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

A STUDY ON HOW INFORMED THE UNIVERSITY
OF ZAMBIA STUDENTS (GREAT EAST ROAD CAMPUS) ARE
ABOUT FAMILY PLANNING.

A RESEARCH STUDY, SUBMITTED TO THE
DEPARTMENT OF POST-BASIC NURSING,
SCHOOL OF MEDICINE, IN PARTIAL FULFILMENT
OF THE REQUIREMENTS OF THE BACHELOR
OF SCIENCE DEGREE IN NURSING.

NURSING RESEARCH (NB420)

BY

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LUSAKA, ZAMBIA.

JULY, 1988.

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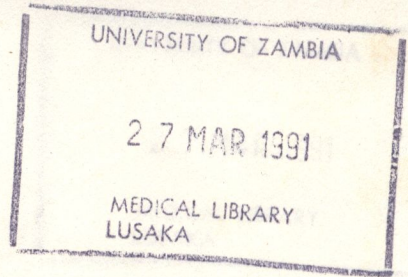
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DECLARATION

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

Signed

Luchkinga

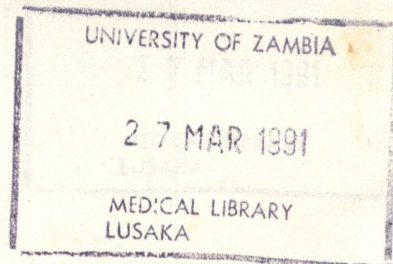
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SUPERVISING LECTURER



S T A T E M E N T

D E D I C A T I O N

I hereby certify that this study is entirely the result of my own independent investigation. The various sources to whom I am indebted are clearly indicated in the paper and in the bibliography.

Dear Father Mr. Samuel Nkomo

Signed

Luchikanga

CANDIDATE

ABSTRACT

This descriptive research study was conducted at the University of Zambia, Great East Road Campus, in Lusaka, in May, 1988. The study was Aimsed at Determining family planning knowledge among University students at this Campus.

The literature review was based on family planning information in general and the problems that may arise due to lack of family planning information, knowledge and practice. Data was collected by means of self devised questionnaire from a convenient of fourty (40) students. The sample comprised of twenty-two (22) female and eighteen (18) male students. The sample included students from first to fourth years of study and were all full-time students.

The results of the study revealed that the students had some knowledge about family planning and a few practising it. Nearly all the students had some knowledge of family planning methods although the male students showed that they were more knowledgeable regarding modern methods of family planning.

The study revealed that male students were better informed than female students and more male students practiced family planning, religion did not affect the students practice of family planning but most students attitude to family planning had been affected by their upbringing.

There was however, an indication that there is need for more family planning information among these students since there ~~were~~ some who did not know any family planning method and some did not even know of the existence of a family planning clinic at the University of Zambia (UNZA). Some of the female students did not see the point of using a contraceptive since they were single and all of these students were in the child bearing age.

It is however, hoped that these findings will help to plan more extensive family planning programmes for UNZA students since they are expected to be more knowledgeable and their advise is usually taken seriously by society.

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CHAPTER I

INTRODUCTION, STATEMENT OF THE PROBLEM, PURPOSE AND OBJECTIVES OF THE STUDY, HYPOTHESIS AND OPERATIONAL DEFINITION OF TERMS.

Introduction

Zambia is one of the developing countries which adopted the concept of primary health care in Alma Ata in 1978 as an approach for achieving health for all by the year 200 (HFA 2000).¹ The provision of family planning services is one of the components of primary health care whose main aim is to "make basic but essential health care accessible to all the people of Zambia."²

Family planning plays an important role in tackling the main health socio-economic problems of any nation such as high infant maternal morbidity and mortality as well as a rapid population growth rate leading to unemployment. Many African leaders now accept family planning as an important health measure in contributing to the health of mothers and children and is also being accepted as a necessary ingredient of socio-economic development."³

Recommendation which stemmed from the International Conference on population in Mexico emphasized the links between socio-economic development and need for effective coordination and implementation.

One of the recommendations was that:-

Governments are urged to adopt policies, social and economic development policies that are mutually reinforcing. Such policies should be formulated with particular attention to the individual, family and community levels, as well as to other factors at the micro-level and macro-level. Special emphasis needs to be given to linkages between population trends, labour supply and demand, the problem of unemployment and creation of productive employment. Governments are urged to share their experience in integrating population policies into other social and economic policies.

