

THE UNIVERSITY OF ZAMBIA

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WOMEN'S KNOWLEDGE AND ATTITUDE TOWARDS UTILIZATION OF DEPO PROVERA IN MUFULIRA DISTRICT

BY

BRENDA CHINYAMA HAMOONGA

REGISTERED NURSE 1994, NDOLA, ZAMBIA

REGISTERED MIDWIFE 2001, LUSAKA, ZAMBIA

S/P

B.Sc. NUR
HAM

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TABLE OF CONTENTS

Contents	Page numbers
Acknowledgements.....	i
List of contents.....	ii
List of figures.....	iii
List of tables.....	vi
Declaration	vii
Statement.....	viii
Dedication.....	ix
Abstract	xi
CHAPTER ONE	
1.0 Introduction	
1.1 Background information.....	1
1.2 Statement of a problem.....	3
1.3 Factors contributing to problem.....	5
1.4 Diagram of problem analysis.....	9
1.5 Justification.....	9
1.6 Research objectives.....	10
1.6.1 General objectives.....	10
1.6.2 Specific objectives.....	10
1.7 Hypotheses.....	11
1.8 Definition of terms.....	11

1.5.1 Conceptual Definition of Terms.....	11
1.5.2 Operational Definition of study Variables.....	11
1.9 Variables and cut-off points.....	12

CHAPTER TWO

2.0 Literature review

2.1 Introduction.....	13
2.2 Knowledge on Depo Provera.....	14
2.3 Attitude towards utilization of Depo Provera.....	16
2.4 Conclusion.....	18

CHAPTER THREE

3.0 Research methodology

3.1 Introduction.....	19
3.2 Research design.....	19
3.3 Research setting.....	20
3.4 Study population.....	20
3.5 Sample selection.....	21
3.6 Sample size.....	23
3.7 Data collection tool.....	23
3.8 Data collection technique.....	24
3.9 Validity.....	25
3.10 Reliability.....	26
3.11 Pilot study.....	27
3.12 Ethical/ cultural consideration.....	27

CHAPTER FOUR

4.0 Data analysis and presentation of findings	
4.1 Introduction.....	29
4.2 Data analysis.....	29
4.3 Presentation of findings.....	30
4.3.1 Demographic Data.....	31
4.3.2 Knowledge on Depo Provera.....	32
4.3.3 Attitude towards utilization of Depo Provera.....	35
4.3.4 Relationship between knowledge and attitude.....	37
4.3.5 Suggestions.....	30

CHAPTER FIVE

5.0 Discussion of findings and implications for health care system	
5.1 Introduction.....	39
5.2 Characteristics of the sample.....	39
5.3 Discussion of each variable.....	40
5.4 Implications to the health care system.....	45
5.4.1 Practice.....	45
5.4.2 Administration.....	45
5.4.3 Education.....	46
5.4.4 Research.....	46
5.5 Recommendations.....	46
5.6. Dissemination of findings.....	48
5.7 Limitations of the study.....	48
5.8 Conclusion.....	48

APPENDICES

1. Questionnaire
2. Request to undertake study
3. Authority to undertake study
4. Work plan
5. Gantt chart
6. Budget and justification

LIST OF TABLES

TABLES	PAGE NUMBERS
Table 1: Integrated Reproductive Health coverage by year.....	4
Table 2: Variables and Cut off points.....	12
Table 3: Demographic Data.....	31
Table 4: Information on Depo Provera.....	32
Table 5: Knowledge on Depo provera.....	33
Table 6: Attitude towards utilization of Depo provera.....	35
Table 7: Descriptive statistics of total knowledge and attitude towards utilization of Depo Provera.....	37
Table 8: Level of knowledge in Relation to attitude.....	38

FIGURES

Figure 1:	34
Figure 2:	38

DECLARATION

I hereby declare that the work presented in this study for Bachelor of Science degree in Nursing has not been presented either wholly or in part, for any other degree and is not being currently submitted for any other degree.

SIGNED: Patamanga

DATE 07/05/10

CANDIDATE



APPROVED BY: _____

DATE 07/05/10

STATEMENT

I **Brenda Chinyama Hamoonga**, do hereby certify that this study is entirely the result of my own independent investigations. The various sources to which I am indebted are clearly indicated in the text and references.

SIGNED B Hamoonga

DATE 07/05/10

DEDICATION

This Research has been dedicated to my husband Kennedy Mwange whose patience and consideration sustained me through the years of my study, to my sons Kennedy Mwange (jnr) and Michelo Mwange for their patience and understanding, to my parents Mr Simon Hamoonga and Mrs Ennie Hamoonga and to my brothers and sisters whose love and affection inspired this endeavor.

ABSTRACT

An abstract is a shortened article giving only the most important facts or arguments (Gillard, 2003). Depo Provera is a long acting injectable contraceptive that has been increasingly popular contraceptive choice among women worldwide. It is more than 99% effective in preventing pregnancy when given as indicated. Even if this method is popular it has been met with a lot of controversies due to its adverse effects on women utilizing it.

The main objective of this study is to determine the knowledge and attitude of women towards the utilization of Depo Provera in Mufulira District.

Literature from various scholars globally, regionally and nationally was reviewed on womens' knowledge and attitude towards the utilization of Depo Provera.

A pilot study was conducted at Kawama clinic in Mufulira District so as to assess whether the instrument to be used would be able to collect the desired data and also to detect and correct mistakes.

The study was conducted in five (5) health centers in Mufulira District namely: Kamuchanga, Suburbs, clinic 1, 3 and 5. A non-experimental descriptive study design was used. A sample of fifty (50) women who used Depo Provera before and those that were currently using Depo Provera were randomly selected using simple random method. Data was collected using a structured interview schedule from all the fifty (50) respondents, ten (10) from each of the selected health centers. Data was analyzed using Statistical Program for Social Sciences and has been presented in form of frequency tables and pie charts. Cross tabulations have not been used to determine the relationship between variables because there was no variability between the variables.

Study findings revealed that 100% of the respondents knew what Depo Provera was and the Majority (94%) of the respondents felt that it should continue to be used in Zambia as a method of contraception despite the myths and misconceptions that were associated

with it. The study also revealed that the major respondents' source of information was the family planning clinic (80%)

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

CHAPTER ONE

1.0 INTRODUCTION

1.1 BACKGROUND INFORMATION

Family planning plays a major role in reducing the maternal and newborn morbidity and mortality. Consequently it contributes towards achievement of the millennium development goals to which Zambia is a signatory. Effective family planning services are critical for the attainment of these millennium development goals (United States Agency of International Development, 2005). There are two main objectives of family planning. The first objective includes, initiating and sustaining measures aimed at slowing the nation's high population growth; enhancing people's health and welfare; and preventing premature death and illness especially among high risk groups of mothers and children. The other objective is ensuring that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. It is because of these reasons that modern methods of family planning were introduced (Shea, 2003).

There are several methods of modern family planning which include injectables, pills, intra uterine devices, implants, condoms etc. However, Depo provera is one of these modern methods of family planning. Depo provera is a synthetic hormonal method of contraception for women which prevents pregnancy through suppressing ovulation and making the cervical mucus inhabitable for sperm (Hatcher, 2001). This is one of the modern methods of family planning which was first introduced between 1953 and 1954 in the United States of America (USA).

Worldwide the utilization of these modern methods of family planning has been expanding. For example the utilization of Depo provera has been expanding for a number of policy reasons, among them the recent apparent approval of its use in the USA. The use of this long acting injectable contraceptive has become

increasingly wide spread in both developed and developing countries and more than 90 countries are now using Depo provera, making it the most widely used injectable method (Shea, 2007).

In Zambia, Depo provera was a popular and widely available contraceptive method in the 1970s (Ministry of Health, 2006). However, Depo provera was withdrawn in 1982 because it was discovered that it was not registered in the USA, its country of origin (USAID, 2005). It became the focus of considerable ridicule with the medical establishment. The ridicule that often included exaggerated side effects for which there was no scientific justification. However, despite the negative views that arose against this contraceptive there still appeared to have been demands for its use in some sectors of society.

For instance, A Depo provera needs assessment was conducted in 1996 by USAID (USAID, 2005). The needs assessment findings on the demand for Depo provera indicated that the demand for this long acting, injectable contraceptive in selected provinces of Zambia, including the Copperbelt Province was high and widespread, both on the part of users and service providers. It was reported further that long standing biases against Depo provera in particular remained quite strong among some providers. The negative publicity surrounding the method is still visible today in that many of the providers are not keen to use the method. Some of the providers on the other hand exhibited far fewer biases and feel that it is important to use Depo-Provera.

The Depo provera needs assessment also revealed that several women who had used the method previously, even in rural parts of the province said they would recommend its use to others in the community. After this needs assessment Depo provera was found to be popular among clients and finally it was registered in Zambia even though myths and misconceptions could not be ruled out.

The Zambian Ministry of Health (MOH) revealed that despite the growing popularity for Depo Provera, in 2008 the drug was withdrawn from all health

facilities in Zambia due to suspicions that it contained some traces of Human Immunodeficiency Virus (HIV) (MOH, 2008). It was also associated with a number of side effects like osteoporosis, amenorrhea, heavy bleeding and spotting. Depo provera was re-introduced in all districts including Mufulira during the same year after scientific investigations revealed that there were no traces of HIV in the drug.

All eighteen health centres in Mufulira district in the Copperbelt province offer Depo provera as a method of family planning.

To popularize the method information about the method is given concerning how it works, its side effects, efficacy, its advantages and disadvantages etc.

1.2 STATEMENT OF THE PROBLEM

Depo provera was a very popular method of contraception in Zambia. Since its re-introduction in 2004 the demand for Depo provera was steadily increasing but since 2008 withdrawal and reintroduction, there has been a decline in the number of women using the method (Mufulira District Health Office, 2008). Depo-Provera coverage had a steady increase but saw a drastic decline from 22% in 2007 to 8% in 2008 for new acceptors and from 54% in 2007 to 34% in 2008 for re-attendances. Table 1 shows coverage for Depo provera utilization from 2005 to 2008 in Mufulira District.

