THE UNIVERSITY OF ZAMBIA

SCHOOL OF EDUCATION

DEPARTMENT OFLIBRARY & INFORMATION STUDIES

LIS 422 RESEARCH REPORT

TOPIC: Evaluation of the effectiveness of Kazinva Rural Health Centre in providing Reproductive Health Information to women of Chikondano Settlement in Lusaka West.

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Declaration

I wish to declare that all the work contained in the report is purely out my own intellectual efforts and thus all works consulted have been fully acknowledged.

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Date: 30/04/09 Date:

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Sign: .....

Date: .....

Mr. Hamooya (Coordinator)

Dedications

I would love to dedicate this piece of work to my late mom, Mrs. Josephine Nyangu, the one woman who showed me the right way and sacrificed all she could just for me. I live everyday being inspired by her love, joy and hard work. This work is also dedicated to my young sister Cleopatra, the germ of our family and lastly I dedicate this work to my Jehovah God, without whom, nothing would have been possible.

Acknowledgements

First and foremost, I love to acknowledge my lecturer and coordinator of the course Mr. Hamooya, for imparting me with the knowledge, without which it would have been almost impossible to do this research; I would also love to acknowledge my supervisor Mr. Walusiku, for his guidance and critiques, I would also love to acknowledge the sister in charge at Kazinva Health Center, for her tremendous help she rendered to me. And lastly but not the least, would love to acknowledge my, my room mates Kay, Joseph, Muchi and Chansa, for their support through out my research.

Abstract

The aim of this research was to evaluate the effectiveness of Kazinva Rural Health Center, in the provision of Reproductive Health information to the women of Chikondano settlement in Lusaka west. Its objectives were to determine women's knowledge on reproductive health, to establish women's awareness of the existence of reproductive health information at Kazinva, to find out the different methods being used by the Clinic to disseminate reproductive health information, to investigate the attitude of women towards reproductive health information and also to establish the factors leading to the reproductive health problems in Chikondano settlement. The research methodology used is a non experimental design, which is a methodology used when a research is carried out in an uncontrolled and natural setting. The study was descriptive, meaning it involved a systematic collection and presentation of data to give a clear picture of a particular situation. The sampling method used in selecting the study sample or the respondents was the Simple Random Sampling method and the sample size of 40 households was randomly picked from the total population of about 400 households in the settlement. An interview method type of data collection was used for data collection, since the population in consideration is semi or illiterate and due to the fact that the topic under study is very sensitive.

The key findings of this research were that most of the women do not know what reproductive health is all about. It was also discovered that despite the fact that most of these women knows that Kazinva health center provides reproductive health information a good number of them do not use it to access RHI. According to the findings, most of these women use family and friends as well as the media and press as their source of reproductive health information. The study revealed that drama groups and peer educators are the most effective media in the dissemination of reproductive health information but unfortunately clinic talks were discovered to be the most used mode of RHI dissemination. It was also found out that these talks takes long and that most of the women felt that the information being provided by the center is not adequate. From these findings it was concluded that Kazinva health center is not effective in their provision of reproductive health information to the people of Chikondano and there is need for them

to improve, thus it was recommended that the provision of reproductive health information be extended to males so that they can be at par with females when making reproductive health decisions, that a bigger structure be built to be able to meet the demand. The presenters of health talks should make their presentation short and interesting, should increase the number of peer educators so that they can reach out to every corner of the community, the Government of Zambia should employ more health workers at Kazinva health center so that the provision of information can be effective by alternating the health workers. The Peer educators who go round in the area should be working together with the drama group in the community so that they can enhance education and entertainment.

List of Abbreviation

AIDS	Acquired Immune Deficiency Syndrome
DCs	Developed Countries
FGD	Focus Group Discussion
HAC	Health Advisory Community
HIS	Health Information System
HIV	Humane Immunodeficiency Virus
HMIS	Health Management Information System
HMN	Health Matrics Network
ICPD	International Conference on Population and Development
IDSR	Integrated Disease Surveillance and Response
IP	Integrated Projects
LDCs	Low Developed Countries
MAZ	Medical Association of Zambia
MOFNP	Ministry of Finance and National Planning
MOH	Ministry of Health
RH	Reproductive Health
RHS	Reproductive Health Services
RHI	Reproductive Health Information
MOHI	Ministry of Health Indonesia
STIs	Sexually Transmitted Diseases
WHO	World Health Organization
UNICEF	United Nations Children Emergent Fund
UNDPI	United Nations Department of Information
UNDP	United Nations Development Programme
ZDHS	Zambia Demographic Health Survey

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Chapter One

1.0 Introduction

In this age were we have a global economy's shift in focus away from the production of physical goods as exemplified by the industrial age and toward the manipulation of information, information is increasingly being recognized as one of the major drivers of the evolving global economy, a factor of production alongside land, labor and capital, critical to economic growth and sustainable development. It has often been said that information is power, without which decisions are untimely, irrational and misdirected. Availability of information enables the public to participate meaningfully in governance issues, promotes transparency and accountability in the management of national affairs. This means that there could be no sector in the economy that can operate without information, and the health sector which is our main area of interest is not an exception.

It is a common saying in the developmental arena that "a health nation is a productive nation!" This simply means that for any country to develop it needs the best from its productive forces. All the involved players in the process of production should play their role effectively, from the human resource to machinery, if one of them fails, then it will mean that the whole process will be affected negatively. Thus any failure in the role of the people in the production system would mean a draw back in the production capacity of the country, which will deter the process of development.

If the pivotal role of information in any sector or economy, can be considered and be seen as indispensable, then the fact that any decisions to be made in the health sector, in terms of policy formulation and general management of the sector, can be considered to be dangerous and disastrous, as timely and accurate decisions can only be made with an informed consent and this can only be achieved through the use of complete, accurate and current information. In order to improve the delivery of health information, the globe has seen an improved emphasis towards the strengthening of Health Information Systems (HIS), in all countries, more especially the LDCs. It is believed that improved HIS would enhance evidence based policy making leading to improve accountability and effectiveness at all levels of the health system, (Ministry of Health, 2007).

There are different users and uses of information. Patients, communities, service providers, programme managers, policy-makers, providers of funds, global agencies and organizations all need information in order to gauge the performance of the health system, their actions, and quality of services provided. A range of health-measurement areas are assessed and this includes information on mortality and morbidity rates; disease outbreaks; determinants of health (such as nutrition, environment, and socioeconomic status); access, coverage and quality of services; costs and expenditures; and equity, the assessment of all this depends on the effective provision of accurate information.

The information that different health institutions get do not only make it easy for their operations due to the fact that they know the problems that are being faced by their clients, but it also helps in the self evaluation of the institution and the members of staff. LaFond etal. (2003), argues that information obtained by health centers helps the health workers to see whether they are working or not. They go on to argue that self evaluation assists the health workers to identify and understand community needs and problems as well as their performance in terms of service delivery. Through such incidence as the rate of infection, mortality and morbidity rates and other related indicators, the health center will be able to tell whether the measures being put in place are enough and if they are working at all.

Depending on the reaction from the health center workers and management, or depending on the information available at the health center, the policy makers will be forced to implement policies that will address the situation or problem at hand. Through the use of different Health Information Systems (HIS) such as Integrated Disease Surveillance and Response (IDSR) and Health Management Information System (HMIS), policy makers are able to get required information from the health centers in grass roots and be able to act accordingly by coming up with measures that will counter the problems at hand, and such strategies are distributed to all the health centers with a view that the general public will be given the needed information, (MOH, 2007).

A part of the information that the general public needs is reproductive health, which is defined as the a state of complete physical, mental and social well being of an individual and

not merely the absence of disease or infirmity, in all matters of reproductive system and its functions and process, (ICPD, 2000). The general public will need such information as preventive, in order to avoid reproductive diseases like STIs, they also need information on Antenatal and family planning, and the related issues to help them also make informed decisions. If these people are able to make informed decisions then there is an expected reduction in the prevalence of some diseases, a reduction in birth rate and consequently a reduction in the number of deaths.