At the same Conference many countries presented statements regarding population. Turkey pointed out that they believed that with the adoption of effective population policies, they would be able to maintain a rate of population growth that is in harmony with their goal of achieving a high and rapid Socio-economic development. It is important for any country to balance the population with the available resources if development has to take place. Like many other developing countries; Turkey observed the direct effects of population on their economy and social problems such as unemployment and rapid pre-urbanisation.⁵ In Zambia however, there is no clear policy on population and direct pressures on the economy of the nation are being observed as well as problems of unemployment and rapid pre-urbanisation.

University students being in the highest institution of learning in the country are expected by society to be very knowledgeable in all fields of study and their advice is usually taken seriously. They are expected to give information to the society including that of family planning. It is therefore,

important for these students to be very knowledgeable so that they are able to function accordingly within the society.

These students who are more knowledgeable about family planning should be able to practice it and share their knowledge with other students so that the number of family planning acceptors can be increased.

Many people lack information about family planning and they are unaware of the fact that it is the right of all individuals and couples to decide freely and responsibly the number and spacing of children and to have the information, education and means to do so.⁶ It is however, realised that family planning services have helped a lot of people to use contraceptives in the regulation of their fertility and sexually fulfilled lives.

Over the past 20 - 30 years, attitude towards the use of family planning methods have changed greatly. People have learned more about the physiology of their bodies, and their health, they have discussed openly family planning issues which were long ago considered as taboo. New attitudes to health have developed and people are now aiming at achieving healthier life styles as well as taking greater responsibilities for their health.⁸ The community must participate in the planning and implementation of those services that most crucially and directly affect their well being.⁹ Universities can however, bring fresh perspectives of the overall possibilities of progress towards goals. They can provide resources to a community which can be enlisted to design, test and implement useful policy for education of public health. They also have a crucial role for educating the leaders in matters affecting health such as unplanned families and non-utilization of available

family planning services.¹⁰ Universities and other institutions of higher learning are being encouraged to use their social and technical concepts of health for all in the education and training of all categories of students and post graduates, as well as to acquaint the general public with these concepts, if these concepts are used, university students will then possess family planning knowledge which can influence family planning policy and practice in that, most university graduates hold responsible positions in society which empower them to contribute in the formulation of family planning policies which can help its practice. In order to increase the awareness of the public on the importance of family planning in the lives of individuals, university students should practice family planning and share their knowledge with others.

Knowledge is a very important factor in the well being of individuals as well as for development of nations because behaviour is greatly influenced by knowledge. A study which was carried out on knowledge, attitude and practice of contraceptives in Nicosia found out that forty-six (46) percent were users and sixty-two point six (62.6) percent were non-users and the reasons given were lack of knowledge of existence of family planning method (Contraception) or the lack of knowledge of the need for it. The same study showed that religion and cultural views did not have adverse effects on attitude to and practice of contraception.¹²

The failure to provide adequate information, education and family planning counselling is serious because if individuals are deprived of an education on such matters, then there is

little hope of their acting responsible with respect to their reproductive health.¹³

University students should therefore participate in creating awareness in the general public about the actions people should take to promote their health and the health of communities they live in.¹⁴

It was with this view that the researcher felt that students at institutes of higher learning should be well informed about family planning. The main aim of the study was to determine the knowledge, attitude and practice of family planning among University of Zambia students at Great East Road Campus in Lusaka.

2. Statement of the Problem

In any country, especially a developing country like Zambia, family planning knowledge must be considered as a very important and necessary health measure which should be accorded with great importance.

There are so many problems which are associated with a rapid population growth such as poor education, poor medical services, unemployment, poor nutrition, resulting in disease, poor standard of living, high infant and maternal mortality rates. All these may result due to lack of information, practice or knowledge about family planning. Knowledge is the simplest class of learning requiring a person to acquire or recall information, facts and ideas.

Therefore this study tried to find out whether students at the Great East Road Campus are informed and practice family planning.