Table 1: Coverage for Depo Provera utilization from 2005 to 2008

SERVICE	2005		2006		2007		2008	
	Target	Coverage %	Target	Coverage %	Target	Coverage %	Target	Coverage %
New acceptors	5,843	700 (12%)	5,952	800 (13%)	5,964	1,300 (22%)	6,033	500 (8%)
Re-attendance	5,843	2,596 (44%)	5,952	3,055 (51%)	5,964	3,224 (54%)	6,033	2,091 (34%)

Mufulira DHO: Action plan 2008-2010

In Mufulira District, despite the method being still offered at all the 18 health centres, informal information gathered reveals that women have mixed feelings concerning the safety of the drug and statistics for the Depo provera utilization coverage have been below 50 % (Mufulira District Health Office, 2008). This could be attributed to the myths and misconceptions attached to the method, especially the suspicion that Depo provera contained HIV. It can also be attributed to the fact that women have less information about the method and this could influence their attitude towards its utilization.

Non utilization of contraceptive methods like Depo provera can have serious consequences like high levels of unwanted pregnancy and high mortality/morbidity through pregnancy related conditions like abortions, anaemia, hypertensive disorders etc.

In view of the above, the researcher feels there is need to conduct a study to determine the women's knowledge and attitude towards utilization of Depo Provera.

1.3 FACTORS INFLUENCING WOMEN'S KNOWLEDGE AND ATTITUDE TOWARDS THE UTILIZATION OF DEPO PROVERA

This is a discussion of the relationship of concepts that underline the study problem and support the rationale (reason) for conducting the study (Pilot and Beck, 2006). A lot of factors may influence women's knowledge and attitudes towards the utilisation of Depo Provera. These may be as follows:

1.3.1 SERVICE FACTORS

1.3.1.1 Attitude of service providers

Attitude of service providers greatly influence the attitude of women towards accessing the method. If the attitude of the service provider is bad this will prevent women from accessing the service. If the attitude of the service provider is good many women will be able to access the service. The attitude of the service provider matters in that if the service provider has a negative attitude towards the method of contraception, she/he will influence the women negatively and if she has a positive attitude towards the method she/he may influence the women positively.

1.3.1.2 Skilled personnel

Administration of Depo Provera requires trained and skilled personnel in administration of injections. The availability of skilled personnel will mean that women will be able to access the service but if there is no trained personnel it means that the method will not be accessible to the women and they may opt for other methods of contraception.

1.3.1.3 Knowledge about Depo Provera

Knowledge about Depo Provera on the part of service providers will influence the women's attitude towards utilization of Depo Provera because if the service provider has limited or lack of knowledge on the method he/she will not be able to give the women information

necessary for them to make informed choices. As a result the women may not opt to use the method. If the service provider has knowledge about the method she/he will be able to give the women necessary information about the method and they will be able to make an informed choice.

1.3.2 SOCIAL ECONOMICAL FACTORS

1.3.2.1 Age

Age influences women's attitude towards utilization of Depo Provera in that some young women have the misconception that contraception is only for older and married women as a result they may feel embarrassed to access the method.

1.3.2.2 Marital status

Some men may not allow their wives to use some methods of contraception even if the woman wants to use that particular method.

1.3.2.3 Distance

Women who stay far away from the health centres may not be able to access family planning services because of distance unless the services are taken closer to them through outreach services. This may also influence the attitude of women towards the utilization of Depo Provera in that the women will not access the method when they want to. For those women who stay near health centres, they find it easy to walk to the health centre and get the service hence; they may have a positive attitude towards the service.

1.3.2.4 Traditional beliefs

Some traditions believe that womanhood is associated with menstrual bleeding and side effects like amenorrhea may contradict with this belief and hence, influence the women's attitude towards utilization of the method.

1.3.2.5 Religion

Some religious beliefs may also influence women's attitude towards utilization of Depo Provera because some religious beliefs do not allow women to use the hormonal methods regardless of the route. They are considered to be abortive. Such beliefs may influence the woman's choice of family planning method e.g. the Roman Catholic Church agrees with family planning but has just a specific methods it recommends which is natural way of family planning.

1.3.3 CLIENT CENTERED FACTORS

1.3.3.1 Previous experience

Previous experience may influence women's attitude towards utilization of Depo Provera in that those women who have used the method and experienced side effects may influence those women who have not used the method negatively. But those women who may not have experienced any side effects may encourage other women to use the method.

1.3.3.2 Information

The information the woman has about the method may influence the woman's attitude towards the utilization of Depo Provera in that those women who are well informed about the method will be able to make an informed choice. Women who do not have information about the method have difficulties to decide whether to use the method or not because they

will not have facts about the method but will base their decisions on rumours and misconceptions.

1.3.3.3 Misconceptions

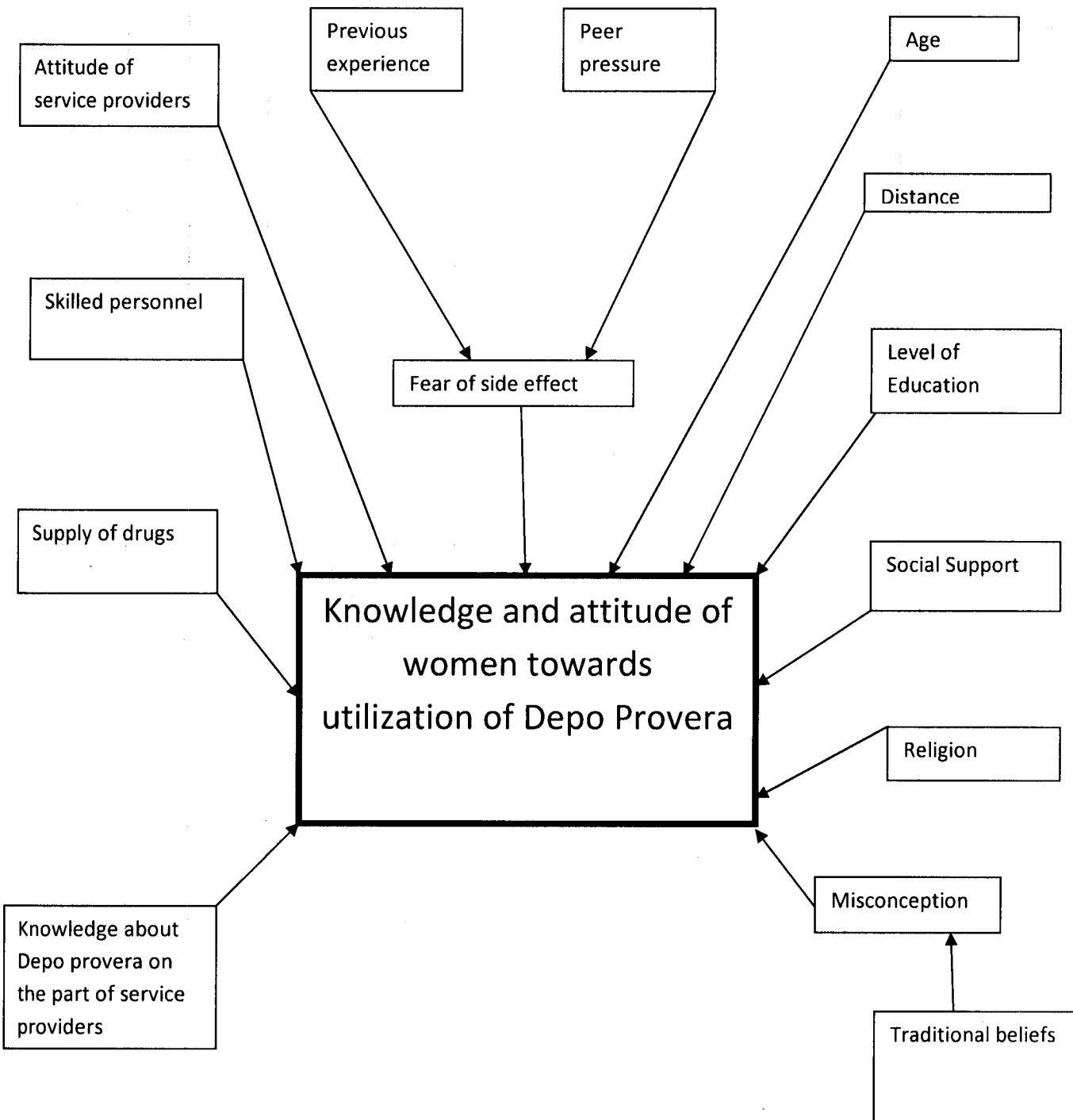
These can influence the women's attitude towards utilization of Depo provera because if there is any misconception about the method people tend to shun using the method. For example a misconception that Depo provera has traces of HIV.

1.4 Diagram of problem analysis

Service factors

Client centred factors

Social factors



1.5 JUSTIFICATION

The purpose of this study was to determine the knowledge of and attitude towards Depo provera among women in Mufulira district. The study also sought to determine the perception towards the utilization of the method, and if the women will advocate for continued use of Depo Provera. It was assumed that if women using Depo provera as a method of contraception had adequate knowledge about the method they would continue using the method and even encouraging others to use it.

It is hoped that the results of the study will help in finding out how much women in Mufulira district know about Depo provera and how it has impacted on their attitude towards its utilization. It will also act as a guide on the type of health information to be given to the women. These results will also help policy makers, family planning managers and Nongovernmental organizations involved in reproductive health in Mufulira District to improve service delivery to the women and hence improve the women's attitude towards the utilization of Depo Provera.

1.6 RESEARCH OBJECTIVES

1.6.1 General objective

To determine the knowledge and attitude of women towards the utilization of Depo Provera

1.6.2 Specific objectives

1.6.2.1 To assess the women's knowledge on Depo Provera.

1.6.2.2 To assess the womens' attitude towards utilization of Depo Provera

1.6.2.3 To determine the relationship between attitude & knowledge

1.7 HYPOTHESIS

- 1.7.1 Women with higher educational level are more knowledgeable about Depo provera than women with lower level of education
- 1.7.2 Older women have a better attitude towards Depo provera than younger women
- 1.7.3 There is a relationship between knowledge of and attitude towards utilization of Depo provera

1.8 DEFINITION OF TERMS

1.8.1 Conceptual Definitions

1.8.1.1 **Attitude:** The way someone thinks about something and behaves towards it (Gillard, 2003).

1.8.1.2 **Knowledge:** All the information and facts that one knows (Gillard, 2003).

1.8.1.3 **Utilization:** To use something in an effective way (Gillard, 2003).

1.8.1.4 **Women:** An adult female human being (Gillard, 2003).

1.8.2 Operational Definitions

1.8.2.1 **Attitude:** The respondents' way of perceiving utilization of Depo Provera.

