 (10%)
Primary	31 (62%)
Secondary	9 (18%)
College	5 (10%)
<u>RELIGION</u>	
COC	16 (32%)
SDA	23 (46%)
R. Catholic	3 (6%)
New Apostolic	7 (14%)
Reformed Church	1 (2%)
<u>TRIBE</u>	
Tonga	46 (92%)
Nyanja	2 (4%)
Luvale	1 (2%)
Lozi	1 (2%)
<u>NUMBER OF CHILDREN</u>	
1-3	36 (72%)
4-6	7(14%)
7-10	7 (14%)

Table 3 shows that the majority of respondents (50%) were aged between 21 and 30 and 92% were married. The majority of respondents (62%) had attended Primary school, only (10%) had not been to school the majority of respondents religious denominations was SDA. Most of respondents (92%) were Tonga by tribe.

Table 4 Respondents Age in relation to the number of children.

Age Group	Number of Children			
	1-3	4-6	7-10	Total
11-20 years	2(4%)	0	0	2 (4%)
21-30 years	26 (52%)	2 (4%)	0	28(56%)
31-40 years	8 (16%)	4 (8%)	3(6%)	15(30%)
41-50 years	0	1 (2%)	4(8%)	5(10%)
Total	36 (72%)	7(14%)	7(14%)	50(100%)

Table 4 illustrates that the majority of respondents (56%) were aged between 21 and 30 years and 52 of these had 1 to 3 children. Those aged between 31 and 40 years were 30 % and those aged between 40 and 50 years were 10% of these 8% had children between 7 and 10. In addition, none of these had between 1to3 children.

Table 5 Respondents Source of Information on Depo Provera.

Source	Frequency	Percent
Health Centre	43	86%
Friends	7	14%
Total	50	100%

Table 5 Demonstrates that the majority of respondents (86%) first heard on Depo Provera from the health centre.

Table 6 Respondents knowledge on how Depo Provera protects against pregnancy.

Response	Frequency	Percentage
Knowledge	19	38%
Not knowledgeable	31	62%
Total	50	100%

Table 6 shows that the majority of respondents (62%) did not know how Depo Provera protects against pregnancy. Only 38% (19) of Respondents knew how Depo Provera protects against pregnancy.

Fig 2 Respondents knowledge on common side effects of Depo Provera.

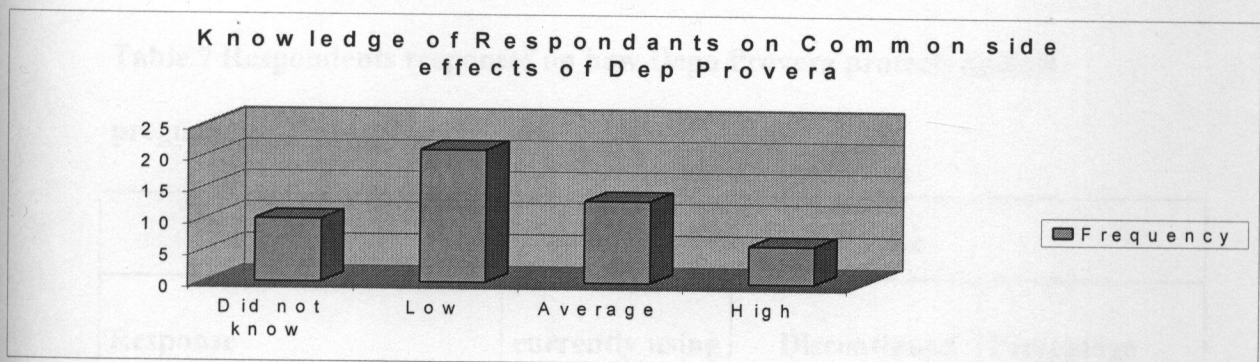


Fig 2 shows that the majority of Respondents 21(42%) mentioned at least 2 common side effects of Depo Provera and 10(20%) of the Respondents did not know any of the side effects.

Fig 3 Respondents knowledge on who should use Depo Provera.