It can be said thus that the need of information can never be overemphasized, especially the women's reproductive health information needs. Women's Information needs be they medical or any other, are thus an important factor in determining the quality of life they live, their output professionally or socially, at home and to the world generally. Their information needs should therefore not be overlooked but means should be devised as a matter of deliberate governmental policy to satisfy them. As a result the Health centers should also make sure that their users especially women in reproductive age, are fed with the right, accurate and sufficient reproductive health information.

1.10 Background of Kazinva Rural Health Centre.

Kazinva Rural Health Centre was established in 1977 by the government of the Republic of Zambia to serve part of Lusaka West. At the time of the establishment, the health centre was meant to carter for only a small population, thus its small size. The center has only five rooms, which includes the waiting room, two observation rooms of which one is for general cases whilst the other is specifically meant for maternity cases. The last room is used as a dispensary. The center serves a total population of about 23 922, and considering the size of the population the center is too small. Kazinva Rural Health Center operates under Kafue District Health Management Team.

1.11 Organizational General Objective

To improve the efficiency and the effectiveness of workers by providing to the communities intended to serve.

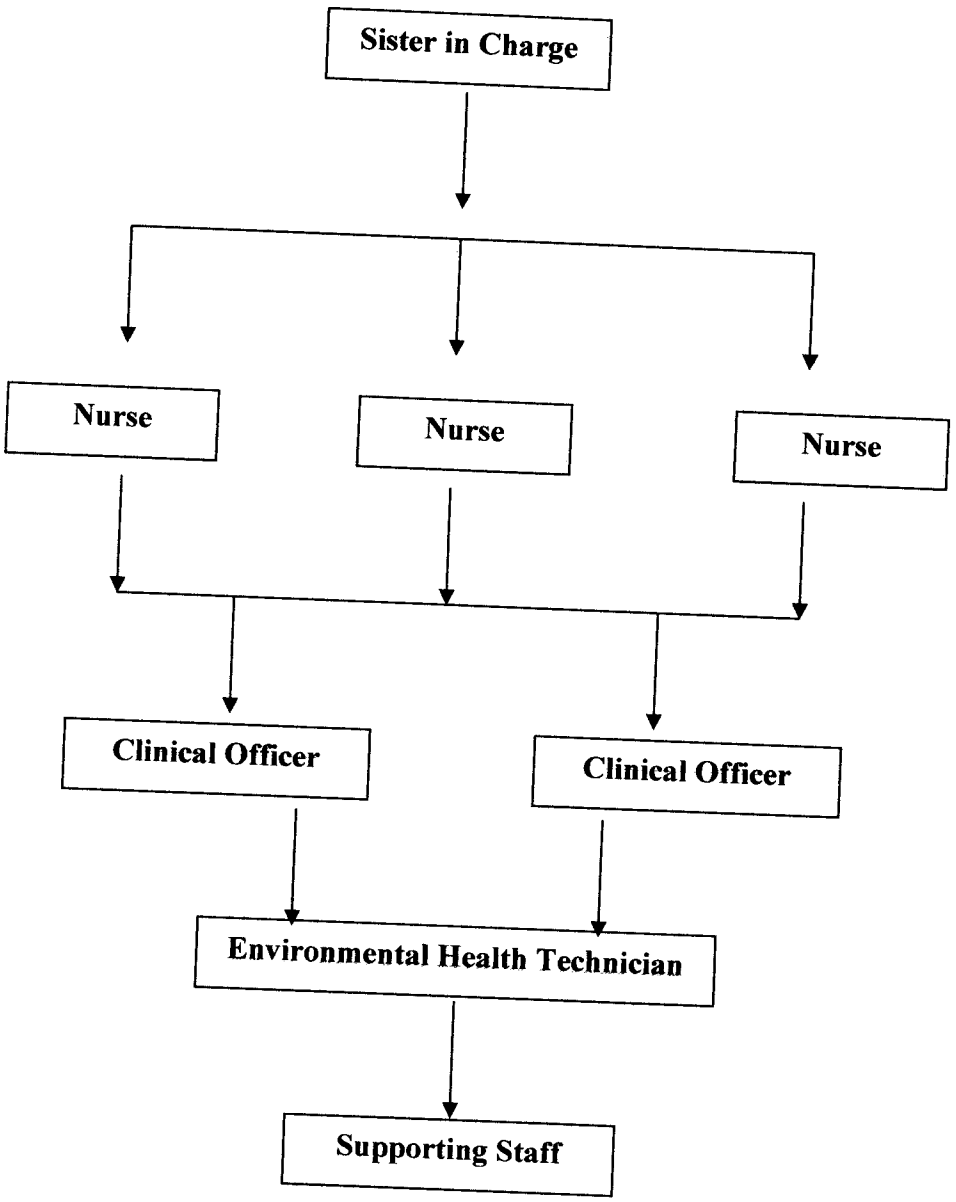
1.111 Specific Objectives

- To provide high quality standards of medical and nursing care.
- To provide high quality first health care treatment.
- To treat ailments and provide maternal and child health services.
- To take health services into the community through neighborhood health committee.
- To impact knowledge to the community on preventive medicine in order to provide primary health care.
- To provide maternal child treatment and reproductive health services to the community.
- To provide safe environment to both workers and patients.
- To provide good relationship between health personnel and patients or clients.
- To act as a link between the hospital and the community.

1.12 Organizational Structure

Kazinva Rural Health Centre is headed by the Sister in Charge, who is followed by three nurses, who are in charge of the other patients apart from the maternity, which handled by the sister in charge. The hierarchy shows the clinical officers as being next to the nurses, who are immediately followed by the Environmental Health Technician, and the three supporting staffs. The organizational structure is represented with a diagram below.

Kazinva Rural Health Centre Organization Structure



1.20 Statement of the Problem

Women of Chikondano settlement are facing a lot of problems with reproductive health related diseases. The problem is that they are having a lot of children and some of them are infected with HIV/AIDS and other STIs. According to the clinics yearly report (2007), the estimated number of people using contraceptives in Chikondano is less than 20%, making the sexually transmitted Infection prevalence rate very high. The consequences of this problem are that there will be high maternal deaths and infant mortality rate because of the low levels of contraceptive use. This low use in contraceptives or family planning methods will further result in high fertility and this will negatively affect them as they will fail to properly provide for the children's needs, such as education and health care. This problem will also result in overcrowding of the place, which can lead to being a health hazard. The higher levels of HIV infections will not only increase number of women infected by the virus in Chikondano, but also increase the death rate of everyone in the area.

1.30 Research Objectives

1.31 General Objective

To evaluate the effectiveness of Kazinva Rural Health Centre in providing reproductive health information to the women of reproductive age in Chikondano.

1.32 Specific Objectives

- To determine women's knowledge on reproductive health.
- To establish women's awareness of the existence of the reproductive health information at Kazinva Rural Health Centre.
- To find out the different methods being used by the Clinic to disseminate reproductive health information.
- To determine the accessibility of Reproductive health information at Kazinva Rural Health Centre.
- To investigate the attitudes of women towards reproductive health information
- To establish the factors leading to the Reproductive Health problems in Chikondano settlement.

1.40 Background Information of the Population

Chikondano Settlement, located in Lusaka West is a highly density small compound whose population languish in high levels of poverty and are characterized by very low levels of income. The women of the compound possess a very low social and economic status, and live in abject poverty. The population is characterized by very low levels of education and a higher rate of illiteracy. The compound is also characterized by poor sanitation, poor quality of drinking water and poor quality of housing (mostly mad houses with thatched roofs) with poor ventilation. There is no proper road network as the houses are clustered together with no proper planning and design.

1.50 Justification of the Study

This study is meant to enlighten the policy makers, the clinic management and the researchers and scholars about the effectiveness of the Kazinva Rural Health Centre in providing reproductive health information to the people of Chikondano Settlement. The findings will be used by the community development committees, local organization and associations involved in the dissemination of the reproductive health and related information, to find out how far the centre has gone in providing the reproductive information, and thus find a way of improving the provision. It will also help the policy makers and the stakeholders in coming up with the right decisions and policies.