1.8.2.2 **Knowledge:** Knowledge is the ability of the women to say what Depo Provera is, mention how it is administered, and mention at least two side effects

1.9 VARIABLES AND CUT OFF POINTS

A variable is a characteristic or attribute of a person or object that varies (it takes on different values) within the population under study (Polit and Beck, 2006). There are two types of variables i.e. independent and dependent variable.

1.9.1 Independent variable

This is a variable which is hypothesized to be the cause of something (Polit and Beck, 2006). The independent variable for this study is knowledge.

1.9.2 Dependent variable

This is a variable which depends on the independent variable or that is hypothesised to depend on or be caused by another variable (Polit and Beck, 2006). Dependent variable for this study is attitude.

TABLE 2: VARIABLES AND CUT OFF POINT

Number	Dependent Variables	Indicators	Cut Points of Responses	Question Numbers
1.	Knowledge about Depo provera	Low High	Scores of: 0-3 4-6	6-12
2.	Attitude towards utilization of Depo provera	Negative Positive	8-9 0-7	13-20

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 INTRODUCTION

Literature review is a critical summary of research on a topic of interest, often prepared to put a research problem in context or basis for an implementation project (Basavantapa, 2007). The purpose of literature review is to determine what is already known about the topic being studied so that a comprehensive picture of the state of knowledge on the topic can be obtained. It also gives the researcher clues to the methodology and instruments people used before and therefore, provide information on what has been tried in regard to approaches and methods. It helps the researcher to refine certain parts of the study. The review focuses on previous studies conducted to determine the women's knowledge and attitude towards utilization of Depo provera. The literature review is arranged according to variables which in this case are knowledge and attitude respectively.

Depo provera was produced in 1953, and it was first used in humans in 1960 for prevention of premature labour and for treatment of threatened abortion, endometriosis and endometrial carcinoma given in high doses of 1-4mg per injection.

From the time Depo provera was first used as a contraceptive, it has been controversial, so many years later, the controversy has continued. Some countries approve of its use while others do not and others have just put it as a pilot. Researches done in different countries have reviewed the advantages of using Depo provera; however, government policies still remain different from country to country.

2.2 KNOWLEDGE

Knowledge is defined as understanding of or information about a subject which has been obtained by experience or study, and which is either in a person's mind or possessed by people generally (Gillard, 2003). Depo Provera is one of a number of long acting contraceptive steroids in development and use. Because of its history, it has become a symbol of wider set of discussions .It has been acclaimed as one of the most wanted contraceptive, its use of which it will protect women from risks of child birth and abortion . As such, an individual has the right of access to knowledge about risks and benefits of any contraceptive method, as well as information about alternative methods (Potts and Paxman, 2009).

Shea (2003), states that the individual is the most important focus of any discussion of drug use and in the case of Depo Provera, many problems have arisen due to failure to inform potential users of side effects of the drug. He also suggested that an informed choice should include consideration of information about the risk of the drug as well as realistic information about the risk of pregnancy and childbirth or abortion consequent to non utilization.

Studies around the world are increasingly being conducted on knowledge and attitude on Depo Provera in order to ascertain the controversies that surround it.

According to Ehler (2003), a series of nationally representative surveys were conducted in 25 developing countries on knowledge and utilization of Depo Provera. The results of these surveys revealed a high degree of awareness of Depo Provera. The results indicated that over 80% of the women who participated in these studies had knowledge of the method.

However, Morgan (2007) also states that myths and misconceptions regarding Depo Provera are pervasive in Sub- Saharan Africa. Misconceptions concerning side effects of Depo Provera are often emphasised as reason for non utilization.

In a research conducted in Ghana in 2005, results revealed that women prefer to obtain information on contraception from other sources than the health care provider. Their source of information is usually informal and the media ranking as the primary source of information (Morgan, 2007).

In research conducted by Family health international in 2005 in Kenya and Egypt on women's knowledge and perception on Depo Provera, it was revealed that women had high levels of knowledge on Depo Provera. The study also revealed that 80% of women in these countries had high levels of knowledge of Depo Provera but In spite of the high knowledge levels of Depo Provera among these women their attitude towards its utilization was negative (Ehler, 2003).

In another study conducted by WHO (2004) in Nigeria, in their perspective studies which were conducted it was revealed that over 75% of the women aged between 15 and 49 years indicated a high degree of awareness of injectable contraceptives.

According to the 2007 Zambia Demographic and Health Survey, it is stated that knowledge of any contraceptive method is almost universal in Zambia, 98% of all women knowing at least one method. The data shows that 98% of all women know of a modern method. The proportion of those who know of injectable methods has steeply risen from 53% of women in 1996 to 81% in 2007. The ZDHS (2007) further states that informed choice is an important aspect of the family planning services. Family planning providers should inform all method users of potential side effects and what they should do if they encounter signs of a problem. This information assists users in coping with side effects and decreases unnecessary discontinuation of the method. The survey report further indicated that health care providers were more likely to inform users of modern methods about side effects than what to do if they experienced side effects. The report also revealed that only 69% of injectable users were informed of the side effects of the method.

According to MOH (2005), it is revealed that over 90% of married women in Zambia had some Knowledge of Depo Provera, but only 14% of them reported using the method. Depo Provera is a very popular method of contraception in Zambia. However, its widespread use has been hampered by the widespread misconceptions, erratic supply and poorly informed providers and users.

2.3 **ATTITUDE**

Basavantapa (2007) defines attitude as the way that one thinks and feels about something or the way one behaves towards somebody. This section looks at the attitude of women towards utilization of Depo Provera.

According to WHO report, it is estimated that more than 30 million women worldwide have used Depo provera as a method of contraception and of these only six million are currently using the method (WHO, 2005). Shea, (2007) states that the history of the contraceptive Depo Provera and womens' attitude towards its utilization throughout the world has been characterised by conflict and controversy because of its adverse effects. Due to these controversies, researches have been done to give enough highlights and information on the method.

Clinical trials were started in 1963 where three independent and separate reports were published indicating very high effectiveness of Depo Provera in preventing pregnancy (Shea, 2007).

In 2005, a study was conducted by WHO specialists in the United States of America and it was concluded that available evidence does not indicate a risk of adverse effects associated with Depo provera, but monitoring was needed to ensure safety on an on-going basis. However WHO experts also concluded that contraceptive injectables like Depo provera offered several advantages as a contraceptive method. The experts also stated that extensive clinical epidemiology studies done among women using Depo provera have so far demonstrated no life threatening side effects (WHO, 2005).

WHO, (2005) also states that in the Philippines, a pilot program was conducted on the re-introduction of Depo Provera and it was revealed that about one quarter of Depo Provera acceptors under the pilot program were first time users. This study also showed that most of the acceptors later discontinued utilization. The discontinuation rate per 100 acceptors was: 78 at three months, 53 at six months, 43 at nine months and 31 at twelve months. The study revealed that these women discontinued utilization of Depo Provera because of various side effects that they experienced. The side effects experienced were nausea and vomiting 46%, spotting 40% and weight gain 39%.

In a survey conducted to assess data on knowledge and utilization of Depo provera in 25 developing countries (10 in Sub-Saharan Africa, 3 in North America, 3 in Asia and 9 in Latin America and Caribbean), it was revealed that there was high degree of awareness of the injectable contraceptive but very low utilization. Over 80% of the women between 15 to 49 years knew the injectable contraceptive Depo Provera but its utilization level was less by about 10% to 20%. The low utilization levels were assumed to reflect both women's health concerns and non availability of the supplies of Depo Provera from the international donor agencies (Maja, 2004).

In Africa women's attitudes towards utilization of contraceptives is mainly influenced by traditional and cultural beliefs though other factors like religion and socio economical factors may also play a part (Hartman, 2006).

In a study in Zimbabwe, it was indicated that women and men said family planning was an important element in quality of life (Hartman, 2006). However, women also identify negative experience 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.

According to MOH (2005), in Zambia for many years Depo provera was a popular method of contraception among users. By the early 1980s, however,

reports that the drug was not used in the USA, its country of origin sparked calls for its removal from the public sector services. The method was condemned from the Zambian medical establishment and blamed for its side effects. Depo provera was then withdrawn from all the public health institutions. Later on a strategic assessment was conducted in 26 districts of Zambia and it was revealed that Depo provera was wide spread particularly among rural women for whom the burdens of contraceptive resupply were particularly heavy. However, the biases against Depo provera remained strong due to the myths and misconceptions attached to it.

In 2008, the Global HIV News and Analysis program revealed that there were rumours that the batches of the contraceptive Depo provera contained HIV (MOH, 2008). This brought about great mistrust and high levels of misinformation about the safety of the drug. MOH also revealed that the allegation was made by a laboratory technician working at one of the public clinics, who decided to test the hormone based contraceptive after noticing that it was labelled “for export only”. To that effect tests were done to confirm this rumour and found no traces of HIV in the drug.

2.5 CONCLUSION

From the literature review, it is clear that there are number of factors affecting the use of Depo provera. Such factors include inadequate knowledge given to the people on what Depo provera is, its advantages and disadvantages and how it protects against contraception. It is for this reason that women should receive comprehensive and unbiased information about this method of contraception so as to enable them have an informed choice and improve their attitude towards its utilization

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 INTRODUCTION

Research methodology describes the way in which pertinent information will be gathered to answer the research question or describe phenomena related to the research problem (Burns and Groove, 2005). It focuses on research design, research setting, study population, sample selection, sample size, data collection tool, validity, reliability, pilot study, ethical considerations.

3.2 RESEARCH DESIGN

A research design is a plan, structure, and strategy of investigations for answering the research question, it is the overall plan or blue print the researcher selects to carry out their study (Basavantapa, 2007). It spells out in advance the strategies the investigator will adopt to develop information that is accurate and interpretable.

A non experimental descriptive research design was used in this study. A non experimental descriptive research design is a research design where the investigator does not control or change any aspect of the situation under study, but simply describes what naturally occur (Basavantapa, 2007). The research design was non-experimental because only one group of persons, namely women using Depo Provera in Mufulira District provided information for this study, they were not subjected to any variables and were not compared with women who had not used Depo provera. A descriptive study is often utilised by the researcher to determine the extent or directions of attitudes or behaviours (Basavantapa, 2007). This type of design was used because it attempted to explore and describe women's knowledge and attitude towards utilization of Depo provera. The design also helps to identify the attitude and make judgements because it involves systematic collection and presentation of data in

order to show relationship between the dependent and independent variables. This design is also less expensive and it takes a short period of time to conduct.