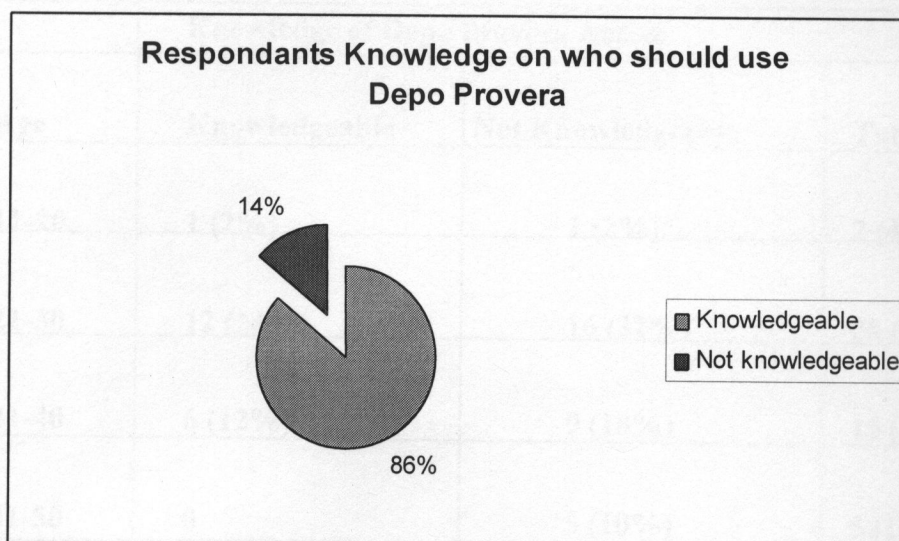


Fig 3 shows that the majority of respondents (86%) had knowledge of who should use Depo Provera, while 14% did not know who should use it.

Table 7 Respondents responses on how Depo Provera protects against pregnancy.

	Depo Provera use		
Response	currently using	Discontinued	Percentage
Could give correct response	5 (10%)	10 (20%)	15 (30%)
Could not give correct response	29 (58%)	6 (12%)	35 (70%)
Total			

Table 7 shows that (68%) of respondents were using Depo Provera. 58% of these did not know how Depo Provera protects against pregnancy. Only 10% of respondents who were currently using Depo Provera knew how it protects against pregnancy.

Table 8 Respondents age in relation to their knowledge of Depo Provera action.

Age	Knowledge of Depo Provera Action		
	Knowledgeable	Not Knowledgeable	Total
11-20	1 (2%)	1 (2%)	2 (4%)
21-30	12 (24%)	16 (32%)	28 (56%)
31-40	6 (12%)	9 (18%)	15 (30%)
41-50	0	5 (10%)	5 (10%)
Total	19 (38%)	31 (62%)	50 (100%)

Table 8 shows that the majority of respondents (56%) were aged between 21-30 years. (32%) of these knew how Depo Provera protects against pregnancy while 12% of the same age group did not know how it acts. 30% of respondents were aged between 31 – 40 and of these 18% did not know how it acts. Not all those aged between 41-50 years knew how it works while only 2% of those aged between 11- 20 years knew how it works.

Table 9 Respondents level of education in relation to their knowledge of Depo Provera action.

Knowledge of Depo Provera Action			
Educational level	Knowledgeable	Not Knowledgeable	Total
No education	0	5 (10%)	5(10%)
Primary	9 (18%)	22(44%)	31(62%)
Secondary	6 (12%)	3 (6%)	9 (18%)
College	4 (8%)	1 (2%)	5 (10%)
Total	19 (38%)	31 (62%)	

Table 9 shows that the majority of Respondents (62%) attained primary education, 44% of these did not know how Depo Provera protects and 18% of them knew how it protects. 18% of the respondents attained secondary education, 6% of these were knowledgeable about its action and 6% did not know.

Table 10 Number of respondents currently using Depo Provera and those who discontinued using the method.

Response	Frequency	Percentage
Currently using	34	68%
Discontinued use	16	32%
Total	50	100%.

Table 10 shows that the majority of respondents (68%) currently were using Depo Provera and 16% were not using Depo Provera as a method of family planning.

Fig 4 Respondents responses on duration of Depo Provera use.

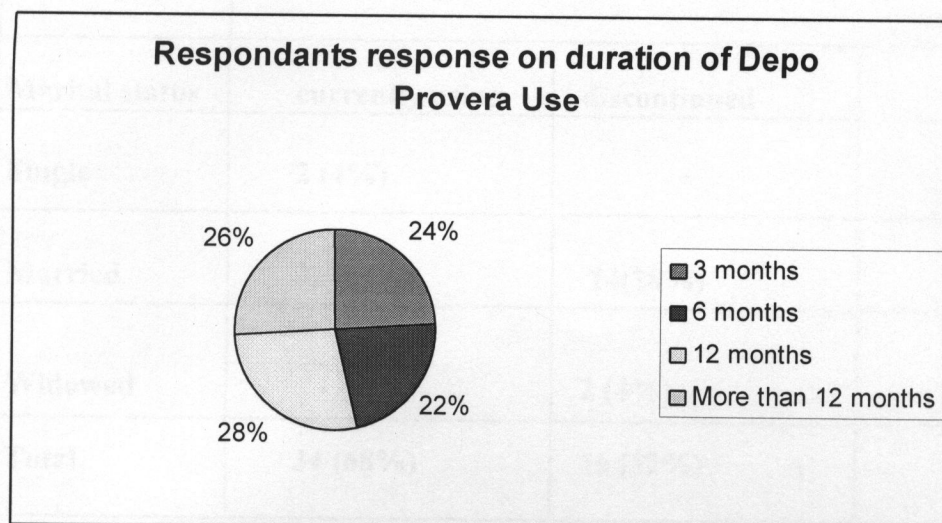


Fig 4 shows that the majority of respondents (28%) had used Depo Provera for 12 months, while 26% had used it for more than 12 months and only 24% had used it for 3 months.