The research findings will also be contributing to the existing body of knowledge. It will help in improving the quality of services being provided by Kazinva Rural Health Centre in terms of information provision not only to the people of Chikondano but also other communities that depend on the Centre's services. It will bring development towards the way information is disseminated to the users, thus improve the health status of the user community more especially the people of Chikondano.

CHAPTER TWO

2.0 Review of Literature

The most valuable asset that any country can boast of, is its people, thus any country with healthy citizens is a healthy nation. This is so because the wealth of the people lies in their capabilities and their assets. The health status of a person determines his or her capabilities and also has a direct link to the assets that he/she will own, thus his/her wealth, and consequently the wealth of the country. This is why it is widely said that making sure that the people in a country are healthy is one of the direct assault on poverty, especially on the poor people. The best way of making sure that these people are healthy is by providing them with the relevant health information.

2.10 Global View

The World Health Organization (2000) stated that information and education provide the informed base for making choices. It further stated that the information and education are necessary and core components of health promotion, which aims at increasing knowledge and disseminating information related to health. Health information and education should include the public's perception and experiences of health and how it might be sought; knowledge from social science and epidemiology on the patterns of health, diseases and factors affecting them. It also expressed that health information system should collect and disseminate the information in the right channel to meet the needs of the community they are serving.

World Health organization (WHO) carried out a research and found out that lack of information utilization, limited access of service and lack of awareness on reproductive health information, resulted in unwanted pregnancies and consequently abortions. It also found in the same research that lack of reproductive health information in LDCs was a major cause in the increase in maternal and reproductive diseases such as STIs. The report was also quick to note that, as much as there was lack of reproductive health information, the people's attitude also contributed to the low levels of information and health facilities utilization. It has been noted that in developing countries people have a negative attitude towards such sensitive issues as reproductive health. (WHO, 2000).

According to the UNAIDS research, it was reported that young people become trapped when they are not given essential information. The majority of the 11.8 million young people living with HIV do not know that they carry the virus. Millions more know little, if anything, about HIV/AIDS. They do not know how HIV is transmitted or how to protect themselves from infection. In 17 countries surveyed by UNICEF, over half of adolescents could not name a single method of protecting themselves against HIV. In all instances, girls knew less than boys. The report also revealed that youth friendly health services are vital for HIV prevention. They should inform young people about their sexual and reproductive health rights and provide wider access to voluntary counseling and testing (UNAIDS, 2005).

According to the World Health Organization (WHO), high service costs, lack of trained staff and supplies, poor transport and patients' insufficient knowledge mean that 60 percent of mothers in Sub-Saharan Africa do not have a health worker present during childbirth. That heightens the risk of complications, contributing to greater maternal and child death and disability. (Kimani, 2008).

Johnston and Stout (1999), reveals that studies done in Brazil about the fertility rates, shows that the fertility rates declined drastically between 1970 and 1996, from 5.8 to 2.3 respectively. These lower fertility rates have contributed greatly to the recent improvements in childhood health by reducing the risk associated with short birth interval and have reduced demand for immunization, parental care and birth attendance, ultimately lessening the pressure on the health system and making care more accessible. It was also revealed that the two most popular methods that were used in the reduction of fertility rate are female sterilization and the pill.

According to a research done by Riley in developing countries on the effectiveness of health workers in providing health information for change, it was observed that workers at the district level were responsible for collection, recording and disseminating timely data. It was also observed in some countries that the degree of analysis and the use of information is also expected at the district level. After the evaluation, it was discovered that even when the

health workers are properly trained and have access to the right tools needed to record, analyze and report, they could not provide information to meet the needs of the people they serve. It was also observed that workers had low motivation and this affected the quality of work they were doing. Finally the study revealed that in most of these developing countries the health systems were experiencing operational problems, (Riley, 2003).

Mary Black's study on the better health of women and children through family planning shows that most of the women in LDCs are only introduced to concept of modern family planning at the time they are pregnant or immediately they give birth with a view to postpone the next one. It was observed that very few family planning methods are directed towards the unmarried or just married. The existing range of national and child care health services even where they include family planning, are not designed to reach some of the most need candidates for fertility regulation such as the young women in reproductive age. In a case where an early marriage is demanded, in an African or Asian set up, it will be generally be regarded as unthinkable to postpone or delay the pregnancy. Most of the people in these areas still lack information in modern reproductive health, which do not only include family planning but also the prevention of such diseases as STIs, (Black, 1987).

In Indonesia, through its Ministry of Health, the government initiated programs in clinics that required the training of peer educators among sex workers of small groups 5-10. During the training session aids were used and these include flip chart, model of penises and special card games as well as role play games. Then the influential brothel owners were selected to influence others in the locality by developing 'model brothels'. Also free supplies of condoms for sex were introduced. Before the intervention only 42% of the women surveyed by volunteers posing as clients refused to have sex without a condom, after the intervention, the proportion of the women who refused to have sex without a condom grew to 90%. But this kind of research may have some testing effect were the subjects knew that they were under observation as a result that could changed their behavior and not really because of the intervention. Thus the findings of such a research must be accompanied by findings gotten using other methods of study, to be very reliable, (MOHI, 2001).

2.20 Africa

In July 2004, UNAIDS announced that of all Africans aged 15 – 49 who are HIV-positive, women make up a disproportionate 57 percent. Even worse, noted UNAIDS Deputy Director Kathleen Cravero, of those in the 15 – 24 age group most of them are young women. She explained that part of the explanation for the staggering rates, is biological. Because of their reproductive systems, women's bodies are more susceptible to infection by the HIV than men's bodies, and that is particularly true of sexually active young women whose bodies are still developing. She was quick to mention that despite having a number of explanations for the high HIV/AIDS prevalence among women, one of the major explanation is that these women lack proper and sufficient information on reproductive health, which includes STIs such as HIV/AIDS, (Fleshman, 2004).

Rising infection rates among women are also raising questions about the widely praised 'ABC' prevention strategy (Abstain, Be Faithful or use a Condom). That approach has been credit with dramatically reducing HIV – infection rates in Uganda. But recent research showing high infection rates among monogamous married women in Africa – combined with gender inequality and gender violence, for many women ABC offers no real choices at all. Across the globe women particularly young women are not in a position to abstain. They are not in a position to demand faithfulness of their partners. In many cases, they are in fact faithful, but they are infected by their unfaithful partners. Similarly researchers report that women who are in transactional or dependent relationships are often unable to compel the use of condoms by their partners or are unwilling to even raise the issue for fear of rejection or physical assault.

A woman who is a victim of violence or fear of violence is not going to negotiate anything, let alone fidelity or condom use, her main objective is to get through the day without being beaten up. Real life prevention strategies for the women, protecting their property and inheritance rights and ensuring their access to education and the right reproductive health information, (Fleshman, 2004).

WHO estimates that in Nigeria, 800 000 women are living with Fistula, a disabling condition often caused by problems in childbirth; the number grows by 20 000 each year. In Tanzania 9 000 women die annually of complications related to pregnancy. According to a study done by Rose Mlay, of the Tanzania representative of the White Ribbon Alliance, an international coalition on maternal health, half of the mothers in a country have no access to medical facilities, because such facilities are too far away and the women lack transport, and most of all they lack adequate information on curative and preventive measures, (ibid).

2.30 Zambia

In an effort to improve the quality and provision of health care delivery, the Government introduced the Health Reforms in 1992. The key tenets of the reforms were decentralization of health services planning and provision to the district level and a focus on preventive rather than curative care. This innovation also culminated in the introduction of an "Essential Health Care Package", which defined key interventions that the public health system should provide within the available resources. The reforms also emphasized the importance of community participation in the management of health services and coordination of donor support in the framework of a sector wide approach involving pooling of resources to finance a jointly approved health sector plan.