There is need for every country to balance the population with the available resources. This is however, not the case in developing countries where the population is usually more than the available resources which have to be shared among so many people. As a result of this imbalance, only few people are able to get education and employment. This means that there is a big problem and the researcher felt that since population planning is a fundamental developmental issue whose principal aim is to improve the quality of life, there is need to investigate into the problem, and determine the attitude, practice and knowledge of family planning among university students. Such an investigation may help to increase the number of family planning acceptors and may also help to prevent pregnancy among female students which causes disruption in studies leading to poor performance.

The population of Zambia increased from 7,234,969 in 1987 to 7,499,770 in 1988. The expected number of births in 1987 were 361,987 and 1988. The number of expected pregnancies in 1988 is 408,987.¹⁵ Therefore, with a population that is increasing from year to year, Zambia is assured of facing continued problems associated with a rapid population growth.

Prevention of unwanted pregnancies can help reduce population pressures and improve the quality of life. The importance of family planning and the health of individuals has been taken into consideration as well, especially the health

of mothers and children. The effects of high fertility rates on the health of mothers and their children is well known. Too many or too closely spaced pregnancies and, also pregnancies at too young and or or too early an age give rise to health risks to both the mother and child. The health of other children in the family is also affected especially the very young ones who may still depend on maternal care and feeding. These factors among others provide rationale for knowledge in fertility regulation and family planning.

3. Hypotheses

The following were the hypothesis for the study:-

- female students at the Great East Road Campus are better informed about family planning than male students.
- There is a relationship between the attitude of University of Zambia students (Great East Road Campus) towards family planning and their upbringing.
- There is a difference in the knowledge of family planning between the first year students and those in other years.

It is hoped that the findings of the study will help to support the above hypotheses.

4. Purpose and Objectives of the Study

The purpose of the study was to determine the knowledge, practice and attitude of family planning among University of Zambia students at the Great East Road Campus in Lusaka. The objectives of the study were to:-

- establish whether the female University of Zambia students are better informed about family planning than male students;

- determine the relationship between the upbringing of University of Zambia students and their attitude towards family planning;
- find out whether there is difference in the knowledge of family planning between the first year students and those in other years of study.

Operational Definition of Terms

For the purpose of this study the following were the operational definition of terms:-

University Students: a person studying at the University of Zambia (UNZA) Great East Road Campus Lusaka.

Informed:- to have knowledge of something in this case, family planning.

Attitude:- Behaviour towards something.

Family Planning Method:- a traditional or modern way of preventing a pregnancy.

Contraceptive:- a way of preventing a pregnancy.

N.B. In this study family planning method and contraceptive were used inter-changeably.

Available Service:- a service that is provided to be used for family planning purposes.

Upbringing :- the way one is raised from childhood to adulthood.

Health: the physical , social mental well being of an individual and not merely the absence of disease.¹⁶

Modern Method of Family Planning:- includes the pill, intra Uterine contraceptive device (IUCD) permanent methods, barrier and methods of family planning.

Fertility: refers to ability to reproduce by males and females or couples in a population.

Total Fertility Rate: " the average number of children that would be born alive to a woman (or group of women) during her life time if she were to go through all her child bearing years conforming to the age -specific fertility rates of a given year".¹⁷

Mortality:- "refers to death as a component of population charge."¹⁸

Infant Mortality Rate :- "the number of deaths to infants under one year of age per 1,000 live births in a given year."¹⁹

Maternal Mortality Rate:- the number of women who die as a result of child bearing in a given year per 100,000."²⁰

CHAPTER II

LITERATURE REVIEW

It has been observed that over the past few years, Zambia has been experiencing a lot of pressure resulting from population increases. The Country's economic situation has been doing very badly and it continues to do so. Nearly all the people in Zambia have at one time or other experienced shortage of essential commodities and poor health services. This is supported by Mugabe when he opened a conference on Conservation in Zimbabwe in 1985, he stated that there is no point in having more people whose fate is to go without employment, adequate food, shelter, health care and education.²¹ Unemployment has become so common and this has resulted in social ills such as armed robberies, drunkardness, lack of civil responsibility and black marketeering which has affected the lives of many people.

This problem can be attributed to the lack of family planning knowledge and practice among Zambian people, including some of the University students. Family planning knowledge and practice can be very useful in the lives of many University students since they are very busy with their studies, use of family planning methods could be of benefit to these students as this may help them to complete their studies without being interrupted by unplanned pregnancies. Lack of family planning knowledge and practice may result in frequent pregnancies among the female students which could disrupt their studies resulting in poor academic performance.