Table 11 Distance covered by respondents to reach the nearest health centre.

Distance	Frequency	Percentage
0-5km	5	10%
6-11km	11	22%
12km or more	34	68%
Total	50	100%

Table 11 shows that the majority of respondents (68%) lived 12km or more away from the health centre, 22% lived 6 to 11km and 10% lived within walking distance of between 0 to 5 kilometers

Table 12 Respondents use of Depo Provera in Relation to their marital Status.

	Depo Provera Use		
Marital status	currently using	discontinued	Total
Single	2 (4%)	-	2 (4%)
Married	32 (64%)	14(28%)	46(92%)
Widowed	-	2 (4%)	2 (4%)
Total	34 (68%)	16 (32%)	50(100%)

Table 12 demonstrates that the majority of respondents (92%) were married. Out of these, (64%) were using Depo Provera as a family planning method, while 4% of single respondents were also using Depo Provera.

Table 13 Respondents level of education in relation to use of Depo Provera.

	Depo Provera Use		
Level of Education	Currently using	Discontinued	Total
No Education	4 (8%)	1(2%)	5 (10%)
Primary	19 (38%)	12(24%)	31(62%)
Secondary	7(14%)	2 (4%)	5 (10%)
College	4 (8%)	1(2%)	5 (10%)
Total	34(68%)	16(32%)	50(100%)

Table 13 shows that the majority of respondents (62%) had attended primary education. (38%) of these were currently using the method while 24% were not using, 14% of those who attended secondary school were using it while 4% were not using it.

Table 14 Number of respondents who felt that Depo Provera should continue to be used.

Response	Frequency	Percentage
Continue	44	88%
Not continue	6	12%
Total	50	100%

Table 14 illustrates that the majority of respondents (88%) felt that Depo Provera should continue to be used as a method of family planning. Only 12% felt that it should not continue to be used.

Fig 5 Number of respondents who would recommend Depo Provera to a friend.

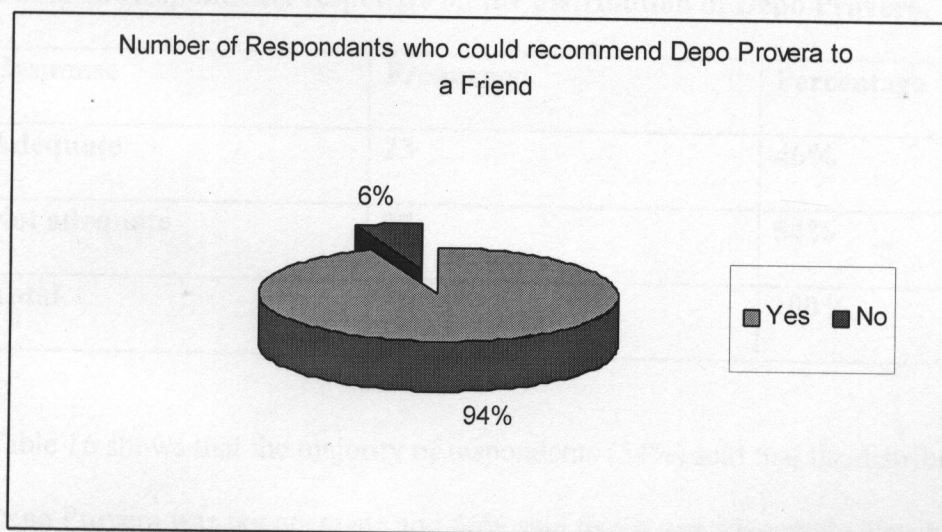


Fig 5 reveals that 94% of respondents would recommend Depo Provera as a family planning method to a friend. Only 6% said that they wouldn't recommend it.

Table 15 Number of respondents who were encouraged by health workers to use Depo Provera.

Response	Frequency	Percentage
Yes	49	98%
No	1	2%
Total	50	100%

Table 15 shows that the majority of respondents(98%) said that they were encouraged by health workers to use Depo Provera as a method of family planning and only 2 % said they were not encouraged.

Table 16 Respondents responses on the distribution of Depo Provera.

Response	Frequency	Percentage
Adequate	23	46%
Not adequate	27	54%
Total	50	100%

Table 16 shows that the majority of respondents (54%) said that the distribution of Depo Provera was not adequate and 46% said that it was adequately distributed.

Table 17 Respondents reasons for saying that Depo Provera was available or not available.

Response	Frequency	Percentage
Always got the injection when it was due.	23	46%
Not able to get Depo Provera in most health centers.	27	54%
Total	50	100%

Table 17 reveals that the majority of respondents (54%) who said that distribution was not adequate felt so, because Depo Provera was not available in most of the health centers while those respondents 46% who felt that it was adequate said so because they were able to get the injection always from the health center when it was due.

Table 18 respondents attitude towards the use of Depo Provera in relation to their source of information.