Access to health facilities and reproductive health information is a priority on the Zambia development Agenda, because of its critical relationship residents' health. The relationship between reproductive health and the development process motivates the national government globally to invest in it, to be more specific information provision, (CSO, 1998). This is reflected to the number of studies that are being done, just to make sure that accurate and relevant information is obtained and disseminated.

According to the MOFNP/UNDP Zambia MDGs 2008 progress report, the critical indicators in maternal health include access to antenatal care, basic essential obstetric care, availability of comprehensive essential obstetric services and safe delivery and postnatal care. Despite many years of increasing maternal mortality, recent interventions in the health sector have

began bearing fruit as the ratio has now started declining. But despite the decline a lot still needs to be done in terms of general reproductive health information, and services.

In 1994 the UNICEF and the Government of Zambia, carried out a study on the rate of increase in the adolescent pregnancy among the antenatal clients. The study revealed that the rate at which the increase in adolescent pregnancy was going, was very high, it was also observed that the there was also a rapid increase in the rate of HIV infections. It was thus recommended that quick interventions be put in place, to curb this scourge. Such interventions as the introduction of reproductive health services in all health centers were introduced, further more CARE worked with the MOH to strengthen the delivery of adolescent sexuality and reproductive health services through creating Youth Friendly Services, and further trained health workers and peer educators to help implement the program. (UNICEF, 1995).

Zulu Richard carried out a research on the male involvement in community-based reproductive health activities of the PPAZ integrated projects in Ndola and Samfya. Two IPs were included in the case study namely Kasoma Bangweulu in Samfya and Katuba in Ndola rural. The case study solicited information from IP project staff and reproductive health recipients using semi structured interviews. Other information on the subject was collected through Focus Group Discussion (FGD) held with Health Advisory Community (HAC), female/male CBD agents, female/male club members and female male non-service recipients, totaling seven FGD per IP site. The findings were that the IP strategy of involving males in the community based reproductive health activities was appropriate as evidenced by the achievements of the program in terms of high men involvement. The IP has a holistic approach to solving Reproductive Health problems such as high population growth rate, high infant and maternal mortality rates, and high fertility rates. Instead of just IP as a solution their answer was RH, nutrition, parasite control and male involvement, (Zulu, 1999).

Mutati Christine did a different research also in Ndola in 2001, which was on the topic "Determining the factors associated with the utilization of reproductive health services among the adolescents in Ndola urban. The study revealed that the overall knowledge of

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reproductive services increases with increasing age and the level pf education. The findings also showed that the overall knowledge of reproductive health at the nearest health centre was high. The major sources of information on services available were peer educators, the school and the least was the health worker. The study also found out that there were more curative than preventive health care being provided, (Mutati, 20001).

The Zambia Demographic Health Survey (ZDHS) is a survey designed to collect data on fertility, maternal health and access to reproductive health information from respondents. The first survey was carried out in 1992, and the latest in 2001. The findings of the latest survey have been in terms of exposure to family planning messages. Radio, television and newspaper or magazine are potential media for disseminating family planning messages especially in urban areas. In Lusaka, 68 percent of women and 72 percent of males accessed family planning messages on radio. While 25.8 percent female and 13.8 percent of males accessed family planning messages from either health centers or neighborhood health committees. The results further showed that in Lusaka, at least 63.1 percent of women and 73.1 percent of men know the source for VCT. The problem with this study is sometimes respondents tend to get tired or fatigued since the questionnaires are usually long hence respondents will be giving responses which may not be true, for sake of finishing the interview.

Another study was done by Medical Association of Zambia in 1995 and 1996 in Lusaka's Chawama compound using Focus Group Discussions (FGD). The study was aimed at assessing the provision of reproductive health information to residents. Almost all the groups viewed reproductive health problems as prevalent in the area. Access to reproductive health services was perceived to be problematic. A comparison between male and female groups showed that the women were more aware and concerned about the provision of reproductive health information than men. Most men shunned accessing this information from public health centers due to negative attitudes of staff at these centers. The problem with FGD studies are the fact that group interviews have inherent limitations especially when dealing with highly sensitive issues such those in reproductive health, which may be overlooked.

Therefore, when using FGD as the sole method of data collection matters of validity, reliability and the quality of data should be given utmost consideration.

CHAPTER THREE

3.0 Research Methodology

The research methodology or what is commonly referred to as research design is the blue print, logical mode which guides a researcher through a research at various stages of the investigation. It tells the researcher what mode to adopt in carrying out the research.

3.10 Study Area

The study was carried out in Chikondano Settlement, a small compound in the Western part of the city of Lusaka. The reasons behind the selection of this compound was that the compound is located in the same area as the Health Information System, and it is an active user of the health facilities at Kazinva Rural Health Centre. The target population (women of reproductive age) was selected from Chikondano settlement because this is where the stated problem seems to be prominent. Despite the study sample being from Chikondano settlement, the findings of this study can be applicable to other Health Information systems with the user community of the similar settings.

3.20 Type of Study

The study used a non experimental design, which is a methodology used when a research is carried out in an uncontrolled and natural setting. In this kind of methodology the phenomena is investigated in the context it is in, meaning no stimuli is introduced and there is no manipulation involved. The study was descriptive, meaning it involved a systematic collection and presentation of data to give a clear picture of a particular situation. The alternative methods that can be used in this research are the analytical study which is usually used in a situation were the researcher wants establish the causes of the factors of a certain problem, and a case study approach, which is used in a situation where an in-depth study of one unity is required.

3.30 Sample Method

The sampling method used in selecting the study sample or the respondents was the Simple Random Sampling method. This ensured that each farmer was given a non zero chance of being included in the sample. This means that through the use of this method each and every house hold was given an equal opportunity to be selected in the sample.

3.40 Sample Size

The sample size of 40 households was randomly picked from the total population of about 400 households in the settlement. This sample can be scientifically be justified as it was equal or more than 10 percent of the total population, which is required scientifically.

3.50 Data Collection

An interview method type of data collection was used for data collection, since the population in consideration is semi or illiterate and due to the fact that the topic under study is very sensitive. This method ensured that the data collected was of high quality since the interviewer was be able to explain the questions to the respondents in the language they were able to understand very well, at the same time be cautious not to lead the respondents to the preferred answer. This ensured that correct and reliable data was obtained.

The questionnaire was the research instrument used to collect the primary data. Closed ended questions were mostly used, and open ended questions were only used if there was a serious need for such. The questions were read to the respondents just as they appeared in the questionnaire.

3.60 Data Entry and Analysis

A software called Statistical Package for Social Scientist (SPSS), was used for both data entry and analysis. The first step in the process of data entry and analysis is to check the questionnaires for consistence and accuracy. After this the data collected will be coded, and then entered in the computer using SPSS. The entered data was then presented in terms of frequency tables and cross tabulations which aided the researcher in the data analysis and interpretation of the findings.

3.70 Ethical Considerations

Due to the sensitivity of the topic under study, the respondents were assured that the information being provided was to be treated with the highest confidentiality and that the study will be specifically for academic purposes. Furthermore the relevant authorities at Kazinva Rural Health center will be notified about the study since the information being gathered directly concerns them.

3.80 Limitations of the Study

In the process of this research a number of challenges were faced that had brought up a number of limitations. The following are some of the limitation that were faced by the researcher while doing the researcher.

- The population under study was very illiterate, thus questionnaires had to be read to them in their local languages.
- There was communication barrier with some people as the researcher was only limited to three languages, thus it was very difficult to communicate with those with little understanding of those languages.
- The distance from the University of Zambia to Chikondano Compound as well as Kazinva health center was very long, thus making it difficult to do the research effectively.
- Some women were too, superstitious about the research topic as a result could not cooperate.
- Their was very limited funds available during the course of this research as project allowance for the government sponsored students only came after the research has already been done, thus making very difficult to undertake the research.

CHAPTER FOUR

4.0 PRESENTATION OF FINDING

This chapter presents the findings of the study in line with research objectives. Frequency tables have been used in the presentation of the findings.