The report of the International conference on family planning Jakarta-Indonesia reaffirmed the right of people to decide on the number of children as a rationale for family planning.²² This is the right which should be made known to all individuals who are capable of having children. It must be made known that "those who withhold family planning education from individuals and couples must know that they are denying human being of a powerful health measure."²³ . Modern family planning methods can be accepted by many people if University students become examples to people they live with and those communities around them. Kibaki supports this when he states that "studies on family planning education have shown that teaching of family planning is more effective if done on individuals who practice it."²⁴

The failure to provide information education, and family planning counselling is serious because there is very little that one can expect of an individual who has no knowledge.²⁵ . A study on knowledge and attitudes of public health nurses on family planning which was conducted in Philadelphia in the United States of America by Howard found out that the subjects had knowledge of family planning and that they could give information to the community about family planning. The same study found out that personal use of a method contributed to one's knowledge of birth control methods.²⁶

Many people are faced with the problem of having unwanted children due to lack of knowledge and family planning practice. They therefore fail to look after these children who often die due to diseases which can be prevented such as malnutrition and measles.

These could be prevented through good nutrition and immunization respectively. As many as 14,000,000 children die in most developing countries as compared to one in fifty children that die in America.²⁷

As has been observed, intervals of more than 2 years has a significant beneficial influence on the health of infants and younger children. In order to ensure birth intervals of more than 2 years, there is need to utilise family planning methods. It is therefore important to educate individuals, families and communities about all the available family planning methods. Weimberger says that education should facilitate the acquisition of knowledge about family planning and may directly change attitudes, beliefs and influence economic factors in ways that discourage high fertility.²⁸ It is indeed true that the more people become educated, the more they become aware of the advantage of smaller families through the use of family planning methods. University students can help to increase the emphasis on education, especially the education of women on family planning issues which can help more women to adopt methods to limit their family size.²⁹ The higher the educational level, the more favourable their attitude towards the use of family planning methods.³⁰

Since University students are educated, their attitude to family planning should be favourable.

Even if the University students may however be equipped with adequate family planning knowdege, there are many factors that may prevent them from practising family planning such as fear of side effects, religion, parents against it, husband not allowing it, or not seeing the need for family planning because they are single, as well as lack of knowledge about the available facilities.

The results of a contraceptive prevalence survey carried out in 1983 in five cities in Indonesia by Utomo and others showed that some of the subjects did not use contraceptives because they were afraid of the side effects, were not sexually active, did not want any family planning while others lacked information about family planning.³¹

Usually people decide to take action when they are informed about the available resources and perceive that they will benefit from them. This can be associated with Rosenstock's health belief model in a case of a mother who understands the importance of immunization against communicable disease, and takes her child to receive vaccinations according to schedule. She does all this because she understands or perceives the severity of the diseases once the child gets any of them. A mother who does not perceive this would never take her child for immunisations.³² The Same thing can be applied to family planning practice.

There is considerable evidence in many countries that appropriate public health education can reduce fertility. This can help people to make informed choices about family size. There is a lot that education can do to make couples able to plan their families and "that is the only way the situation can be improved"³³ as Cohen puts it.

University students as well as graduates have an important role to play in the development of family planning services and practice. Their leadership can lend prestige and status to the subject of family planning and indeed it is true that the provision of relevant family planning information, education and health services can help individuals

and couples regardless of their social-economic status to make informed decision and take appropriate action on how to live, plan, and raise their families. ³⁴ Adequate information about any health condition is necessary for decision making to comply or not to comply. It is therefore important to ensure that accurate information reaches those who need the services. ³⁵

Family planning has important health benefits for the mother in that it can prevent the four types of high risk pregnancies and these are pregnancies before the age of 18 years and after 35 years of age, too closely spaced pregnancies such as less than two (2) years and also pregnancies after the fourth child. These pregnancies can cause haemorrhage and high blood pressure which sometimes leads to death. ³⁶

A study which was carried out in Atlanta estimated what the maternal mortality rate would have been if a group of family planning clients had not used contraceptives. It was found out that among 30,000 women, twenty four deaths associated with pregnancy should have occurred but instead only two deaths occurred. ³⁷