	Attitude towards use of Depo Provera		
Source of Information	Positive (Using)	Negative (not Using)	Total
Health Centre	29 (58%)	14(28%)	43 (86%)
Friends	5 (10%)	2(4%)	7(14%)
Total	34(68%)	16(32%)	50(100%)

Table 18 shows that the majority of respondents (86%) had heard about Depo Provera from the health center staff. 58% of these had a positive attitude towards use of Depo Provera, while 14% of the respondents had a negative attitude. 14% of the respondents heard about Depo Provera from a friend and only 2% of these had a negative attitude towards it.

Table 19 Respondents level of education in relation to their attitude towards continued use of Depo Provera.

	Depo Provera Use		
Level of Education	Positive	Negative	Total
No Education	3 (6%)	2(4%)	5 (10%)
Primary	29 (58%)	2(4%)	31(62%)
Secondary	8(16%)	1 (2%)	9 (18%)
College	4 (8%)	1(2%)	5 (10%)
Total	44(88%)	6(12%)	50(100%)

Table 19 shows that the majority of respondents 88% had a positive attitude towards continued use of Depo Provera. Of these 58% had attained primary education. 16% had secondary school education, these were followed by 8% who had been to college. The remaining had not been to school. 12% of the respondents had a negative attitude towards continued use of Depo Provera. Out of these 4% had not been to school and another had attained primary education.

Table 20 Respondents knowledge of Depo Provera action in relation to their attitude towards continued use.

Depo Provera Use			
Knowledge of Depo Provera	Continue	Not Continued	Total
Knowledgeable	17 (34%)	2(4%)	19 (38%)
Not Knowledgeable	27 (54%)	4(8%)	31(62%)
Total	44(88%)	6(12%)	50(100%)

Table 20 shows that the majority of respondents (62%) did not know how Depo Provera protects against pregnancy. Of these 54% said, that Depo Provera should continue to be used while 8% felt that it should not be used. In addition, of those who knew how it acts 17% felt that it should continue to be used while 4% felt that it should not continue to be used.

5.0 DISCUSSION OF FINDINGS

5.1 Introduction

The introduction of Depo Provera, an injectable family planning method has been recent in Zambian health sector. The main aim of the study was to determine the knowledge, attitude and practice of women towards the use of Depo Provera. The factors that were assumed to influence the knowledge attitude and practice were, national policy, tradition/religious beliefs, marital status, level of knowledge, fear of infertility, service factors age and attitude of health personnel.

The sample consisted of 50 of childbearing age drawn from 5 health posts in different areas of Namwianga rural health center catchment area in Kalomo district.

5.2 Demographic data

Demographic data of respondents in this study refers to the age, marital status, level of education, religion, tribe and the number of children they had.

The study revealed that the ages of respondents ranged from 18 to 42 years. The mean age was 24 and the range was 14. The majority of respondents (60%) were between the age group 21- 30 years, followed by (30%) who were between the ages of 31 to 40 years, (table 3, page 23). The large number of women in the sample were young women and very few were older women, this could suggest that older women did not visit the health posts compared to young ones. This result could also be due to the fact that older women used other methods of family planning.

The study also showed that the majority of respondents (92%) who had used Depo Provera as a method of family planning were married and had primary education (62%). 9 % had attained secondary education, 5% had been to college and another 5% of respondents had no formal education. The above results reflect an improvement in the education status of rural women although a lot still needs to be done in order to improve the education status of the women. It is hoped that with the emphasis of the girl child education in the country this scenario will change for the better.

The study also revealed that all respondents were Christians. Who belonged to different religious denominations this is so because Zambia has been declared a Christian nation (Table 3, page 23). The majority of respondents were also Tonga by tribe because the study was done among the Tonga speaking people. The majority of the respondents (72%) had between 1 and 3 children. The low parity among these women was attributed to the fact that most of them were young women (Table 4, page 24).

5.3 Knowledge

Knowledge is a pre condition for higher utilisation of any given services. Therefore, for women to appreciate the importance of family planning in relation to Depo Provera use, they must have the basic knowledge about this method. To find out their knowledge base, women were asked about whether they had heard about Depo Provera and where they heard it. The study revealed that the respondents source of information were mainly the health workers (86%) and only 14% of respondents got their information from friends (Table 5, page 24). This may be due to that in rural areas some people have no access to print or electronic media and health workers being the grass, route workers are their only source of information.

Despite the respondents source of information being the health workers, the majority (62%) did not know how Depo Provera protects against conception (Table 6,page 25) and about knowledge about Depo Provera side effects. The results showed that less than half of respondents (42%) could only mention 2 common side effects namely, heavy bleeding and amenorrhoea (Fig.2,page 25). The above results revealed that respondents knowledge on side effects was also low. This implies that respondents just used the method without really knowing it, and some may even have discontinued using the method when they experienced one side effect. So health workers must intensify their health education on Depo Provera side effects. Since the majority of women in the rural areas had only primary education. It was important for health workers to adopt reading that could make women easily understand the intended information.