4.1 Background characteristic of the respondents

Table 1. Frequency and Percent distribution of respondents by background characteristics

Characteristics		Frequency	Percent
Age			
	16-19	6	15.0
	20-24	11	27.5
	25-29	12	30.0
	30-34	2	5.0
	35yrs and above	9	22.5
	Total	40	100
Education			
	None	7	17.5
	Primary	23	57.5
	Secondary	9	22.5
	College/university	1	2.5
	Total	40	100
Marital status			
	Single	2	5.0
	Married	30	75.0
	Divorced	5	12.5
	Separated	0	0
	Widowed	3	7.5
	Total	40	100

Table 1 above shows that out of 40 respondents interviewed, 15 percent are in the age group 16-19 years, 27.5 percent are aged between 20-24, 30 percent are in the age group 25-29, those between 30-34 years make up 5 percent while 22.5 percent are aged 35 years and above.

In terms of education 17.5 percent have never been to school, 57.5 percent have only reached primary school level, with 22.5 percent having reached secondary school level. Only 2.5 percent of the respondents have attained college or university education.

The majority of the respondents, comprising 75 percent were married, 12 percent are divorced, 7.5 percent widowed and only 2 percent are single while none was on separation.

4.2 Knowledge, Awareness and Accessibility of RH information

Table 2.

Knowledge of what is included in Reproductive Health.	**Frequency Response in percentages**	
	Yes	**No**
Family Planning	60.0	40.0
HIV/AIDS	42.5	57.5
Malaria	35.0	65.0
Tuberculosis	32.5	67.5
Maternal Health	60.0	40.0
Sexually Transmitted Infections (STIs)	52.5	47.5

In order to determine the respondents knowledge on Reproductive Health, the respondents where asked what they thought was included in RH. According to table 2, the study revealed that 60 percent thought family planning was included while 42.5 felt that HIV/AIDS was part of RH. 35.5 percent had a view that malaria was included in RH, 32.5 thought malaria was included, 60 percent felt maternal health was included while about 52.5 felt STIs were included in Reproductive Health.

Table 3
Awareness of Kazinva's RH information provision

Response	Frequency	Percent
Yes	21	52.5
No	19	47.5
Total	40	100.0

Table 3, shows that of the respondents who were asked if they were aware that Kazinva clinic provides RH information, 52.5 percent answered they were aware while 47.5 percent said that they were not aware.

For those respondents who said that they were no aware that Kazinva Clinic provides reproductive health information, they were asked to state the reasons why they did not know. The results were that 73 percent of them said that they have not been informed then those who said that they were not interested in reproductive health information, and those who said that they have never been there, made up 16 and 11 percent respectively.

Table 4.
How respondents knew that Kazinva provides RHI

		Frequency	Percent
	friend	1	2.5
	publication	2	5.0
	drama	4	10
	peer educators	1	2.5
	clinic personnel	13	32.5
	Total	21	52.5
Those not aware that Kazinva provides RHI		19	47.5
Total		40	100.0

The respondents were asked to say how they knew that Kazinva Clinic provide reproductive health information. Table 4, above shows that out of the total sample 32.5 percent said that they came to know about it through the personnel at the clinic. Then 10 percent said that they knew that Kazinva clinic provide reproductive health information through drama groups which were sensitizing in the community, 5.0 percent said that they knew through publications which the clinic gives to the people, 2.5 percent knew through friends and also 2.5 percent knew it through the peer educators. While 47.5 percent responded that they do not know that Kazinva provide reproductive health information.

Table 5

Accessibility of RHI at Kazinva

	Frequency	Percent
yes	16	40.0
no	24	60.0
Total	40	100.0

Respondents were asked if they access reproductive health from Kazinva, table 5 shows that of those asked 60 percent said that they do not access reproductive health from Kazinva, and only 40 percent said that that they access RH information from Kazinva.

When those who access RH information from Kazinva were asked how often they access this information from the clinic 75 percent said that they accessed it once a month, 20 percent said once in three months and only 5 percent accessed it on a weekly basis.

Table 6.

Reasons for not accessing RH information from Kazinva

Reasons for not accessing RHI	Frequency Response in percentages	
	Yes	**No**
It is far	17.5	82.5
Staff not friendly	15.0	85.0
No Confidentiality	5.0	95.0
Information not helpful	5.0	95.0
No need to visit the clinic	10.0	90.0

When respondents were asked to state the reasons for not accessing RH information from Kazinva clinic, table 6 shows that 17.5 percent said it was far, 15 percent said the staff were not friendly, 10 percent said they had no need to visit the clinic, while five percent said that the clinic had no confidentiality and that the information provided by the clinic was not useful to them.

For those respondents who do not access reproductive health from Kazinva, they were asked what other sources they use since Kazinva is not their source of RHI. 28 percent said that they access RHI from media and press, 24 percent said they use other clinics, 20 percent said they use friends and relatives, 12 percent said they use drama groups, 4 percent said books and publications whilst another 12 percent said they do not access RHI from anywhere.

4.3 Mode of RHI provision and women's attitude towards RHI

Table 7.

Methods of RHI dissemination

Methods used by Kazinva Rural Health Centre to disseminate RHI.	Frequency Response in percentages	
	Yes	No
Clinic Talks	77.5	22.5
Peer Educators	16.0	84.0
Publications	13.0	87.0
Drama	50.0	50.0
Focus Group Discussion	15.0	85.0

To determine the different methods used by Kazinva to disseminate RHI, respondents were asked to indicate, yes or no on the method they thought was being used by the clinic. Table 6 above shows the findings. 77.5 percent of the respondents said that clinic talks were used to disseminate reproductive health information, 50 percent said drama was used, 16 percent said peer educators, 15 percent Focus group Discussion and only 13 percent said publications are used.

Table 8.

Most effective methods of RHI dissemination

Methods that respondents thought were most effective in RHI dissemination.	Frequency Response in percentages	
	Yes	No
Clinic Talks	57.5	42.5
Peer Educators	67.5	32.5
Publications	30.0	70.0
Drama	80.0	20.0
Focus Group Discussion	65.0	35.0

Table 8 shows the responses of women when asked which ones of the methods used by Kazinva to disseminate RH information were most effective. 80 percent said drama performances was most effective, 67.5 percent thought peer educators were effective, 65 percent said Focus Group discussions, 57.5 thought Clinic talks and only 30 percent thought publications were effective.

Table 9

Issues concerning RH information that are not being addressed by Kazinva clinic.

Issues	Frequency Response in percentages	
	Yes	No
STIs/STDs	37.5	62.5
Rape/Gender based violence	65.0	35.0
Abortion	52.5	47.5
Maternal Health	35.0	65.0

To determine what kind of issues are not being addressed by the clinic, respondents were asked to state the issues which they thought were not being addressed by the health center. Table 9 shows the result of the respondents' responses. 65 percent answered that rape and gender based violence were not being addressed, 52.5 percent said abortion, 37.5 percent was STIs and STDs, while only 35 percent was given to Maternal Health.

Respondents were also asked to state if reproductive health information has been of any help to them and 80 of the respondents said yes while only 20 percent said it has not been of any help.

Table 10.

Ways in which RHI has been of help to the respondents

Ways	Frequency Response in percentages	
	Yes	No
Child spacing	65.0	35.0
Prevention of HIV/AIDS	67.5	32.5
Safe Delivery	67.5	32.5
Helped you while pregnant	70.0	30.0
Helped you to look after the children	65.0	35.0

To find out the way in which reproductive health information has been of help to the women of Chikondano, those who said RH information has been helpful to them were asked to state ways in which RH information has helped them. According to table 10, the results are that 70 percent of the response represented women who said it has helped them during pregnancy, 67.5 percent showed those who indicated safe delivery and prevention of HIV/AIDS, while 65 percent represented Child spacing and looking after the children.

Table 11.