A report on the international safe mother-hood held in Nairobi in 1987 says that family planning services improve the health of women. The high rates of maternal mortality reflects not only the poor health status in developing countries but also the large numbers of pregnancies. The number of deaths, can therefore be reduced by reducing the number of unwanted pregnancies through the wider use of contraceptives. ³⁸

It is however important to look at the feelings of the Zambian population regarding the use of contraceptives. Brooks points out that there is a significant number of the population who are against the use of contraceptives. Those who are against the use of contraceptives feel that children are important in Zambia because they provide the arena of the force existing in the ancestors to become active again. Children are a physical evidence of the parents especially the father to perform sexually.³⁹ Children also provide a work force for the family and a kind of social security for the parents in old age. These factors are no doubt strong in Zambia but it is possible that the economic factors which suggest that some kind of population limitation is advisable.⁴⁰

People need to know that a rapid population growth is a developmental problem for several reasons. The faster the population grows the lower the resources available for each person. A rapid population growth rate complicates the already difficult management of economic and social change.⁴¹

Nyaywa says that although the party and its Government had expressed concern about the current high population growth rate, no population policy had been instituted. He points out that the current policy on population is that of encouraging family planning activities directed towards the spacing of births and improving the health of both children and mothers.⁴² This is supported by the Zambian Prime Minister when he says that "the Government had realised the importance of population factors in the overall national development planning process.

He says that the population growth rate must slow down and steps taken to reactivate the economy should be accompanied by measures aimed at slowing down the growth rate which was estimated at 3.7% per year.²³ University students can be utilised to create measures aimed at reducing the population growth rate.

The total population of Zambia was estimated at 6,975,600 in 1986 out of which 55.4% are in the rural areas.⁴⁴ In 1988 Zambia's population was estimated at 7,499,770.⁴⁵ This shows a substantial increase in the Zambian population which means a lot of problems for Zambia such as reduced educational opportunities, poor health services and poor nutrition. There is therefore need to educate every one in family planning and other population issues including the head of the household who is usually the man.

Phiri supports this by saying that "men have a greater responsibility in planning families".⁴⁶ This is like this because in most cases men are the ones who provide food, clothing and home security for the family.

As has been observed, Zambian men think that family planning has nothing to do with men and only women are responsible for it. This is however very disappointing because men should realise that their ability to provide children should equal their ability to bring up children.⁴⁷ Mukula points out that lack of involvement of men in family planning issues will hinder progress in the control of the Zambian population. She goes on to say that it takes two to make a baby, therefore both man and woman must be concerned about family planning.⁴⁸

According to Phiri, these days man is evaluated according to how well he is able to manage his family and usually a small family is easier to provide for and manage than a large one.⁴⁹ This is^a very important issue which should be taken seriously. If Zambia has to achieve population control and prevent all the pressures that result from increasing population such as unemployment everyone must be involved and concerned about family planning for child spacing.

This points out a need for imparting knowledge to these men. The male University students who are knowledgeable about family planning can thus influence these men by being role models in family planning activities.

Bachu points out that higher educational institutions can play a major vital role in educating their students to become effective change agents in their communities.⁵⁰ University students can only become effective change agents in family planning if there is a clear Government policy on population, at the same time these students can help with the formulation of policy on family planning due to their knowledge and positions in the nation. It is important to have a family planning policy to help in the effective implementation of programmes.⁵¹

Dant points out that Universities are becoming powerful and privileged communities, they have built up a great tradition and are considered to be the mouth piece of present thinking in the nation.⁵² Therefore all those who pass through the University should be able to largely determine in later life the national standards where population control is concerned and keep these standards at high level for national development.⁵³

The ways of promoting leadership and collaborating with health programmes by universities and other training Institutions need further investigations. Broadly speaking, family planning aims at health, human right and population control. Family planning is a means of monitoring the health and welfare of the family and contributes effectively to the social and economic development of the country. It cannot be practiced effectively, unless appropriate education, Information and health services are provided. 54

In conclusion therefore, there is need to investigate into the knowledge of family planning among university students.