When women were asked on who should use Depo Provera, a large number of them (86%) indicated that it could be used by any woman in the childbearing age. While 14% of the respondents were of the view that not every woman could use Depo Provera except those women with more than 2 to 3 children, because the method could lead to infertility (Fig.3 page 26). This therefore confirms the researchers assumption that some women felt that the use of Depo Provera could lead to infertility. The 1999 WHO Report also states that Depo Provera causes amenorrhoea in many users, and this is seen as an advantage by women who consider regular bleeding as a sign of health and use menstruation as an indicator that they are not pregnant and still fertile. This implies that health workers need to intensify health education in order to convince women to use the method and to clarify any misconceptions. It is also important that they give adequate information about Depo Provera, which should include its action, when, and how to get it, advantages and the side effects that it may have.

In this study, it was discovered that respondents (20%) who had discontinued the use of Depo Provera (Table 7, page 26) could give a correct response on how Depo Provera protects against pregnancy than those who were currently using the method. On the other hand a higher percentage (58%) of respondents were using the method but did not give the correct response. This could raise a question to why clients do not know the action while they were given the information by health workers, everytime they came for their next close. This could also suggest that these women just chose the method without really having been given adequate information about its action. These results are similar with the results of a study conducted in Peru in 1998 where gaps in Depo Provera method counseling were identified and recommended that training for providers was needed on side and administration of Depo Provera (Population Project Report, 1998).

The study tried to establish an association between women knowledge on the action of Depo Provera and age. The results that a large percentage of respondents (62%) were not knowledgeable about Depo Provera action and 32% of these were from the age group between 21 to 30 years. The study results showed an association between the respondents knowledge on Depo Provera action than other age groups (Table 8, page 27).

This implies that health workers should target IEC to women so that they are able to make uninformed choice when choosing any family planning method.

The study also assumed that the level of education could influence the respondents knowledge on Depo Provera action (Table 9, page 28) and it was found out that respondents with lower level of education could not recall how Depo Provera worked, while those with higher level of education knew the action.

This clearly shows that women with low level of education may take a bit longer to understand the information given to them than those with higher education. Therefore information directed towards uneducated women and simpler ways should be used in order to improve their level of understanding.

5.4 Practice

The results revealed that Depo Provera usage among respondents was generally high.(Table 10,page 28). 68% of respondents were currently using the method while 32% discontinued. Those who discontinued the method said that they did this because they wanted to have a baby or because of side effects especially heavy bleeding (prolonged bleeding). This result confirms the researchers assumption that women are likely to discontinue use of Depo Provera because of side effects.

The researcher also tried to determine how long the respondents had used Depo Provera (Fig. 4,page 29). The findings revealed that 28% of the respondents had used it for twelve months, 26% had used it for three months only while 22% had used it for six months. This result may suggest that with longer time of use, women's commitment to the use of Depo Provera improve because they experience lesser and lesser side effects. They are likely not to discontinue use while those who recently started using it are likely to discontinue immediately they experienced side effects. The health centre records also revealed that most of the women who discontinued had used Depo Provera either for 3 months or 6 months. So if clients are equipped with adequate knowledge on the effects and side effects of Depo Provera they could be able to continue use and usage would greatly improve.

Respondents were also asked how long it took them to reach the health centre (Table 11, page 29). The results showed that the majority of respondents (68%) stayed 12 kilometers or more away from the health centre, 22% lived 6 kilometers away and 10% stayed within walking distance of between 0 to 5 kilometers away. A large number (68%) of respondents lived far away from the health centre because most of them were from villages which were further from the centre. They could only be reached through outreach activities carried out by the health centre. Without these outreach activities these far away places would not have access to the family planning activities given by the health centre.

In this study it was also found out that the majority of respondents (64%) who were currently using Depo Provera were married (Table 12, page 30). This result disagrees with the population report (1990) which revealed that contraceptive use outside marriage had increased in sub sahara Region as women married later and remained unmarried. The researcher also tried to find out whether the respondents level of education influenced the use of Depo Provera but this was not so (Table 13, page 30). As the percentage of those who were currently, using Depo Provera was higher in all the levels of education compared to those who discontinued using the method.

5.5 Attitude

Most of the respondents (88%) felt that Depo Provera should continue to be used as a method of family planning (Table 14, page 31). While 12% felt that it should not continue to be used. In addition, a large proportion 94% of respondents said that they would recommend Depo Provera to a friend. Only 6% said that they would not recommend it to a friend (Table 15, page 32). This suggests that the majority of women had a positive attitude towards Depo Provera.

Furthermore, respondents were also asked on whether health workers encouraged them to use the method. Most (98%) of the respondents confirmed that they were, only 2% felt that they were not encourages (Table 16,page 32). This implies that the health workers have a positive attitude towards the method. A positive attitude among workers is likely to encourage more women to use the method.