3.3 RESEARCH SETTING

A research setting is the physical location and conditions in which data collection takes place in a study (Pilot and Hungler, 2007). The study was conducted in Mufulira District which is one of the Districts in the Copperbelt province. The District covers an area of 1,258 square kilometres and it shares international boundary 18km in the north with Democratic Republic of Congo. The District has a population estimate of 200,885 out of which 96,300 are females.

The study was conducted in 3 health centres in Kantanshi Township and 2 health centres in Kamuchanga Township. These areas were conveniently chosen because they were within reach of the investigator.

3.4 STUDY POPULATION

The study population is a population with all the elements that meet certain criteria for inclusion in a given universe (Burns and Groove, 2005). The study population was women of childbearing age in Mufulira district currently using modern family planning methods.

3.4.1 Target population

Target population is the entire set of individuals who meet the sampling criteria (Burns and Groove, 2005).

The target population was women accessing family planning services from Clinic 1, 3 and 5 of Kantanshi Township as well as those accessing family planning services from Suburbs and Kamuchanga clinic of Kamuchanga Township.

3.4.2 Accessible population

Accessible population is a portion of the target population to which the researcher has reasonable access (Burns and Groove, 2005). The accessible population was women receiving Depo provera from clinic 1, 3, 5, suburbs clinic and Kamuchanga clinic.

3.5 SAMPLE SELECTION

This is the selection of a group of people, events, behaviours or other elements with which to conduct a study (Burns and Groove, 2005). The district, clinics and finally respondents were selected.

3.5.1. District

The Mufulira district was conveniently selected because of its proximity to the researcher and there were less costs involved in terms of transport and accommodation

3.5.2. Clinics

The study sites (Clinic 1, 3, 5, suburbs and Kamuchanga) were conveniently selected because of their proximity to each other and the researcher and there were fewer costs involved in terms of transport. The clinics were conveniently selected because they had a high turnover of women accessing family planning services making the sample well representative and because of their proximity to the researcher meant that there were less transport costs involved.

3.5.3. Study Respondents

Simple random sampling was used in this study to select respondents. Simple random sampling is defined by Basavantapa (2007) as a probability sampling procedure in which the required number of sampling units are selected at random from the population in such a

manner that each population element has an equal chance of being selected for the sample.

The selection was done using the lottery method where numbers 1-10 were written on some pieces of paper and some of them were left blank. These pieces of paper were then put in a container which was shaken at intervals before picking the pieces of paper. The papers were picked and those who picked papers bearing numbers were interviewed.

3.5.3 Eligibility Criteria

Polit & Beck (2008) define eligibility criteria as “the criteria used by the researcher to designate the specific attributes of the target population and to select participants for a study”.

Eligible participants were women aged 15-49 years receiving Depo Provera from clinics 1, 3, 5, Suburbs and Kamuchanga.

3.5.5 Inclusion criteria

All women accessing family planning services at the selected clinics (i.e clinic 1, 3, 5, suburbs and Kamuchanga) as it is assumed that they would have been orientated to modern methods of family planning.

3.5.6 Exclusion criteria

Nurses accessing family planning services from clinic 1, 3, 5, Suburbs and Kamuchanga because it is assumed that these nurses would have been orientated to the modern methods of contraception, may have high knowledge levels and their attitude may be influenced by their profession.

3.6 SAMPLE SIZE

A sample size is the selected group of people or elements included in a study (Burns and Groove, 2005). A sample of 50 women was selected for this study. This number was picked due to inadequate funds and time to carry out a large study.

3.7 DATA COLLECTION TOOL

Data collection tool is a tool used for gathering information needed to address a research question (Polit and Hungler, 2001). An interview schedule was used for data collection.

An interview schedule is “a questionnaire that is read to the respondent” (Burns and Groove, 2005).

An interview schedule is a type of questionnaire where the questions are asked to the respondent orally in either a face-to-face or telephone format. The questions are pre-set (structured) and do not provide for further clarification or pursuing of the respondent’s answer.

An interview schedule was used because it has the following advantages: It gives the researcher a face to face interaction with the respondent thereby giving a possibility of depth assessment, it also gives the researcher an opportunity to observe the non verbal behaviour and responses are obtained from a wide range of subjects.

The interview schedule had both open ended and closed ended questions. It was divided into three sections (A, B and C). Section A elicited demographic data, section B elicited the women’s knowledge on Depo provera and section C elicited the women’s attitude towards utilization of Depo provera. Section A had five questions on Demographic data and included the following information: Age, marital status, education level, religious denomination and tribe. Section B had seven questions on knowledge on Depo Provera. Areas examined were

awareness of Depo Provera, source of information, administration of Depo Provera, its action, side effects and who can use Depo Provera. Section C had eight questions on attitude towards utilization of Depo Provera. Areas examined were whether women should continue using Depo Provera, whether respondents could recommend Depo Provera to a friend, whether health workers encourage women to use Depo Provera, whether Depo Provera is always available at the health centre, distance covered to the health centre, whether nurses are always available at the family planning clinic, whether health workers provide information on Depo Provera and whether their religion allows them to use hormonal methods of family planning.

3.8 DATA COLLECTION TECHNIQUES

Data collection technique is the actual method on how the data is going to be collected (Polit and Beck, 2006). A data collection technique allows the researcher to systematically collect information from respondents about the objectives of study. Firstly Clearance was obtained from supervisor and Head of department in the school of medicine, Department of Nursing Sciences. Further permission was obtained from the, the District Medical officer at Mufulira Health Office. This was followed by getting permission from nursing sisters of selected health centres where the study was conducted.

In this study data was collected by using structured interview schedule in a face-to-face interaction between the interviewer and the interviewee. The interviews were being conducted in a private place to provide confidentiality. The researcher introduced herself to the respondent and explained the purpose and the benefits of the research. The researcher also assured the respondent of confidentiality and explained to the respondent that participation was voluntary and that the respondents were free to stop at any point in time. After all the explanation, the researcher got written consents from the respondent.

Once the consent was obtained, the researcher then proceeded to ask the respondent questions using the structured interview schedule while probing where answers were not very clear. After the whole interview was completed, the researcher thanked the respondent for participation. Finally the researcher ensured that all the responses were well documented

The completed questionnaires were kept in a separate envelope marked 'answered questionnaires' to avoid unauthorized access to the information contained once they are mixed.

3.9 **VALIDITY**

Validity is the degree to which an instrument measures what it is intended to measure (Basavantapa, 2007). Validity constitutes external and internal validity. External validity is the extent to which the findings of the research can be generalized to a larger population or to a different social, economical, political setting (Basavanthappa, 2007). To ensure external validity the sample comprised of respondents from different social, economic, political and religious backgrounds.

Internal validity refers to interpretation of findings within the study or data collected. It is the degree to which the researcher is able to accomplish the study. It seeks to find out if the effect on the dependent variable observed was actually due to the action of the independent variable (Basavanthappa, 2007). Therefore the same questions were asked to all research participants.

Validity was upheld with the tool used, which reflected the factors under study. During the interviews observations were made to respondents engaged to see if they exhibited the measured variables. The validity of the instruments was measured by justifying each question in relation to the objectives of the study. When the study was being conducted there was uniformity and conformity in the way the questions were asked. The questions were written in simple and clear language. The instrument was pre-tested to determine if the desired information

was going to be achieved and left out the unnecessary questions. The supervising lecturer and other experts in the area understudy checked the interview schedule.

3.10 **RELIABILITY**

Reliability is the degree of consistency or dependability with which an instrument measures the attribute it is designed to measure whereby if the same instrument was used after some time, it will have the same responses (Burns & Groove, 2009). Reliability includes the following types: stability, internal consistency and equivalence.

3.10.1 Stability of a measure: refers “to the extent to which the same results are obtained on repeated administrations of the instrument” (Burns & Groove, 2009). It is usually referred to as test-retest reliability. The estimation of reliability focuses on the instrument’s susceptibility to extraneous factors from one administration to the next. Assessments of the stability of a measuring tool are derived through procedures that evaluate test-retest reliability. Therefore, the investigator administered the same tool to a sample of individuals in a pilot study before conducting the main study. The pilot study was conducted objectively.

3.10.2 Internal Consistency (homogeneity): in terms of reliability of an instrument, “is the degree to which the subparts are internally consistent, that is, are measuring the same critical attribute” (Burns & Groove, 2009). Different questions, same construct. The interview schedule was prepared in such a way that it had sections with different questions measuring the same characteristic. For instance, section A measured demographic characteristics of the respondents, section B measured knowledge of the women on Depo Provera and section C measured attitude towards utilization of Depo Provera.

3.10.3 **Equivalence:** is the method of determining reliability in which at least two different forms of an instrument are administered to the same individuals and the scores are then correlated (Basavanthappa, 2007).

The results from the pilot study were used as baseline data to test reliability. The same interview schedule was administered through-out the study, and biases were eliminated because same questions were asked to all respondents. Reliability of the instrument was measured by conducting a pilot study. Amendments to the instrument were made and this helped in eliminating biases and minimized errors during data collection.

3.11 Pilot study

Pilot study is defined as a smaller version of a proposed study conducted to define the methodology (Basavantapa, 2007). A pilot study was done at Kawama clinic which had similar characteristics as the actual population in which the study was conducted. The pilot study sample constituted 10% of the actual study sample. The main reasons for conducting the pilot study were to detect any errors in the interview schedule for the main study, assess the appropriateness and clarity of the questions and test the feasibility, validity, and reliability of the questionnaire. Most of the open ended questions were removed because they proved irrelevant to the study.

3.12 Ethical and Cultural considerations

Ethics is defined as a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal and social obligations to the study participants (Polit and Beck, 2006). There are three ethical principles namely: beneficence, respect for human dignity and justice.

3.12.1 **Beneficence:** is an obligation to do no harm and to maximise possible benefit. Person's decisions are respected and efforts are made to ensure their wellbeing (Wood and Haber, 2006). Participants were not subjected

to any harm as the research did not involve any invasive procedures. The participants were protected from psychological harm by letting them answer the questions in a private room at their own time and those that were not willing to participate were not forced.

3.12.2 **Respect for persons:** means that, persons have the right to self-determination and the freedom to participate or not to participate in research. (Burns and Groove, 2009). This was explained to the individual participants that they had the freedom to participate or not to participate in the study. The respondents were assured of confidentiality of personal information shared with the researcher and that no names were to appear on the questionnaire. Those who took part in the study were requested to sign the consent form while those who refused to participate were also reassured that no privileges were to be taken away from them.