How long it takes to receive RH information at Kazinva

Responses	Frequency	Percent
long	18	45.0
very long	9	22.5
not long	13	32.5
Total	40	100.0

Respondents were asked to sate how long it takes to receive reproductive health information at Kazinva. Table 11, shows that of all the respondents 45 percent said that it take long to be attended to, 32.5 percent said it does not take long, while 22.5 percent said it takes very long.

Table 12.

What respondents feel about reproductive health information provided be the Clinic.

Responses	Frequency	Percent
adequate	16	40.0
very adequate	2	5.0
not adequate	22	55.0
Total	40	100.0

Respondents were asked what they felt about they felt about the reproductive health information provision of Kazinva rural health. Table 12 shows that of all the respondents 55 percent of the respondents said that services were not adequate, 40 percent thought the services were adequate while only 5 percent thought the services were very adequate.

Table 13

Ways that respondents thought would improve the RH information provision at Kazinva.

	Frequency	Percent
build a new clinic closer	2	5.0
employ more members of staff	6	15.0
send people to go and educate women in the compound	17	42.5
encourage women to form and join FGD	4	10.0
educate everyone and not just pregnant women	11	27.5
Total	40	100.0

Finally respondents were asked to state what they thought could improve the reproductive health information provision, according to table 13, 42.5 percent of the respondents thought the services can be improved by sending people from the clinic to go and educate women on reproductive health in the compound, 27 percent felt that it could be improved by educating everyone and not just pregnant women, 15 percent felt that the clinic should employ more members of staff, 10 percent thought the clinic should encourage women to form and join Focus Group Discussions while only 2 percent felt that there was need to build another clinic closer to the compound.

4.4. Results from the interview of Kazinva member of staff.

In order to have a wider perspective on the issue at hand a member of staff was also interviewed. This member of staff who was the Sister in Charge of the Health Center acted as a representative of the whole institution.

Qualitative analysis will be used to analyze the respondent's answers.

According to the Sister in Charge at Kazinva Rural Health Centre, Chikondano is one of the areas that the clinic covers in their service provision. She said that Kazinva center provides Reproductive Health Information to its users as one of the services that they provide. She went on to say that among the methods that they use clinic talks is the most widely used; otherwise others methods used include peer educators, neighborhood groupings, and sometimes publications. She said that sometimes they use dram groups from other clinics.

When asked about which one of these methods used she thought was proving to be effective, she said that right now considering their capacity, clinic talks seems to be the one that is working effectively. She went on to add on that if they could find more members of staff or volunteers sending peer educators in the compound would be a better idea as most of the women shun coming to the clinic. She added that they could not use any form publications because three quarters of the women who access their services are illiterate thus are not able to read.

On the issues that are focused on, she answered that mostly considering the bigger number of people that they have to attend to, they just focus on maternal health and the related issues such as HIV/AIDS and the STIs.

She also went on to say that it is not easy to effectively provide RH information due to the number of challenges that the health centre faces. These challenges she said included limited working space, as the current building is too small to accommodate the huge number of users that they receive, limited members of staff, lack of proper aiding materials to be used in the dissemination RHI such as models and literatures. She also pointed out the lack of

willingness by the women themselves to learn issues to do with RH, and said that the attitude of these women towards RH information acquisition is very bad.

She said that the only way that the institution can improve in terms of RHI provision is by expanding the current facilities through building of a bigger infrastructure that will be able to support the current demand. She said that this should be followed by the deployment of members of staff who will not only be able to attend to the patrons at the center but will also be able to go out and educate people in the compound as this will change the people's attitude towards RH. Finally she said that the clinic can not do everything so there is need for the women themselves to come up with ideas and be able to educate themselves. The women should show more willingness in wanting to learn.

CHAPTER FIVE

5.0 DISCUSSION OF RESULTS

5.10. Background Information

The sampled population consisted of 15 percent who are in the age group 16-19 years, 27.5 percent are aged between 20-24, 30 percent are in the age group 25-29, those between 30-34 years made up 5 percent while 22.5 percent were aged 35 years and above. From these findings it can be clearly said that most of the sampled respondents were aged between the ages of 20 and 30, it was also discovered that this is the age group is very active in accessing the Reproductive Health Information. According to the UNAIDS (2005) research, it was reported that young people become trapped when they are not given essential information, as a result most of the people who access Reproductive Health Information are the Youths, aged between 16 and 35. Family Health International (2005) also revealed that women in their early stages, need Reproductive Health Information so that they are knowledgeable about their ways of living. The findings from Chikondano settlement confirms these research reports despite the fact that in Chikondano, there is not much use of RHI by the teenagers.

In terms of educational levels, it was discovered that the levels of illiteracy among the women of Chikondano is quite high, as evidenced from the findings which shows that about 75% of the respondents have either never been to school or have just been as far as primary

level education. Only about 22.5% of the respondents have gone as far as secondary level education and those who have reached tertiary level just made up 2.5%.

It has been discovered that the level of education has a major influence on the modes of acquiring Reproductive Information. It has been revealed that due to the high prevalence illiteracy, the most common mode of information acquisition is through friends and relatives and the clinic members of staff. Such modes of information dissemination as the use publication and such sources as the use of media such as the radio and television received very little response. According to the sister in charge at Kazinva, most of the women who access RHI at the clinic are illiterate thus can or understand anything presented to them in terms of written or in another language apart from the local language.

I terms of the marital status, it was discovered that most of the respondents were married. The findings shows that of those interviewed 75% are married, 12.5% are divorced, 7.5% are divorced and only 5% were single. According to the cross tabulation, of those who said they access Reproductive Health Information from Kazinva, 79% were married, 12.5% were divorced, 8.5% were widowed and none was single. This simply shows that most of the people who go to obtain RH information are married.

5.2. Knowledge, Awareness and Accessibility of RH information

On the women's knowledge on Reproductive Health Information, the study revealed that some of the women in Chikondano do not really know what RH Information is. This is evident in table 2, which reveals that 35 percent of the people who were asked if malaria is part of RHI said yes and those asked if Tuberculosis was part of RHI 32 percent said that yes it was. According to Seats (2000), research has revealed that it is a common trend in squatter settlement for women to have little or no knowledge about the Reproductive Health Information. This is has been confirmed in this study done in Chikondano, with the only exception that at least some of the women knows what RHI is.

In establishing the women's awareness of the RHI provision by the Kazinva, the study revealed that almost half of the women do not know that Kazinva Rural Health Center

provides RHI. Table 3 shows that of all the respondents 52.5 percent said that they knew while about 47.5 said they did not. This study conquers with the results of the study done by Black, 1987), that revealed that most of the women in LDCs do not know where to get RHI and that most of the women only come to know about this only when they are pregnant. She argued that the existing range of national and child care health services are not designed to reach the most needy candidates for fertility regulation such as the young women in reproductive age. This apparently has been revealed in Chikondano were mostly those who said they did not know about Kazinva's RHI provision were the young women in reproductive age.

In terms of those who did not know about Kazinva's RHI provision it was discovered that the majority have never been informed that about the services. This also just marries with Black (1989), conclusion that the design of most health systems in LDCs in terms Reproductive Health Information provision are not made in such a way that they can reach the most needy people. The other set said that they were just not interested and that they have never been there made up 16 and 11 percent respectively.

Of the 52.5 respondents who said that they know about Kazinva's RHI provision, 32.5 percent said that they knew this through the clinic personnel, and about 10 percent said they knew through the drama groups that go round the compound while the remaining 10 percent was shared among those who knew through friends, publications and peer educators. This shows that despite the fact that health workers are doing their best in terms in informing the women on RHI provision, it was discovered that the majority of the people who knows about Kazinva's RHI provision, knew this because they had been to the health center for antenatal services. This shows that there is need for more effort especially in the area of peer educators. According to a study that was done by UNICEF (1995), it was observed that youth friendly services, trained health workers, peer educators and Focus Group Discussions help in the delivery of adolescent sexuality and the general Reproductive Health services.