Respondents were also asked on whether Depo Provera supply was adequate at their service delivery points, and the study findings revealed that Depo Provera supply was still not adequate as 46% of the respondents said it was not adequate. Those who said it was not adequate gave a reason that the method was not available in other centres apart from Namwianga Rural health centre in Kalomo district (Table 17,page 33). They also indicated that the method should be evenly distributed in all health centres.

The findings also showed that 46% of respondents said that they always got the injection when it was due. In addition, 54% said it was not available in all health centres (Table 18,page 34). Non availability of the method is likely to affect the respondents attitude towards the method.

The results also showed that a large number (86%) of respondents had heard about Depo Provera from the health workers and they had a positive attitude towards its use. This could be due to that, health workers gave the right information to clients and they were able to make informed choices. It is also evident that friends as a source of information could negatively influence the respondents attitude.

The level of education can also affect the attitude of Depo Provera users, but this was not the case in this study (Table 19,page 35). Most of the respondents (88%) had a positive attitude towards the method regardless of their educational status.

The researcher finally examined the relationship between respondents knowledge on the action of Depo Provera and their attitude towards continued use (Table 20,page 36). The results showed that both those who knew the action 34% and those who were not knowledgeable (54%) still felt that Depo Provera should continue to be used. Most of those did not know the action of Depo Provera. Therefore, there was no significant relationship established between the two variables.

5.6 Health Systems Implications

The study findings revealed that the majority (86%) the respondents had heard about Depo Provera and their source of information were the health workers (86%). However, we can still question the level of understanding of women because most (62%) did not give a correct answer on how Depo Provera protects against pregnancy. This would make one wonder whether the information given by health workers was adequate and whether the type of education or information given really touched all aspects of the method like action, mode of administration side effects, advantages and disadvantages.

Giving the women the adequate knowledge that they need about Depo Provera will help them make an informed choice on the best method of family planning that they feel will suit them. Some may seem to use Depo Provera because they may not know its benefits.

Therefore there is need to evaluate the level of knowledge women have on Depo Provera so that missing aspects can be identified. This is important because unless health workers can concentrate on improving their efforts by adopting the priority needs and effectiveness of Depo Provera, use will still be low.

Level of knowledge can be improved if simple methods understood by women are used, this is clearly shown in the study in that those with high level of education were able to remember the action of Depo Provera while those with low level of education were not knowledgeable. There is need therefore to modify and intensify information education and communication programmes towards Depo Provera use, for if women are informed this can result in possession of adequate knowledge and reinforce a positive attitude towards its use.

Furthermore, it was observed that most of the health centres did not have or even provide Depo Provera. This caused the women to discontinue its use when they could not find it at the health centre. There is need therefore for the ministry of health to collaborate with its partners involved in family planning programmes in ensuring that all members of family planning including Depo Provera are distributed evenly and fairly to all health centres in the country.

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

It is important that in order to create awareness on Depo Provera health workers should conduct communication campaigns intensively, so that a lot of people would know about Depo Provera. Well-trained family planning providers should be used as much as possible because they would be better equipped with ideas and strategies to meet women's needs and help them informed choices.

This study showed that the majority of respondents (68%) were currently using Depo Provera. Most of these women got their information being health workers. The majority of women (62%) did not know how Depo Provera protects against conception. The women's lack of knowledge on Depo Provera action could be attributed to the fact that literature on Depo Provera was limited in the centres.

The study also tried to establish an association between the women's knowledge on the action of Depo Provera and use. The results showed that a high percentage 68% of mothers were currently using Depo Provera but did not know how it protects against pregnancy. Twenty(20%) of respondents discontinued the method but these knew how the method protects against pregnancy. It is most likely that the clients chose the method without adequate information on how the method works. This implies that health workers do not counsel women adequately.

Hence, they need retrain them so that they will be able to give adequate and correct information to women.

The majority of respondents (88%) also felt that Depo Provera should continue to be used as a method of family planning in Zambia, despite all the misconceptions and side effects that were associated with it.

The women felt that side effects occurred differently in different individuals so those who did not experience any side effect and problems should continue to use it. The researcher therefore concluded that women being the users approved that use of Depo Provera and felt comfortable using it, government should therefore review the policy of use of Depo Provera in Zambia and approve it's use.

6.2 Recommendations

For the Ministry of Health

1. The government should review the policy of Depo Provera use and approve the use of Depo Provera in the country to allow health workers to freely recommend the use of Depo Provera to clients who may want to use it because as it is now health workers still have misconceptions about the method and some even discourage the women to use depo povera.
2. The ministry of health should get adequate stocks of Depo Provera for distribution throughout the country to all centres. Since NGOs are slowly phasing out support on distribution of Depo Provera.
3. Ministry of health should also hold workshops country wide to update all health workers especially family planning providers on Depo Provera.
4. The ministry of health should also ensure that information in form of pamphlets and posters are available in all health centres through out the country.