CHAPTER III

METHODOLOGY

1. Research Design

The study aimed at determining the family planning knowledge among University students at the Great East Road Campus in Lusaka. For the purpose of this study a descriptive survey design was used. The reason for using this type of design was because this type of design is used to describe phenomena and the sample was small.⁵⁵

Generalisation in this study was not possible because the sample was not representative of the population from which it was drawn. "Care must be taken not to generalise beyond the group until there is certainty that the sample is really representative."⁵⁶

A survey design is used to obtain information from the self-report of people in the natural setting in order to provide either qualitative description or to discover relationships.⁵⁷ Another reason for choosing this design was that the researcher felt that, this type of design would allow the respondents to be free to give their own opinions on topic under study since the respondents would not be under the researcher's control. The design would also allow the collection of data from the already existing resources.

2. Research Setting

The study was conducted at the University of Zambia, Lusaka which is located on the South side of the Great East Road about 9 kilometers from the town centre. The Campus is about 290 hectares in extent. The University of Zambia has eleven schools and has a student population of 5,124 both part-time and full-time.

The reason for choosing this setting was because it was convenient to the researcher.

3. Pilot Study

A pilot study was not conducted considering the little amount that was available before submission of the study. A pilot study is "a small scale version or trial of the major study."⁵⁸ It is usually done with the aim of testing elements of the research proposal and correcting any inconsistencies.

3. Sample Selection and Approach

Sample selection was done by giving a questionnaire to any of the students who passed through the University Library entrance willing to participate. A letter of instructions was attached to each questionnaire (see appendix). Although there are more male students than female students at the University of Zambia the sample comprised of more female students. The sample was comprised of forty (40) students out of which twenty two (22) were female and eighteen (18) were male students.

The sample did not include the students from the school of medicine although they are part of the student body of the Great East Road Campus in Lusaka. The sample included students from the first to the fifth years of study.

A non probability convenient sample was used. This type of sample is not always representative of the population from which it is drawn but convenient to the researcher.

A letter to seek for permission to conduct the study was not written because the researcher was informed that there was no need for permission due to the fact that the researcher was part of the student body and one of the goals of the University is research and service relevant to the needs of Zambia, thus the researcher could conduct the study anytime convenient to her.

5.

5. Data Collection Instrument

Data were collected using a self-devised questionnaire (see appendix). This enabled the researcher to collect data from primary sources and the questionnaire was appropriate due to the fact that the sample was literate. The questionnaire was used because of some of its advantages that unlike the interview schedule, the questionnaire is generally much less costly to administer. It offers the possibility of complete anonymity, it avoids the researchers biasness because he/she is not there, it also requires less skill in conducting and is time saving.

The researcher was however, aware that the use of this instrument had some limitations such as its inability to probe the topic without becoming unduly lengthy disregard by the respondent of any item without giving any explanation. The respondents who do not feel like answering the questions do not return the questionnaire leading to low response.⁶⁰

6. Questionnaire Design

There were thrity-one (31) questions altogether and the first six (6) questions were meant to elicit demographic data of the respondents. These were put first so that the respondent would feel at ease before going into the questions concerning the topic under study. This also provides some motivation for the respondents to want to continue.⁶¹

Questions seven to sixteen (7-16) were meant to find out about the respondents attitude towards family planning. The questions from seventeen to twenty-one (17-21) were meant to find out about the respondents attitude towards family planning. The questions that followed, twenty-two to twenty-nine (22-29) were to elicit data regarding the practice of family planning. The last two questions thirty to thirty-one (30-31) were meant to find out about whether the respondent thought family planning was important for national development and any comments regarding topic study.

7. Data Collection and Analysis

Data were collected during the second week of May 1988 because this was the time convenient to the researcher.

The respondents were given one week in which to complete and return the questionnaire (see letter in appendix). There was an eighty (80) percent return of the questionnaire and forty-four (44) percent of the questionnaires were answered by the female students while thirty-six (36) percent were answered by the male students.

Data were analysed during the first week of June 1988 manually. Tallying was done using the cross-fire technique after coding and categorising of the data.

CHAPTER IV

PRESENTATION AND INTERPRETATION OF DATA

Data collected are not useful unless arranged in a meaningful manner. It was therefore decided to present the present data in tabular form.⁶² This arrangement helps in summarizing the findings and tabulated data are easier to remember,⁶³

Tables were arranged according to question sequence and all the relevant information given by the respondents is depicted in the tables. The findings of the study are interpreted below the tables.