The research revealed that of all the respondents only about 40 percent accesses their Reproductive Health Information form Kazinva, and the other 60 percent do not. This shows

that despite the women being knowledgeable about the existence of reproductive health services at the health center the majority do not access it. This was also a case in the study done by the Medical Association of Zambia (1996), in Chawama compound using Focus Group Discussions (FGD), which revealed that despite the people of Chawama being knowledgeable about the existence of reproductive health information services, accessing these services were problematic. It was discovered that most of the people shunned these services because of the negative attitude towards reproductive health due to its sensitive nature.

From the findings, it was discovered that of those who access reproductive health information from Kazinva, only about 5 percent access RH Information on a weekly basis, 20 percent access it once every three months and the majority which was about 75 percent access it at least once every month. This clearly shows that despite the women accessing RH information from Kazinva, the rate at which the information is accessed is still low.

When the respondents were asked to state the reasons for not accessing the Reproductive health information from Kazinva health center, distance came highest on the log. The results revealed that about 17.5 indicated that yes, the health center was very far; this has been supported by the findings of the Zambia Demographic Health Survey (2001), which revealed that despite health centers providing reproductive health services to the people in rural areas, the efforts are being countered by the problem of distance to the health centers. The survey revealed that, most of the people in rural areas fail to access the health services because of the distance to these centers.

About 15 percent of those who were asked if the health center's staff were not friendly said, though an overwhelmingly 85 percent said no, but this still shows that despite the percent being low, members of staff have a very big low to play in the number of people that come to access the reproductive health services. Medical Association of Zambia (1996) in their research found out that some people shunned accessing information from the public health workers due to negative attitude s of the staffs at the health centers in Chawama compound. The members of staff attitude also include confidentiality in the information they handle. The

issue of confidentiality is also one issue that drives the patrons away from the services. Confidentiality in such sensitive issues as reproductive health is very important and lack of it can discourage people from accessing certain services. The findings of this research revealed that about 5 percent indicated yes to the fact that there was no confidentiality in the way the issues are handled thus the reason for their not accessing the services. This still point out to the fact that the members of staff needs to put in more effort in their service distribution.

About 10 percent of asked to state whether or not they find any need to go to the health center indicated yes, and about 5 percent indicated yes on the fact the information being provided by the health center is not helpful to them. According to a study done by Mutati (2001), provision of reproductive health the clinic alone is not enough, there is need to employ other measures that will make sure that the highest number of patrons are reached. The study revealed that of all the methods used, peer educated was the most effective one, followed by the use of near by schools and community activists.

In terms of those who do not access Reproductive Health Information from Kazinva health center, about 28 percent indicated that they yes they use the media. According the ZDHS (2001) in Lusaka, 68 percent of women and 72 percent of males access their Reproductive Health Information using the media. The study also revealed that the percent of the people using the channel to access the information increases with the increase in educational levels thus in rural areas this figure might be small, and this is evident in the Chikondano settlement study. Of those remaining, about 24 percent said that they use other clinics, 20 percent said that they use family and friends, 12 percent said they use drama groups while about 4 percent said they use books and other publications. The remaining 12 percent argued that they do not use any source to access their RHI.

The ZDHS (2001) also reveals that those who are of lower education levels tend to use such methods as families and friends and shun such methods as publications, and this has been proved by the study in Chikondano which shows that only about 4 percent use books and other publications to access Reproductive Health information.

5.3. Mode of RHI provision and Women's attitude

The mode of information provision is very cardinal, in that it will determine the effective and efficiency of the institution's information delivery. According to the sister in Charge at Kazinva Rural Health Centre, the centre has about three methods used in the dissemination of reproductive health information. The methods include clinic talks, peer education, and drama groups though sometimes they also use publications.

According to a study done by Black (1987), most of the reproductive health information do not usually reach the most need target because the existing range of national and child health care services are not designed to reach effective enough to reach all the needy candidates. *From this study done in Chikondano settlement, it was revealed that, most of the respondents thought that of all the methods being used by Kazinva health center, drama is the most* effective despite it not being heavily used by the center, it was seconded by peer educators which was followed by Focus Group Discussion, and clinic talks followed through just above publications. This shows that there was a disparity between what people thought was the most effective methods and what the health centre was using in their RHI dissemination. This could partly explain the reason why most of the women do not access reproductive health information from Kazinva despite having knowledge of the existence of the services.

In terms of how adequately the health center is handling the subject of Reproductive health, it was realized that the clinic has put too much emphasis on STDs and maternal health and has neglected such issues as gender violence including rape and also issues to do with abortion. According to the responses from the respondents, it was found that 65 percent of the women asked if gender based violence was being addressed said it was not, and also about 52.5 percent said that abortion issues were not being addressed also. A considerable percentage also said that even the very STDs and maternal health were not being addressed. This shows that the health center has got a lot to do in terms of addressing reproductive health issues.

World Health organization (WHO) (2000), carried out a research and found out that lack of information utilization, limited access of service and lack of awareness on reproductive health information, resulted in unwanted pregnancies and consequently abortions. It also

found in the same research that lack of reproductive health information in LDCs was a major cause in the increase in maternal and reproductive diseases such as STIs. This has been confirmed in this study which has shown that when the respondents were asked to indicate how reproductive health has been of help to them, 70 percent said that it has helped them while they were pregnant, 67.5 percent said that it helped the to deliver safely, and also to prevent themselves from STDs such as HIV/AIDS and 65 percent said it has helped them in terms of child spacing and looking after the children. This just shows how important reproductive health is to the women of Chikondano, thus the need for it to be provided effectively and efficiently by Kazinva, to the satisfaction of the users.

The respondents were also asked to describe the reproductive health information provided by Kazinva health center in terms of adequacy. Half of the respondents about 55 percent responded that the information which Kazinva provides is not adequate. There are about 40 percent of the respondents who said that the information provided by the clinic is adequate and 5 percent said that information is very adequate. This means that the information provided by Kazinva is not adequate this is because more than half of the population in Chikondano compound said that information is not adequate.

To determine the attitude of women towards reproductive health information it was revealed that the attitude of the women is very negative. According to the sister in charge at the health center the attitude of the women towards accessing reproductive health information is very bad. She argued that there is lack of willingness to learn from the women.

Finally the respondents were asked to suggest ways that they thought would improve the information provision at Kazinva Rural Health Center. About 42.5 percent thought the services can be improved by sending people from the clinic to go and educate women on reproductive health in the compound, 27 percent felt that it could be improved by educating everyone and not just pregnant women, 15 percent felt that the clinic should employ more members of staff, 10 percent thought the clinic should encourage women to form and join Focus Group Discussions while only 2 percent felt that there was need to build another clinic closer to the compound.

5.4. Recommendations

The following recommendations are made in order to make Kazinva Health Center become effective in disseminating reproductive health information to the people of Chikondano Compound.

- To extend the provision of reproductive health information to males so that they can be at par with females when making reproductive health decisions.
- Should build a bigger structure that will be able to meet the demand.
- The management at Kazinva health center should encourage its health workers to be more approachable so that a lot of people can be going to the clinic to access reproductive health information.
- The presenters of health talks should reduce on the time of the presentations as a lot of people do not go to listen to the talks because it takes long. They should make it short and interesting.
- To increase the number of peer educators so that they can reach out to every corner of the community and educate the members of on the reproductive health information.
- They should start sending peer educators in the compound so that those that do not go the health center can also access reproductive health information.
- The information provision in the community by peer educators should be done on a regular basis so that the people can learn a lot from the peer educators.
- The Government of Zambia should employ more health workers at Kazinva health center so that the provision of information can be effective by alternating the health workers.
- The Peer educators who go round in the area should be working together with the drama group in the community so that they can enhance education and entertainment.