3.12.2 **Justice:** is one of the principles which emphasises that human subjects be treated fairly (Wood and Haber, 2006). In this study justice was upheld by ensuring that favouritism was not shown to any of the participants as they were all treated equally. Selection was fairly done so that everyone was given equal chance of being selected using random sampling.

Before collection of data for the pilot and actual study, written permission was obtained from the University of Zambia and District director of health in Mufulira district. Permission was also sought from each and every respondent. Self introduction was done and the purpose of the study was explained to respondents. No respondent was forced to take part in the study and those that wanted to withdraw were free do so. The respondents were assured of anonymity and confidentiality by ensuring that no names were used on the interview schedule and the final report.

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION OF FINDINGS

4.1 INTRODUCTION

This chapter discusses the data analysis and interpretation of the respondents' knowledge and attitude towards utilization of Depo Provera. The statistical information was derived from a sample of 50 respondents who were interviewed.

4.2 DATA ANALYSIS

Data analysis is the systematic organisation and synthesis of research data, and the testing of research hypothesis using those data (Polit and Beck, 2005). The data was analyzed according to the interview schedule items. Data was re-organized according to three major sections: Demographic data, data on knowledge and data on attitude. Both qualitative and quantitative data were analysed.

4.2.1 Quantitative data

It is defined by Polit & Beck (2005) as information collected in the course of a study that is in a quantified or numeric form. Before data were entered they were checked for accuracy, completeness, uniformity and internal consistency. The responses from closed ended questions were entered on the data master sheet using the Statistical Program for Social Sciences, version 16.0 for easy analysis of data. Then data was displayed in a frequency table.

4.2.2 Qualitative data

These are information collected in the course of a study that is in narrative or non-numeric form (Polit & Beck, 2005).

For open ended questions each response was transcribed, read and reread to get the concepts in the responses. All similar ideas and impressions were written down in themes. Later these were coded and entered in the software SPSS version 16.0 for easy analysis. The data was later displayed in frequency tables.

4.3 **PRESENTATION OF FINDINGS**

The findings of this research have been presented in the form of tables so as to give clear illustration of the findings. This has been done to assist in examining relationships among the data collected. This chapter has been divided into five sections: **section A** The tables in section A illustrate the Demographic data of respondents; **Section B** The tables in this section show the respondents' knowledge on Depo provera; **Section C** The tables in this section show the respondents' attitude towards the utilization of Depo provera; section **D** The tables in this section shows the descriptive of levels of knowledge and attitude towards utilization of Depo Provera and respondents level of knowledge in relation to attitude towards utilization of Depo Provera, section **E** states the suggestions given by the respondents.

4.3.1 SECTION A

4.3.1.1: DEMOGRAPHIC DATA

This section looks at the demographic characteristics of respondents, which include age of the respondents, their marital status, their level of education, religious denomination, and tribe. This data has been summarized in one table

Table 3: Demographic data (n=50)

Variable	Frequency	Percentage
AGE		
20-29	28	56
30-39	15	30
40-49	6	12
Above 49	1	2
Total	50	100
MARITAL STATUS		
Single	2	4
Married	43	86
Widowed	4	8
Divorced	1	2
Total	50	100
EDUCATIONAL LEVEL		
Primary School	3	6
Secondary School	36	72
College/University	11	22
Total	50	100
RELIGIOUS DENOMINATION		
RCC	11	22
SDA	3	6
UCZ	8	16
Other	28	56
Total	50	100
TRIBE		
Bemba	29	58
Tonga	2	4
Nyanga	2	4
Lozi	7	14
Other	10	20
Total	50	100

Slightly over half of the respondents, (56%) were in the age group of 20-29 years. Most of respondents (86%) were married. The majority of the respondents (72%) had attained secondary education. About two thirds of respondents (58%) congregate with other religious denomination like Pentecostal assemblies of God and Reformed Church in Zambia. About two thirds of the respondents were Bemba by tribe.

3.2 SECTION B

4.3.2.1: knowledge on Depo provera

This section presents knowledge data. There are two tables one on the responses to questions on information on Depo Provera, one on responses to questions on knowledge of Depo provera and one figure on level of knowledge. Cross tabulations between level of knowledge and demographic data were not done due to lack of variability in knowledge.

Table: 4 **Information on Depo Provera (n=50)**

Variables	Frequency	Percent
Have you heard about Depo provera		
Yes	50	100
Source of information		
Friends	1	2
Books	3	6
Media	6	12
FP clinic	40	80
Total	50	100

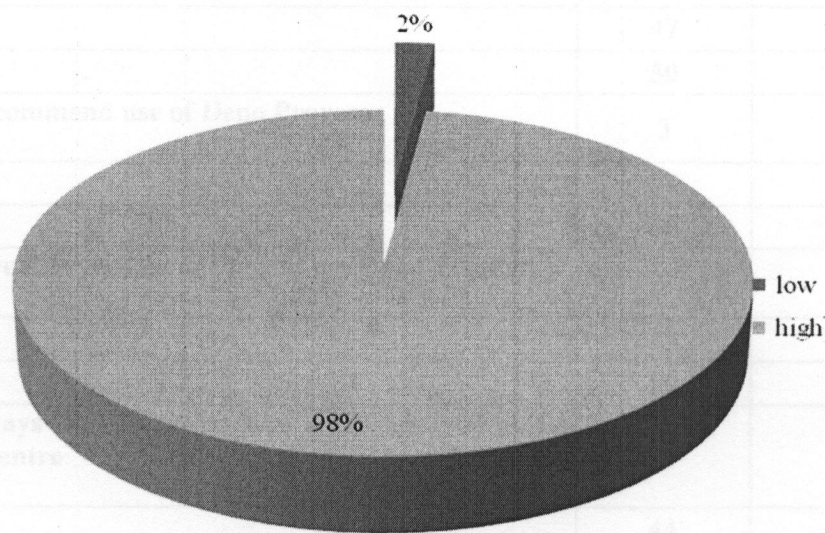
All respondents had heard about Depo provera and majority (80%) of them indicated that the family planning clinic was their source of information.

Table 5: knowledge on Depo provera (n=50)

Variable	Frequency	Percentage
How is Depo provera administered		
Incorrect	3	6
Correct	47	94
Total	50	100
How often is Depo provera administered		
Incorrect	3	6
Correct	47	94
Total	50	100
How does Depo provera protect against pregnancy		
Incorrect	43	86
Correct	7	14
Total	50	100
Mention four side effects of Depo provera		
Incorrect	10	20
Correct	40	80
Total	50	100
Can any woman use Depo provera		
No	44	88
Yes	6	12
Total	50	100

Majority of them (94%) knew how Depo provera was administered and how often it was administered. Most of the respondents (86%) also knew how Depo provera protects against pregnancy and majority (80%) could mention at least four side effects which indicate that their knowledge on Depo provera was generally high.

Figure: 1 Level of knowledge on Depo Provera



The majority (98%) of the respondents had high levels of knowledge and only 2% had low levels of knowledge on Depo provera.

4.3.3 SECTION C

4.3.3.1 Attitude towards utilization of Depo Provera

This section presents data on attitude towards utilization of Depo provera. There is one table on responses to questions of attitude towards utilization of Depo provera and one figure on level of attitude towards utilization of Depo provera. Cross tabulations with demographic variables were not done due to lack of variability in attitude.

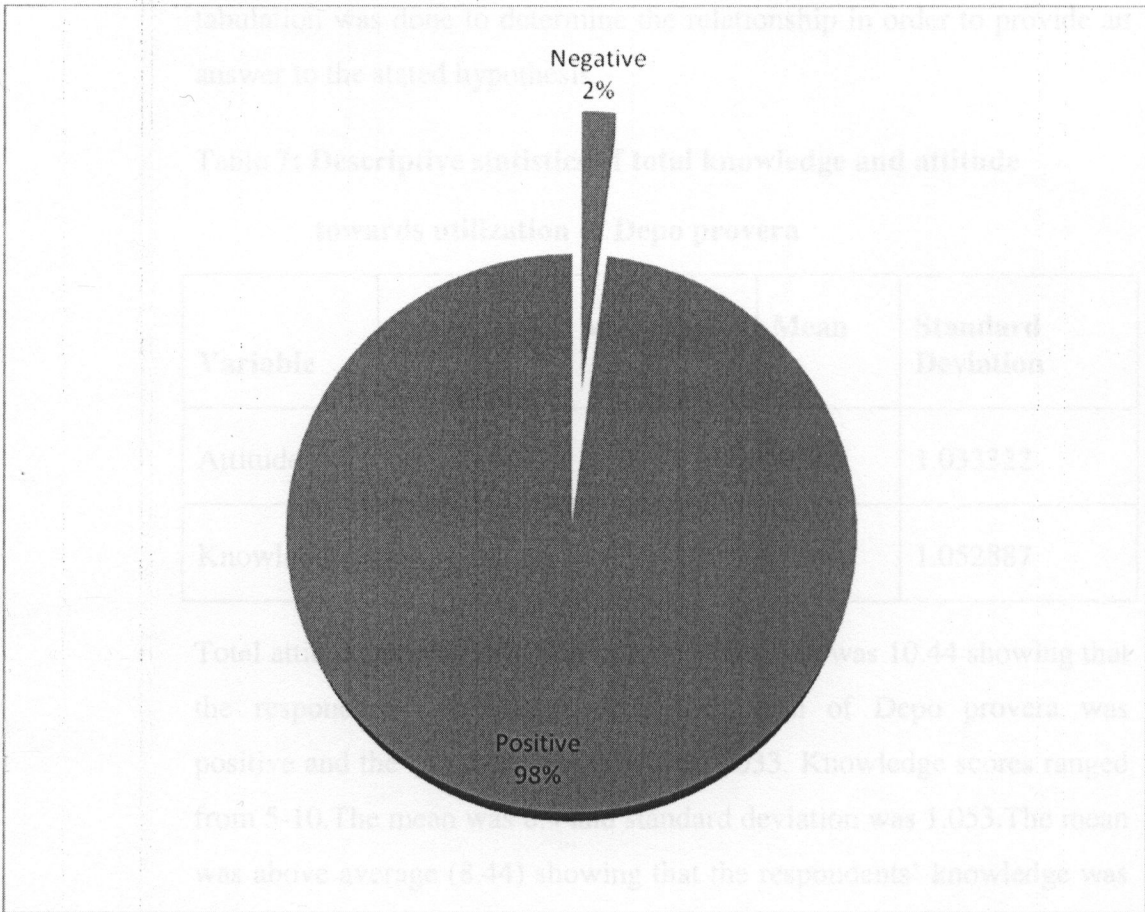
Table 6: Shows attitude towards utilization of Depo Provera