Table 1: SEX OF RESPONDENTS

SEX	NUMBER OF RESPONDENTS	PERCENTAGE
MALE	18	45
FEMALE	22	55
TOTAL	40	100

Table 2: AGE DISTRIBUTION OF RESPONDENTS

AGE IN YEARS	NUMBER OF RESPONDENTS				TOTAL NUMBER RESPON- DENTS	TOTAL PERCENT- AGE
	MALE	PER- CEN- TAGE	FEMALE	PER- CEN- TAGE		
BELOW 20	-	-	2	9.1	2	5
20 - 24	7	38.9	10	45.4	17	42.5
25 - 29	8	44.4	10	45.4	18	45
30 - 34	3	16.6	-	-	3	7.5
TOTAL	18	100	22	100	40	100

The above tables 1 and 2 show the age and sex distribution of the respondents. Eighteen (45%) of the respondents were male while twenty-two (55%) of the respondents were female.

The majority of the respondents were between ages twenty to twenty nine (87.5%) which accounted for thirty five respondents. Out of the thirty-five fifteen (37.5%) were male and twenty (50%) were female. Two (5%) female respondents were below the age of twenty years while three (7.5%) were male between ages thirty and thirty-four years.

Table 3: MARITAL STATUS OF RESPONDENTS

MARITAL STATUS	NUMBER OF RESPONDENTS				TOTAL NUMBER RESPONDENTS	TOTAL PER-CENTAGE
	MALE	PER-CENTAGE	FEMALE	PER-CENTAGE		
SINGLE	17	94.4	20	91	37	92.5
MARRIED	1	5.6	2	9	3	7.5
TOTAL	18	100	22	100	40	100

This table indicates that the majority of the respondents were single. Thirty-seven (92.5%) of the respondents were single out of which seventeen (94.4%) were male and twenty (91%) were female. Only one (5.6%) male was married while two (9%) female were married.

Table 4: RELIGIOUS AFFILIATION OF RESPONDENTS

MARITAL STATUS	NUMBER OF RESPONDENTS				TOTAL NUMBER RESPONDENTS	TOTAL PER-CENTAGE
	MALE	PER-CENTAGE	FEMALE	PER-CENTAGE		
CATHOLIC	3	16.7	6	27.3	9	22.5
PROTESTANT	11	61.1	16	72.7	26	67.5
NONE	4	22.2	-	4	4	10
TOTAL	18	100	22	100	40	100

The table shows that most respondents were Protestants which accounted for twenty-six (67.5%) respondents and nine (22.5%) were Catholics. Those who had no religious affiliation were only four (10%) and were all male.

Table 5:

RESPONDENTS YEAR OF STUDY

YEAR OF STUDY	NUMBER OF RESPONDENTS				TOTAL NUMBER OF RESPONDENTS	TOTAL PERCENTAGE
	MALE	PERCENTAGE	FEMALE	PERCENTAGE		
1	4	22.2	3	13.6	17	17.5
2	4	22.2	1	4.5	5	12.5
3	3	16.7	4	18.2	7	17.5
4	7	38.9	14	63.6	21	52.5
TOTAL	18	100	22	100	40	100

Table 5 shows that twenty-one respondents were in the 4th year of study (52.5%) while seven were in 1st and 2nd years of study respectively. Only 5 (12.5%) were in third year. The majority in 4th year.

Table 6: WHETHER RESPONDENT FULL TIME OR PART TIME

CATEGORY	NUMBER OF RESPONDENTS				TOTAL NUMBER	TOTAL PERCENTAGE
	MALE	PERCENTAGE	FEMALE	PERCENTAGE		
FULL TIME	18	100	22	100	40	100
PART TIME	-	-	-	-	-	-

Table 7: WHETHER RESPONDENTS HAD HEARD ABOUT FAMILY PLANNING

RESPONSE	NUMBER OF RESPONDENTS				TOTAL NUMBER	TOTAL PERCENTAGE
	MALE	PERCENTAGE	FEMALE	PERCENTAGE		
YES	18	100	22	100	40	100
NO	-	-	-	-	-	-
TOTAL	18	100	22	100	40	100

Table 6 and 7 shows that all the respondents were full time students and had heard about Family Planning.