For the district health management team

5. The District management team must also ensure that Depo Provera is distributed to all health centres in their district even rural areas to allow equal accesses of the method to all women who want to use it.

6. They must also equip health workers with the necessary information and skills by holding workshops/seminars on simple approaches of disseminating information on depo provera to their staff and clients even those that have not gone very far with education.
7. Information from the top (ministry of health) should also make available to the grassroots levels.

For the health centre staff

8. Health workers to give adequate and clear information about Depo Provera to clients at every visit to remind them and update them on the method they may be using.
9. Proper outreach programmes must be planned and done in each catchment area so that all women will have equal access to family planning methods including Depo Provera.
10. Depo Provera must be made available at all time through adequate ordering and collection so those women will be able to find it at the centre whenever they need it.
11. Health centre staff to train community based health workers e.g. Traditional attendants, community based distributors and community health workers about Depo Provera so that they may also help the clients deal with any problems or side effects they may have in the absence of health workers.

6.3 Limitations of the study

1. The time allocated for doing the study was not enough as it was done along side other courses.
2. Literature on Depo Provera is very limited in Zambia; very few studies have been done and this has made comparing and contrasting of findings to be minimal.
3. The study was done on a small sample scale due to limited financial resources there by making it difficult for the researchers to generalise the findings to a much larger population.

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THE UNIVERSITY OF ZAMBIA
SCHOOL OF MEDICINE
DEPARTMENT OF POST BASIC NURSING

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Fax: +260-1-250753
E-mail: pbnur@zamnet.zm

P.O. Box 50110
Lusaka, Zambia

11-05-2000.

Your ref.:

Our ref.:

TO WHOM IT MAY CONCERN

This serves to confirm that Mr./Mrs./Ms. IRENE SIMONDA is a fourth year B.Sc. Student at the University of Zambia School of Medicine – Department of Post Basic Nursing (PBN). In partial fulfillment of their degree program students are required to undertake research projects and present their final reports at the end of the semester.

In this regard, we would be very appreciative for any support rendered to them as they seek information relevant to their individual research topics.

Thanking you in anticipation.

E. LAMBWE (MS)
HOD-UNZA-PBN

for

Appendix 1.1

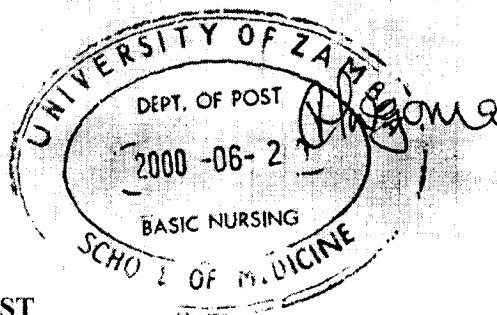
University of Zambia
School of Medicine
P. O. Box 50110
Lusaka

June 21, 2000

The District Director
P. O. Box 620085
Kalomo

UFS: The Head of Department
Post Basic Nursing

Dear Sir / Madam,



RE: RESEARCH STUDY REQUEST

I am a fourth year student in the department of Post Basic Nursing, School of Medicine at the University of Zambia.

As a partial fulfilment for my degree programme, I am required to carry out a pilot study and then the actual study on a topic of my choice. My Topic of study is "*A study to determine the knowledge, attitude and practice of women towards the use of depo provera in Kalomo district*".

I am therefore asking for permission to use two of the institutions in your catchment area for my pilot and actual study. I intend to collect data from Namwianga Rural Health Centre and four of its outreach posts, which I selected, by simple random sampling and to do my pilot study at Zimba Mission Hospital.

Thanking you in anticipation.

Yours faithfully,

I. S. Banda

I. S. Banda.

Appendix 1.2

University of Zambia
School of Medicine
P. O. Box 50110
Lusaka

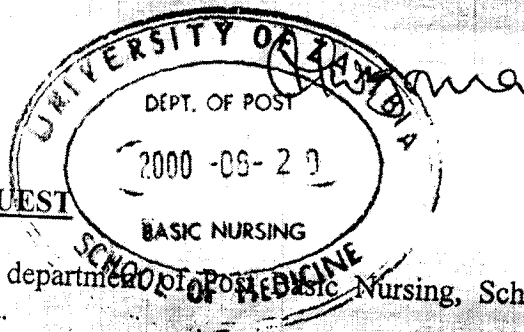
June 21, 2000

The Administrator of Namwianga Clinics
P. O. Box 620022
Kalomo

UFS: The Head of Department
Post Basic Nursing

Dear Madam,

RE: RESEARCH STUDY REQUEST



I am a fourth year student in the department of Post Basic Nursing, School of Medicine at the University of Zambia.

As a partial fulfilment for my degree programme, I am required to carry out a study on a topic of my choice. I am therefore asking for permission to use your institution's catchment area for my study. My Topic of study is "*A study to determine the knowledge, attitude and practice of women towards the use of depo provera in Kalomo district*".

I intend to collect data from Namwianga Rural Health Centre and four of its outreach health posts randomly selected.