Conclusion

The aim of this study was to evaluating the effectiveness of Kazinva Rural Health Center in providing reproductive health information to women of Chikondano settlement in Lusaka West. According to the findings of this study it was discovered that Kazinva Rural Health Center is not effective in its provision of reproductive health information to the women of Chikondano settlement. According to the findings of this research it is evident that most of the women in Chikondano settlement do not know what is really involved in reproductive health, it was also discovered that despite having more than half of the population having knowledge of Kazinva health center's provision of reproductive health, still a lot of people do not access it. The study also revealed that for most of the women in Chikondano their source of reproductive health information is family and friends. Also the media and press is another source being used. The reason for the utilization of family and friends as their source of reproductive health can be attributed to the fact that most of the women in Chikondano have very low levels of education. Despite the study revealing the fact that the most effective methods to disseminate RH information to the women is the use of drama groups and peer educators, the clinic continues to use clinic talks as their major mode of reproductive health information dissemination. The study revealed that drama groups and peer educators tend to be more effective in that they follow people in the compound and tend to combine education with entertainment.

This study also revealed that the attitude of the women of Chikondano compound have a very negative attitude towards the issue of reproductive health. But despite this fact most of the women still felt that the reproductive health information being provided by the health center is not adequate. This is also another indicator to show that Kazinva health center is not effective in its reproductive health information provision. One of the contributing factors could have been the time taken for the patrons to be served, as the study shows that it takes long for a patron to receive reproductive health information. Thus from the general view of the research it can be concluded that Kazinva rural health center is not effective in its provision of reproductive health information.

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THE UNIVERSITY OF ZAMBIA
SCHOOL OF EDUCATION
DEPT. OF LIBRARY AND INFORMATION STUDIES

RESEARCH QUESTIONNAIRE

Dear Respondent,

I am a fourth year student in the School of Education pursuing a Bachelors of Arts with Library and Information Studies. I am conducting a research under the topic; evaluation of the effectiveness of Kazinva Rural Health Center in providing Reproductive Health information to women of Chikondano Compound.
You have been randomly selected and therefore, kindly requested to take part in this study by filling in the questionnaire.

This is purely an academic research and not political in any way. You are therefore; assured of maximum confidentiality of the information you will give.

Yours truly,

Nyangu Masautso

Instructions
Tick in the box for the answers that applies to you.

Section A
Background Information

No.	Questions	Answer Options	Official use
Q1.	How old were you at your last birth day?	(a) 16-19 years [ ] (b) 20-24 years [ ] (c)25-29 years [ ] (d) 30-34 years [ ] (e) 35 years and above [ ]	[ ]
Q2.	What educational levels have you attained?	(a) None [ ] (b) Primary [ ] (c) Secondary [ ] (d) Tertiary [ ]	[ ]
Q3.	What is your marital status?	(a) Single [ ] (b) Married [ ] (c) Divorced [ ] (d) Separated [ ] (e) Widowed [ ]	[ ]
Q4.	What is your religion	(a) Christian [ ] (b) Protestant [ ] (c) Islam [ ] (d) Other	

Section B
Knowledge and Awareness of the Existence of Reproductive Health Information

			Yes	No	
Q5.	Of the following, which ones do you think are included in Reproductive Health?	(a) Family Planning	[ ]	[ ]	[ ]
		(b) HIV/AIDS	[ ]	[ ]	
		(d) Malaria	[ ]	[ ]	
		(d) Tuberculosis	[ ]	[ ]	
		(e) Maternal Health Care	[ ]	[ ]	
		(f) Sexually Transmitted Infections (STIs)	[ ]	[ ]	
Q6.	Are you aware that Kazinva Clinic provides Reproductive Health Information?	(a) Yes [ ] (b) No [ ] **(If yes proceed to Q8)**			[ ]

Q7.	What could be the reason for your lack of awareness?	(a) No interest in the RH information [ ] (b) You have not been there to find out [ ] (c) You Have not been informed [ ] (d) Other Specify.....	[ ]
Q8.	How did you know that Kazinva Clinic provide RH information?	(a) Through a Friend [ ] (b) Publication leaflets [ ] (c) Drama [ ] (d) Peer Educators [ ] (e) Personnel at the clinic [ ] (f) Other (Specify).....	[ ]
Q9.	Do you use Kazinva Clinic to access your Reproductive Health Information?	(a) Yes [ ] (b) No [ ] **(If No proceed to Q11)**	[ ]
Q10.	How often do you access RH from Kazinva?	(a) once week [ ] (b) once in month [ ] (c) once in 3 months [ ] (d) once in a year [ ]	[ ]
Q11.	What could be the reasons for not accessing information from Kazinva Clinic?	**Yes No** (a) It is far [ ] [ ] (b) Staff is not friendly [ ] [ ] (c) No Confidentiality [ ] [ ] (d) information not helpful [ ] [ ] (e) Have no need to visit the clinic [ ] [ ]	[ ]
Q12.	If Kazinva Clinic is not your source of Reproductive Health Information, then what could be your source?	(a) Media and Press [ ] (b) Friends and Relative [ ] (c) Books and [ ] (d) Any other specify.....	[ ]

Section C.

Kazinva's Mode of Information Provision and Women's Attitude towards RH Information

			Yes	No	
Q13.	In what ways does Kazinva provide Reproductive Health Information?	(a) Clinic Talks	[ ]	[ ]	[ ]
		(b) Peer Educators	[ ]	[ ]	[ ]
		(c) Publications	[ ]	[ ]	[ ]
		(d) Drama	[ ]	[ ]	[ ]
		(e) Focus Group Discussions	[ ]	[ ]	[ ]
			Yes	No	
Q14.	Of these ways used by Kazinva Clinic, which ones do you think is/are more effective?	(a) Clinic Talks	[ ]	[ ]	[ ]
		(b) Peer Educators	[ ]	[ ]	[ ]
		(c) Publications	[ ]	[ ]	[ ]
		(d) Drama	[ ]	[ ]	[ ]
		(e) Focus Group Discussions	[ ]	[ ]	[ ]
			Yes	No	
Q15.	What issues concerning Reproductive Health Information are not being addressed by Kazinva Health Centre?	(a) STIs/STDs	[ ]	[ ]	[ ]
		(b) Rape/Gender based Violence	[ ]	[ ]	[ ]
		(c) Abortion	[ ]	[ ]	[ ]
		(d) Maternal Health Care	[ ]	[ ]	[ ]
Q16.	Has Reproductive Health Information been of any help to you?	(a) Yes	[ ]		[ ]
		(b) No	[ ]		
			Yes	No	
Q17.	In what ways has the use Reproductive Health Information helped you?	(a) Child Spacing	[ ]	[ ]	
		(b) Prevention against HIV/AIDS and other STIs	[ ]	[ ]	[ ]
		(c) Helped you while Pregnant	[ ]	[ ]	[ ]
		(d) Safe delivery	[ ]	[ ]	[ ]
		(e) Looking after the Children.	[ ]	[ ]	[ ]
					[ ]
Q18.	How long does it take for a health worker at Kazinva Health Centre to attend to you?	(a) long	[ ]		
		(b) Very long	[ ]		[ ]
		(c) Not long	[ ]		
Q19.	How would you describe the Reproductive Health Information been provided by Kazinva Health Centre?	(a) Adequate	[ ]		
		(b) Very Adequate	[ ]		[ ]
		(c) Not Adequate	[ ]		
Q20.	In what ways, do you think Kazinva Health Centre can improve its services in terms of Reproductive Health Information	.....			
		.....			
		.....			

Interview Schedule for the Clinic Members of Staff

Q1. Does Kazinva Rural Health Centre provide Reproductive Health Information (RHI)?

Q2. Are the women of Chikondano Settlement part of the users of the RHI provided by Kazinva centre?

Q3. What methods does the Kazinva use to disseminate its RHI to the users?

Q4. Of the different methods used by Kazinva which ones do you think has proved to be the most effective?

Q5. What issues concerning RH to you usually focus on when disseminating RHI?

Q6. What is the attitude of women towards accessing RHI?

Q7. How easily accessible are your services in terms of RHI provision?

Q8. How easy is it for you to effectively provide RHI?

Q9. What challenges do you face in providing RHI?

Q10.What do you think should be done in order to improve the provision of RHI?