	Frequency	Percentage
Should women continue using Depo Provera		
No	3	6
Yes	47	94
Total	50	100
Can you recommend use of Depo Provera		
No	3	6
Yes	47	94
Total	50	100
Do health workers encourage you to use Depo Provera		
No	1	2
Yes	49	98
Total	50	100
Do you always find Depo Provera each time you go to the health centre		
No	6	12
Yes	44	88
Total	50	100
How long does it take you to walk to the health centre		
More than 60 minutes	1	2
About 60 minutes	4	8
Less than 60 minutes	45	90
Total	50	100
Do you always find nurses		
No	2	4
Yes	48	96
Total	50	100
Do health workers provide you with information		
No	2	4
Yes	48	96
Total	50	100
Does your religion allow contraceptive use		
No	5	10
Yes	45	90
Total	50	100

Majority of the respondents (94%) indicated that women should continue using Depo provera and that they can recommend its use to other women. Most of the respondents (98%) indicated that health care providers encourage them to use Depo provera while 88% indicated that they found Depo provera each time they went to the health centre for

Depo provera. Majority of the respondents (90%) indicated taking less than 60 minutes to walk to the health centre and 96% indicated that they always found nurses at the health centre that provided them with information on Depo provera. Majority of the respondents (90%) indicated that their religion allows them to use hormonal methods of contraception

Figure2: Level of attitude towards utilization of Depo provera



The majority (98%) of the respondents had positive attitude and only 2% had negative attitude towards utilization of Depo provera.

4.3.4 SECTION D

4.3.4.1 Relationship between knowledge and attitude towards utilization of

Depo provera

This section presents two tables: descriptive data of the study variables; knowledge and attitude; and a cross tabulation between knowledge and attitude. Although both study variables had no variability a cross tabulation was done to determine the relationship in order to provide an answer to the stated hypothesis.

**Table 7: Descriptive statistics of total knowledge and attitude
towards utilization of Depo provera**

Variable	Minimum	Maximum	Mean	Standard Deviation
Attitude	6	11	10.44	1.033322
Knowledge	5	10	8.44	1.052887

Total attitude scores ranged from 6-11. The mean was 10.44 showing that the respondents' attitude towards utilization of Depo provera was positive and the standard deviation was 1.033. Knowledge scores ranged from 5-10. The mean was 8.4 and standard deviation was 1.053. The mean was above average (8.44) showing that the respondents' knowledge was high.

Table 9: Respondents' level of knowledge in relation to their attitude towards utilization of Depo provera

Level of attitude	Level of knowledge		
	Low	High	Total
Negative	0 (0%)	1 (2%)	1 (2%)
Positive	1 (100%)	48 (98%)	49 (98%)
Total	1 (100 %)	49 (100 %)	50 (100 %)

The table shows that the majority (98%) of the respondents who had high levels of knowledge had positive attitude towards the utilization of Depo provera.

4.3.5 SECTION E

4.3.5. SUGGESTIONS

This section focuses on the suggestions that were brought up by the respondents that participated in the study on knowledge and attitude towards utilization of Depo Provera in Mufulira District.

Most of the respondents suggested that, to support people's rights to make an informed choice of contraceptive methods, family planning programs must offer clients ready access to a range of contraceptive methods, complete and accurate information about those methods and help weighing the options. Health workers must have a combination of technical knowledge and good interpersonal relationship so as to effectively counsel their clients.

CHAPTER FIVE

5.0 DISCUSSION OF FINDINGS AND IMPLICATIONS FOR HEALTH CARE SYSTEM

5.1 INTRODUCTION

The discussion of findings of this study were based on analysis of responses of respondents obtained from a sample of fifty women that were receiving Depo Provera from five selected health centres in Mufulira District. The selected health centres were clinic 1, 3 and 5 of Kantanshi Township and Kamuchanga and Suburbs clinics of Kamuchanga Township.

This chapter looks at the Demographic characteristics of the sample, Discussion of variables, implications to the Health care system, Recommendations, limitations of the study, Dissemination of information and finally the conclusion.

5.2 CHARACTERISTICS OF THE SAMPLE

The sample consisted of women in ages ranging from 20-49years. Slightly above half the respondents (56%) were aged between 20-29 years old, 30% were aged between 30-39 years, 12% were aged between 40-49 years where as only 2% were above 49 years (**table 3**) . The large numbers of women in the sample were young women and very few were older women, this could suggest that older women were no longer utilizing family planning services or it could be that older women were using other methods of family planning. These findings are similar to a study done by Maja (2004) on husband's knowledge, attitude and practice towards modern family planning in Yemen which revealed that most of the Depo Provera users were young women in their 20s.

Majority of the respondents (86%) who were using Depo provera were married, 8% were widowed, 4% were single and only 2% were divorced (**table 3**). These findings are similar to the findings of the study that was done by Stephenson

(2007) on contextual influences on modern contraceptive use in Sub-Saharan Africa which indicated that Depo provera use among women was on the increase and it was increasing by one percent each year. The study also revealed that Majority of these respondents (72%) had gone up to secondary school level in their education, 22% had gone up college/university level and 6% had gone up to primary school level (**table 3**). Similarly Stephenson (2007) also revealed that majority of his respondents in his study had higher levels of education, this could be attributed to the fact that education levels may be influencing the prevailing norms regarding contraceptive decision making.

The study also revealed that all respondents were Christians though belonging to different religious denominations. This agrees with Stephenson (2007), who states that the significance of religion is that it is an indicator of the influence of community level cultural norms on use of contraceptives. About two thirds of the respondents (58%) were Bemba (**table 3**) by tribe because the study was done in the Copperbelt where most of the people are Bemba.

5.3 DISCUSSION OF EACH VARIABLE

5.3.1 Knowledge of Depo Provera

Knowledge according to Basavantapa (2007) is defined as “a state of knowing about a particular fact or situation. Knowledge is a pre condition for higher utilization of any given services. Therefore for women to appreciate the importance of family planning in relation to Depo provera use, they must have basic knowledge about this method. To find out their knowledge levels, women were asked whether they had heard about Depo Provera and what their source of information was. The study revealed that 100% of the respondents had heard about Depo Provera and the majority (80%) of them had the family planning clinic as the source of information (**table 4**). The findings are similar to Banda

(2000), who found that 86% of her respondents had heard about Depo provera and their source of information was the family planning clinic.

Despite the respondents having heard about Depo Provera, majority (86%) of them did not know how it protects against pregnancy but most (94%) of them knew how it is administered and how often it should be administered (**Table 5**). The results also revealed that majority (80%) of the respondents could mention at least two side effects namely: spotting and amenorrhea (**table 5**). The above results show that the respondents' knowledge on side effects was medium. This is contrary to the findings of the study done by Ehler (2003) on Adolescent mothers' knowledge and perception of Depo Provera which indicated a high degree of awareness of Depo Provera among women. He indicated that over 80% of women in developing countries had high knowledge on Depo Provera.

The respondents were asked about who should use Depo Provera; the majority (88%) of them were of the view that not every woman could use Depo Provera except those women with more than three children because the method could lead to secondary infertility (**table 5**). This is in line with the findings of the study done by Ehler (2003) which revealed that In spite of the high levels of knowledge of Depo Provera among women and accessibility of services, women's perception about its potentially harmful consequences could prevent their utilization of the method. This implies that there is need for health workers to intensify their health information on Depo Provera so that most of these myths and misconceptions could be cleared.

Majority (98%) of the respondents had high levels of knowledge and only two percent had low levels of knowledge (**figure 1**). These findings are similar to Ehler (2003) whose findings indicated that over 80% of

women in developing countries had high levels of knowledge on Depo Provera.

5.3.2 Attitude towards utilization of Depo Provera

Basavantapa (2007) defined attitude as the way that one thinks and feels about something or the way one behaves towards somebody. Majority (94%) of the respondents felt that women should continue using Depo Provera as a method of contraception while (6%) felt that women should not use Depo Provera as a method of contraception because of its serious side effects like infertility (**table 6**). These findings are contrally to the findings of a study done in the Philippines where women's discontinuation rate of Depo Provera utilization was quite high because of various side effects that they experienced. Majority (94%) of the respondents also indicated that they would recommend Depo Provera to a friend (**table 6**). The results agree with Banda (2000), who found that 94% of her respondents would recommend Depo Provera to a friend. This suggests that majority of the women had a positive attitude towards utilization of Depo Provera.

Furthermore, respondents were asked if health workers encouraged them to use Depo Provera. Majority (98%) of the respondents confirmed that they were being encouraged (**table6**). This is similar to the results of a Demographic and Health Survey which was conducted in Nigeria in 2008 that revealed that most (85%) respondents obtained their knowledge on Depo Provera from family the family planning clinic. This implies that the teaching strategies that the health workers were using were effective.

Respondents were further asked on whether they find Depo Provera each time they go to the health centre for the service. The study revealed that

there was constant supply of Depo Provera in the health facilities as majority (88%) of the respondents indicated that they found Depo Provera each time they went to the health centres (**table 6**). In contrally, Ehler (2003), reports that according to a Demographic and health survey conducted in 25 developing countries, low utilization levels of Depo Provera were assumed to reflect non availability of supplies of the method from the international donor agencies.

Respondents were also asked how long it takes them to walk to the health centre and whether they found the nurses each time they went there. Majority of the respondents (90%) revealed that it took them less than 60 minutes to walk to the health centre (**table 6**). The results agree with Banda (2000) who also found that it took most (86%) of her respondents less than 60 minutes to walk to the nearest health centre.

Majority (96%) of the respondents also indicated that they found nurses each time they went to the health centre (**table 6**). The results are similar to findings by Banda (2000) in her study on women's knowledge, attitude and practice towards utilization of Depo Provera, that indicated that majority (87%) of the women found health care providers each time they went to the health centre for the service.

When asked as to whether health workers provided information to respondents on Depo Provera, majority (96%) of the respondents indicated that health workers provided them with information on Depo Provera (**table 6**). These results are similar to findings by Banda (2000) where 86% of the respondents got their information on Depo Provera from health workers. When asked whether their religion allows them to take any hormonal method of contraception, most (90%) of the respondents indicated that their religion allowed them to take any hormonal method of contraception (**table 6**). This is similar to the results

of a study done in Malawi (Stephenson, 2007) which stated that the association of use of Depo Provera and religion was weak as religion did not have much influence on the choice of contraceptive method.