Thanking you in anticipation.

Yours faithfully,

Bandera

Irene. Simonde. Banda.

Appendix 2



REPUBLIC OF ZAMBIA
MINISTRY OF HEALTH

KALOMO DISTRICT HEALTH BOARD

KALOMO DISTRICT HEALTH MANAGEMENT TEAM

P.O. Box 620085

Phone: 65046

Fax: 65046

In reply quote No.

Our Ref:

All correspondence should be addressed to
District Director of Health

12th July, 2000

Mrs Banda
Namwianga RHC,
KALOMO.

Dear Madam,

RE: RESEARCH STUDY REQUEST.

Reference is hereby made to your letter dated 21st June, 2000 in which you requested to organise and conduct "A study to determine the knowledge, attitude and practice of women towards the use of depo provera in Kalomo District." At Namwianga Rural Health Centre and Zimba Mission Hospital respectively.

I would like to inform you that your request has been honoured accordingly.

Wishing you the best in your research.

Thank you.

Yours faithfully


V.S. SICHILONGO
MANAGER ADMINISTRATION

c.c. Medical Officer Incharge - Zimba Mission Hospital
c.c. Incharge - Namwianga Rural Health Centre

Namwianga Christian Mission

Box 620022
Kalomo.

Mrs Ireen Banda.
University of Zambia,
School of medicine,
Department of Post Basic Nursing,
Box 50110,
Lusaka.

Dear Madam,

Re: Research Study Request.

Thank you for your letter concerning Research study at Namwianga Rural Health Centre.

I have no objection to your request, feel free to use the facilities of the clinic. You are also free to accompany the nurse when they go for UCI activities in the villages.

I hope you will be able to achieve your goal at our institution.

Yours faithfully,



E Halale.
Clinics Administrator

Appendix 4

Interview Schedule

A study to determine the attitudes, knowledge and practices of women towards the use of Depo Provera.

DATE :

PLACE:

QUESTIONNAIRE NUMBER:

INSTRUCTIONS TO RESPONDENTS

1. Do not write your name.
2. Answer all questions.
3. Your answers are strictly confidential so please answer honestly and truthfully.
4. Tick (☐) in the box next to the answer of your choice in the space provided.

SECTION A

DEMOGRAPHIC DATA

1. How old were you on your last birthday?

2. What is your marital status?

- Single []
- Married []
- Widowed []
- Divorced []
- Separated []

3. What is your Educational level?

- None []
- Primary school []
- Secondary school []
- College []
- University []

4. What is your denomination?

- Roman Catholic []
- Church Of Christ []
- SDA []
- Pentecostal []
- Anglican []
- New Apostolic []
- Watch Tower []
- United Church Of Zambia []

5. What is your tribe?

6. Where do you stay?

QUESTIONS ON KNOWLEDGE:

7. Have you heard about the family planning method called Depo Provera

- Yes []

- No []

If yes which is the source of your information?

.....

8. Do you know how it protects against contraception?

- Yes []

- No []

If yes explain:

.....

.....

9. What are the common side effects of Depo Provera?

(i)

(ii)

(iii)

(iv)

10. Can any woman in the reproductive age group use this method?

- Yes []

- No []

If no explain:
.....
.....

QUESTIONS ON PRACTICE:

11. Have you ever used Depo Provera?

(i) Yes []

(ii) No []

12. If yes are you still using it?

(i) Yes []

(ii) No []

13. If no why did you discontinue using the method?

.....
.....
.....

14. For how long have you used this method

(i) 3 months []

(ii) 6 months []

(iii) 12 months []

(iv) Over 12 months []

15. Where do you get your injection from?

(i) Health center []

(ii) Community delivery points []

Who administers the injection?

(i) Nurse []

(ii) Community based distributor []

16. How far is your home from the Rural Health Center?

(i) Near (2-4km) []

(ii) Far (5-10km) []

(iii) Very far(more than 10km) []

QUESTIONS ON ATTITUDE

17. Should Depo Provera continue to be used by women?

(i) Yes []

(ii) No []

If no, explain:

.....

If no, explain:

.....

18. Can you recommend this method to your friend

(i) Yes []

(i) No []

If no, explain:

.....

19. Do health workers Nurses encourage the use of Depo Provera?

(i) Yes []

(i) No []

If no, explain:

.....

20. Do you feel the distribution of Depo Provera is adequate?

(i) Yes []

(i) No []

What do you think could be done in order to

improve the distribution of Depo Provera?

.....

.....

.....

.....

.....

**Thank you for your co-operation and for taking part in
this interview!**

19. Do health workers Nurses encourage the use of Depo Provera?

(i) Yes []

(i) No []

If no, explain:

.....

20. Do you feel the distribution of Depo Provera is adequate?

(i) Yes []

(i) No []

What do you think could be done in order to
improve the distribution of Depo Provera?

.....

.....

.....

.....

.....

**Thank you for your co-operation and for taking part in
this interview!**