The majority (98%) of the respondents had positive attitude and only 2% had negative attitude towards utilization of Depo provera (**figure 2**). These results agree with the findings of the Zambia Demographic and Health survey (2007) which indicated that an overwhelming majority (87%) of women in Zambia had a positive attitude towards use of injectable contraceptive methods.

5.3.3 Relationship between Knowledge and Attitude

According to descriptive statistics of total knowledge and attitude towards utilization of Depo provera, the total attitude scores ranged from 6-11. The mean was 10.44 showing that the respondents' attitude towards utilization of Depo provera was positive and the standard deviation was 1.033. Knowledge scores ranged from 5-10. The mean was 8.4 and standard deviation was 1.053. The mean was above average (8.44) showing that the respondents' knowledge was high (**table 7**).

The relationship between respondents' knowledge on Depo Provera and their attitude towards its utilization was examined. The results showed that most (98%) of the respondents who were knowledgeable about Depo Provera had positive attitude towards its utilization. Therefore, there is a significant relationship established between the two variables. This is similar to the findings of the 2007 Zambia Demographic and Health Survey which indicated that majority (87%) of the women who had knowledge on family planning methods had positive attitude towards their utilization.

5.4 IMPLICATIONS TO THE HEALTH CARE SYSTEM

This section discusses the implications that this study will have on the health care system as regards to Practice, Administration, Education and Research.

5.4.1 Practice

The findings of the study revealed that (100%) of the respondents had heard about Depo Provera and they could mention at least two side effects of Depo Provera. This implies that women had some knowledge on Depo Provera. However even if this was like that, most of the respondents(%) did not give correct answers on how Depo Provera protects against pregnancy. This implies that the information given to the women on Depo Provera was inadequate, hence there is need to determine better teaching strategies and to intensify IEC. Health education should include aspects like action, mode of administration, side effects, advantages and disadvantages in the information given to the women. Adequate knowledge of Depo Provera will help women make an informed choice on the best method of family planning that they feel will suit them.

5.4.2 Administration

The study revealed that (88%) of the respondents indicated that they always found Depo Provera each time they went to the health centre but a few(12%) said that sometimes they did not find it. The management is commended for the measures that they put in ensuring availability of medications at the health facility. This good work could be followed up with supervisory visits to ensure that effective teaching strategies are used in delivery of family planning information to the women. It is hoped that this may influence a better attitude towards utilization of Depo Provera.

5.4.3 Education

The study revealed that all the respondents had heard about Depo Provera and 88% of them stated that the clinic was the source of the family planning information. Despite this the majority of the respondents did not even know how Depo Provera protects against pregnancy. This indicates that clients are not given full information concerning the method. Therefore, there was greater need for the health sector to include information in all health related curricula. Further, it is important to intensify both pre-service and in-service training of health workers on family planning methods especially modern ones like Depo Provera which in turn will help deliver correct information to the public concerning the method. This can also be done through workshops and seminars.

5.4.4 Research

Depo Provera is one of the modern methods of family planning. In Zambia very little has been done in terms of research on Depo Provera side effects and utilization. It is for this reason that this method of contraception is still met with a lot of myths and misconceptions. Therefore, more researches are encouraged to be done on side effects and utilization of Depo Provera in order to clear the myths and misconception attached to it.

5.5 RECOMMENDATIONS

According to Gillard (2003), recommendation is defined as advice telling someone what the best thing to do is. In this section recommendations were made to the Ministry of Health, the District Health office and to the health centres.

5.5.1 For the Ministry of Health

5.5.1.1 To equip health workers with necessary information and skill by conducting workshops on Depo Provera so that they provide correct information to clients about Depo Provera.

5.5.1.2 To hold workshops in order to update knowledge of health workers especially family planning providers.

5.5.1.3 Ministry of health should teaching strategies that will make it possible for the information to reach most of the women e.g. the media, schools and colleges.

5.5.2 For the District Health office

5.5.2.1 New information from the top on Depo Provera should also be made available to people at the grass root so that it can reach the end users.

5.5.2.2 Information in form of posters and pamphlets are made available to the public through health centres.

5.5.3 For the health centre staff

5.5.3.1 To give adequate and clear information about Depo Provera to clients at every visit to remind them and update them on the method.

5.5.3.2 Family planning services should be provided on any day so that women can receive the injections on the actual days that they are supposed to receive it.

5.6 DISSEMINATION OF FINDINGS

Dissemination of findings entails the measures that would be undertaken to make known to the relevant authorities and study subjects what the study has measured (Basavantapa, 2007). The findings of this study will be disseminated by presenting a bound report of the research to the Department of Nursing sciences in the School of Medicine to serve as reference to other researches. Another bound report will be presented to the medical library, School of Medicine. A bound report will also be sent to Ministry of Health and Mufulira District health office.

The researcher also intends to disseminate the findings through workshops, seminars or publications as opportunity arises.

5.7 LIMITATIONS OF THE STUDY REFERENCES

There was some degree of biasness in sample selection because the sample chosen for the study was from the urban area of Mufulira District only implying that the sample was not representative of the rural Mufulira community. The sample size was also small and generalization of findings can only be done cautiously. Time allocated for doing the study was not enough because it is alongside other courses. Literature on Depo provera is very limited in Zambia and this has made comparing of findings to be minimal.

5.8 CONCLUSION

The study sought to determine the womens' knowledge and attitude towards the utilization of Depo Provera in Mufulira District. Depo Provera as a method of contraception has been met with a lot of myths and misconceptions.

The study has revealed that 100% of the women interviewed had heard about Depo Provera, out of these majority (%) could mention at least two side effects though most (%) of them did not know how it protects against pregnancy. This indicates that most of the women had some knowledge on Depo Provera.

Some respondents indicated that they could not recommend Depo Provera to friends because of the side effects that Depo Provera has and some indicated that not every woman can use Depo Provera unless those with more than three children because it can cause infertility. These myths and misconceptions can have an effect on the women's attitude towards utilization of Depo Provera. Even if there are all these myths and misconceptions the study has shown that majority (98%) of the women have high levels of knowledge and positive attitude towards utilization of Depo Provera.

Despite these high levels of knowledge and positive attitude towards utilization of Depo Provera it is important therefore, that in order to avoid continued myths and misconceptions and to create awareness on Depo Provera to many people, health workers should intensify their information, education and communication on Depo Provera so that many people would know about it hence help women make informed choices.

The study reveals that womens' level of knowledge on Depo Provera has an influence on their attitude towards its utilization. Those with high levels of knowledge may have positive attitude towards its utilization.

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SERIAL NUMBER

APPENDIX 1

THE UNIVERSITY OF ZAMBIA

SCHOOL OF MEDICINE

DEPARTMENT OF NURSING SCIENCES

INTERVIEW SCHEDULE

**TOPIC: WOMEN'S KNOWLEDGE AND ATTITUDE TOWARDS UTILIZATION
OF DEPO PROVERA IN MUFULIRA DISTRICT**

Health facility-----

Date of interview-----

INSTRUCTIONS

1. Introduce yourself to the interviewee.
2. Explain the purpose of the interview.
3. Get written consent from interviewee.
4. Assure the interviewee of confidentiality and anonymity.
5. Do not write the name of the interviewee on the schedule.

SECTION A: DEMOGRAPHIC DATA

1. How old were you on your last birthday? Specify.....
2. What is your marital status?
 - a) Single []
 - b) Married []
 - c) Widowed []
 - d) Divorced []
3. What is your Education level?
 - a) None []
 - b) Primary school []
 - c) Secondary school []
 - d) College / University []
4. What is your religious denomination?
 - a) Roman Catholic church []
 - b) Seventh Day Adventist church []
 - c) United church of Zambia []
 - d) Other (specify) -----
5. What is your tribe?
 - a) Bemba []
 - b) Tonga []
 - c) Nyanja []
 - d) Other..... (specify)

SECTION B: QUESTIONS ON KNOWLEDGE

6. Have you heard about the family planning method, Depo provera?
- a) Yes []
 - b) No []
7. What is the source of your information?
- a) Media []
 - b) Friends []
 - c) Books []
 - d) Family planning clinic []
 - e) Any other (specify).....
8. How is Depo provera administered?
- a) Orally []
 - b) Topically []
 - c) Rectally []
 - d) Injection []
9. How often is Depo provera administered?
- a) Monthly []
 - b) Weekly []
 - c) Every 3 months []
 - d) Yearly []
 - e) Don't know []

10. Do you know how it protects against contraception?

a) Yes []

b) No []

11. Mention four common side effects of Depo provera?

a) []

b) []

c) []

d) []

12. Can any woman in the reproductive age use Depo provera?

a) Yes []

b) No []

QUESTIONS ON ATTITUDE

13. Should women continue using Depo provera?

a) Yes []

b) No []

14. Can you recommend this method to a friend

a) Yes []

b) No []

15. Do health workers encourage you to use Depo provera?

a) Yes []

b) No []

16. Do you find Depo provera each time you go for family planning.

a) Yes []

b) No []

17. How long does it take you to walk to the health centre?

a) Less than 60 minutes []

b) About 60 minutes []

c) More than 60 minutes []

d) More than 2 hours []

18. Do you always find Nurses /midwives available at the Family planning clinic?

a) Yes []

b) No []

19. Do health workers provide you with information on
Depo provera at the Family planning clinic?

a) Yes ☐

b) No ☐

20. Does your religion allow you to take any Hormonal method of contraceptive?

a) Yes ☐

b) No ☐

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

No objection. Let's kindly share the results with us.

The University of Zambia
School of Medicine
Department of Nursing Sciences
P.O. Box 50110
Lusaka

5th September, 2009.

The District Director of Health
Mufulira District Health Office
Mufulira.

UFS: The Head
Department of Nursing Sciences
P.O Box 50110
LUSAKA

B. Chinyama

Dear Sir/ Madam

RE: PERMISSION TO CONDUCT A PILOT STUDY

I am a fourth year student pursuing a Bachelor of Science Degree in Nursing. In partial fulfilment of the requirements of this program, I am required to carry out a research project.

I am therefore, requesting for permission to carry out a pilot study at Kawama clinic, Family planning clinic. I intend to interview women accessing family planning services at this institution between 7th and 9th October, 2009. The topic of my study is **women's knowledge and attitude towards utilization of Depo provera in Mufulira District.**

Thanking you for participation

Yours faithfully

B. Chinyama
Brenda Chinyama Hamoonga,
4th year BSc NRS student

The University of Zambia
School of Medicine
Department of Nursing Sciences
P.O Box 50110
Lusaka

5th September, 2009

The District Director of Health
Mufulira DHMT
Mufulira

UFS: The Head - Department of Nursing Sciences.

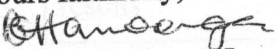
Dear Sir / Madam,

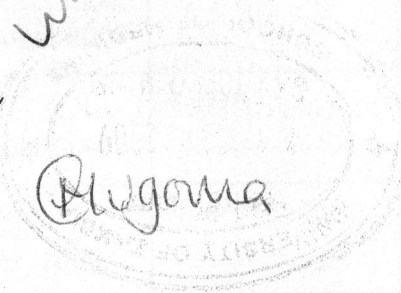
RE: PERMISSION TO CONDUCT A RESEARCH IN MUFULIRA DISTRICT

I am a fourth year student pursuing a Bachelor of Science Degree in Nursing. In partial fulfillment of the requirements of this program, I am required to carry out a research project.

I am therefore, requesting for permission to carry out the study at clinics 1, 3, 5, Suburbs and Kamuchanga. I intend to interview women accessing family planning services from these clinics from 12th to 31st October, 2009. The topic of my study is **knowledge and attitude towards utilization of Depo provera in Mufulira District.**

Thanking you in anticipation.

Yours faithfully,

Brenda Chinyama Hamoonga
4th year BSc NRS student


Hugoma

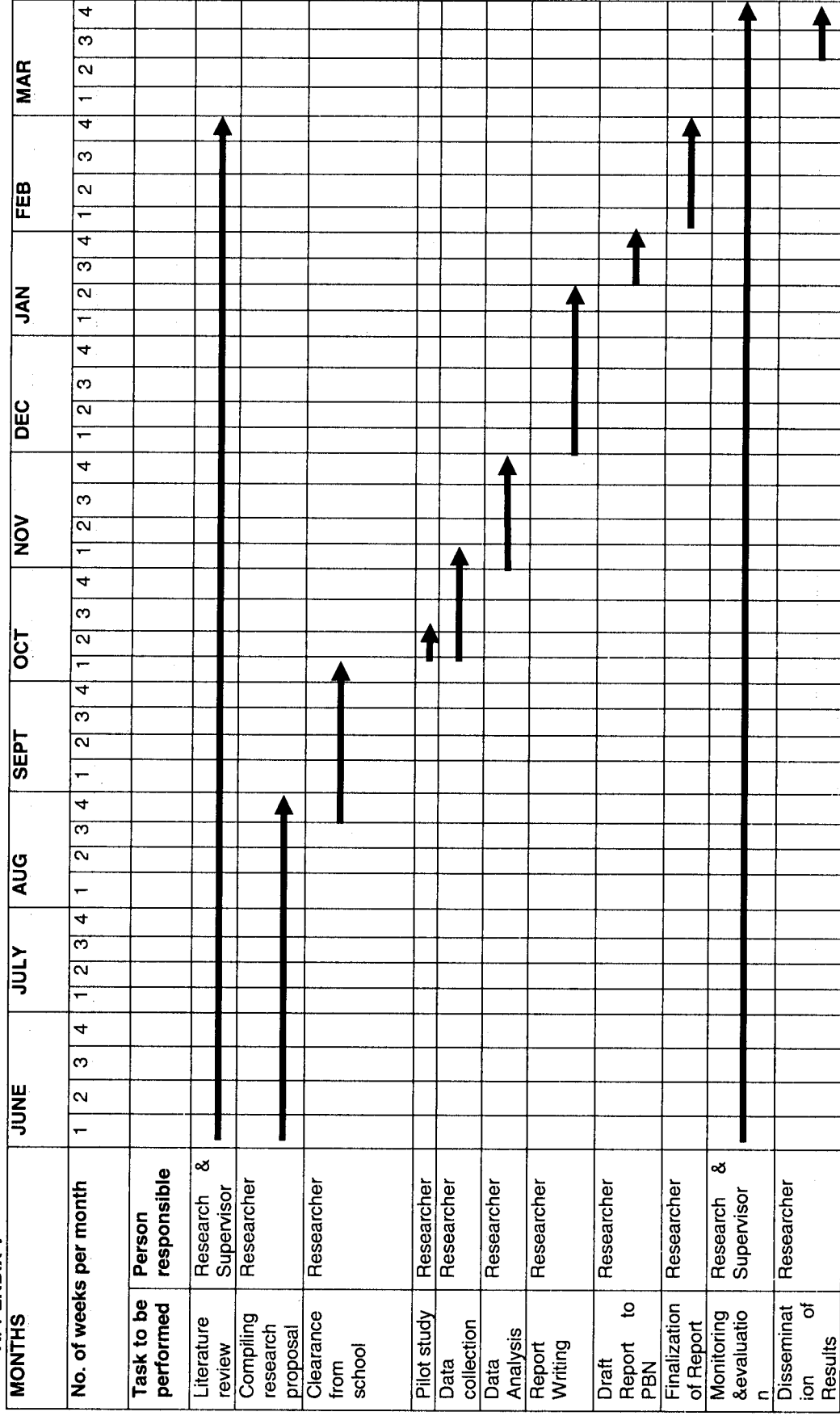
*Do objective
MA let kindly
assist. Student
should be
reminded to
share the results
with us.*

APPENDIX II

WORK PLAN

TASK TO BE PERFORMED	RESPONSIBLE PERSON	DATES	DAYS REQUIRED
Literature review	Researcher	continuous	Continuous
Finalizing research proposal	Researcher	8 th June to 7 th September, 2009	65 days
Clearance from Authority	Researcher	7 th September to 5 th October 2009	25 days
Pilot study	Researcher	7 th - 9 TH October, 2009	3 days
Data collection(actual study)	Researcher	12 th to 31 st October, 2009	15 days
Data analysis	Researcher	1 st to 30 th November, 2009	30 days
Report writing	Researcher	1 st Dec, 2009 to 15 th Jan 2010	45 days
Submission of draft research report to PBN	Researcher	16 th to 31 st January, 2010	14 days
Finalizing of report	Researcher	1 st to 28th February, 2010	28days
Monitoring and Evaluation	Researcher	Continuous	Continuous
Dissemination of results	Researcher	March, 2010	1 wk

APPENDIX V



APPENDIX IV

RESEARCH BUDGET

ITEM	UNIT	UNIT COST	TOTAL COST
STATIONARY			
Reams of Paper	5	35,000	175,000
Pens (box)	1	20,000	20,000
Rubber	4	1,000	4,000
Note books(Each)	4	5,000	20,000
Tipex (Box)	3	10,000	30,000
Stapler	1	80,000	80,000
Perforator	1	150,000	150,000
Scientific calculator	1	150,000	150,000
Flip charts	3	50,000	150,000
Markers	12	5,000	60,000
Steeple(Each)	1	10,000	10,000
Box Files(Each)	2	30,000	60,000
Small Folders	10	2,000	20,000
Field Bag	1	250,000	250,000
Folder Clips	10	1,500	15,000
Paper Glue	1	15,000	15,000
Bostick	2	15,000	30,000
Disk(Compact Disk)	10	3,000	30,000
Memory Stick 2G	1	250,000	250,000
Diary	1	80,000	80,000
Manila Paper	5	1,000	5,000
		SUBTOTAL:	K1,454,000
SECRETARIAL SERVICES			
Questionnaire Typing	10 pages	3,000	30,000
Research Proposal Typing and Binding	1	350,000	350,000
Research Report Writing	1 x 60 pages (60)	3,000	180,000
Questionnaire printing	10 x 50(500)pages	3,000	1, 500,000
Binding of Research Reports	6 copies	50,000	300,000
	6 x 60 pages (360)	3,000	1, 080, 000
Research Report Photocopying			
		SUBTOTAL:	K 3, 260, 000
PERSONNEL			
Transport Allowance during Research Activities	21 days	10,000 x 2	420,000
Transport to and from Research Areas	2	150,000	300,000
Lunch Allowance for the researcher	21	50,000	1,050,000
Snacks for Respondents	55	5,000	275,000
INFORMATION DISSEMINATION			
Hall Hire for Dissemination	1	250,000	250,000
LCD Hire for Dissemination	1	150,000	150,000
Refreshments	20	20,000	400,000
		SUBTOTAL	K 2, 825,000
		TOTAL	K 7, 539, 000
		CONTINGENCY 10%	K 753, 900
GRAND TOTAL:			K8, 292, 900. 00

BUDGET JUSTIFICATION

The budget for this research proposal had been divided into four parts namely; stationary, personnel costs, secretarial services and transport costs. The budget I was intended to facilitate a smooth conducting of the study. For this to be possible, a number of costs were be incurred as administrative and technical costs.

Stationary

Stationery is needed in this project for research proposal writing, preparation of questionnaires, data processing and analysis which will be done manually. Finally, stationery will be required for the final research report.

Personnel

The research project will also incur some personnel related costs such as payment of lunch and transport allowances to the researcher as she will be required to work outside normal working hours especially during data collection and will be required to travel to and from the data collection point. Other costs include refreshments for respondents.

Secretarial services

Secretarial services such as typing, photocopying, editing and printing are inevitable and these will be an added cost to the research project.

Contingency

This is an amount of money equivalent to 10% of the total budget which is included to the total amount to cover for shortfalls. It is also used to cushion the effects of inflation.

INFORMED CONSENT

Dear participant,

My name is Hamoonga Brenda C, I am a student persuing a Bachelor of Science in Nursing in the Department of c Nursing sciences at the School of Medicine, University of Zambia.

In partial fulfillment of the degree of BSc Nursing, I am required to undertake a research project. My study topic is on women's Knowledge and attitude towards utilization of Depo provera

You have been randomly selected to participate in this study and I wish to inform you that participation in this study is voluntary and you are free to withdraw at any stage of the study if you so wish. You will be asked some questions about Depo provera and its use . Any information you give me will be kept confidential and no name will be written on the interview schedule.

You will not receive direct benefits from the study or monetary gain. This information you give will help develop better understanding of the women's attitude towards Depo provera utilization and will be used by health planners and other organisations that have Depo provera on their agenda.

I hereby called the participant understands the guidelines of this study and I am willing to participate in the study.

Dated thisday of2009

Signature/ thumb print of respondent.....

Signature of interviewer.....