TABLE 8: RESPONDENT'S SOURCE OF FAMILY PLANNING INFORMATION

SOURCE OF INFORMATION	NUMBER OF RESPONDENTS				TOTAL, NUMBER RESPONDENTS	TOTAL PERCENTAGE
	MALE	PERCENTAGE	FEMALE	PERCENTAGE		
MASS MEDIA	5	27.8	8	36.3	13	32.5
FAMILY PLANNING ORGANIZATION	9	50	5	27.7	14	35
UNIVERSITY OF ZAMBIA COUNSELLING CENTER	2	11.1	1	4.5	3	7.5
UNZA CLINIC	1	5.5	4	18.2	5	12.5
UNZA COUNSELLING PSYCHOLOGIST	1	5.5	3	13.6	4	10
FRIEND	-	-	1	4.5	1	2.5
TOTAL	18	100	22	100	40	100

This table shows that most respondents source of information about Family Planning was within the University Campus (65%). Fourteen (35%) students had other sources of information.

Table 9: MEANING OF FAMILY PLANNING ACCORDING TO RESPONDENT

MEANING OF FAMILY PLANNING	NUMBER OF RESPONDENTS				TOTAL NUMBER OF RESPONDENTS	TOTAL PERCENTAGE
	MALE	PERCENTAGE	FEMALE	PERCENTAGE		
No Response	2	11.1	3	13.6	5	12.5
Limiting Number of children for all couples	2	11.1	3	13.6	5	12.5
Having Children at a time convenient for couple and assisting those who can not have children	12	66.7	13	59.1	25	62.5
Stopping couples from having any more children	2	11.1	3	13.6	5	12.5
TOTAL	18	100	22	100	40	100

The above table shows that twenty-five (62.2%) of the respondents knew the meaning of Family Planning out of which thirteen (59.1%) were female and (66.7%) were male.

Table 10: DISTRIBUTION OF CHILDREN AMONG RESPONDENTS

NUMBER OF CHILDREN	NUMBER OF RESPONDENTS				TOTAL NUMBER OF RESPONDENTS	TOTAL PERCENTAGE
	MALE	PERCENTAGE	FEMALE	PERCENTAGE		
NIL	13	72.2	18	18.8	31	77.5
1	2	11.1	-	-	2	5.0
2	2	11.1	4	18.2	6	15
3 - 4	1	5.5	-	-	1	2.5
TOTAL	18	100	22	100	40	100

Table 10 shows that thirty-one (77.5%) of the respondents had no children. Thus the majority students in the sample had no children.

Table 11: NUMBER OF CHILDREN A WELL PLANNED FAMILY SHOULD HAVE ACCORDING TO RESPONDENTS

NUMBER OF CHILDREN	NUMBER OF RESPONDENTS				TOTAL NUMBER OF RESPONDENTS	TOTAL PERCENTAGE
	MALE	PERCENTAGE	FEMALE	PERCENTAGE		
1 - 2	4	22.2	2	9.1	6	15
3 - 4	6	33.3	14	63.6	20	50
5 - 6	6	33.3	4	18.2	10	25
9 and above	1	5.6	1	4.5	2	5
As many as one can afford to look after	1	5.6	1	4.5	2	5
TOTAL	18	100	22	100	40	100

The above table shows that the majority of the respondents said that a well planned family should have three to four children. This accounted for twenty-six (50%) respondents out of which fourteen (63.6%) were female and six (33.3%) were male.

Table 12: REASONS FOR CHOICE OF NUMBER OF CHILDREN A WELL PLANNED FAMILY SHOULD HAVE

REASON	NUMBER OF RESPONDENTS				TOTAL NUMBER OF RESPONDENTS	TOTAL PERCENTAGE
	MALE	PERCENTAGE	FEMALE	PERCENTAGE		
Easy to Manage	14	77.8	19	86.4	33	82.5
Non Response	4	22.2	3	13.6	7	17.5
TOTAL	18	100	22	100	40	100

TABLE 13: WHETHER RESPONDENTS THINK SPACING OF CHILDREN IS GOOD

RESPONSE	NUMBER OF RESPONDENTS				TOTAL NUMBER OF RESPON- DENTS	TOTAL PERCENT AGE
	MALE	PER- CENT AGE	FEMALE	PER- CENT TAGE		
YES	14	77.8	19	86.4	33	82.5
NON RESPONSE	4	22.2	3	13.6	7	17.5
TOTAL	18	100	22	100	40	100

The above tables 12 and 13 indicate that the majority of the respondents choose the number of children a well planned family should have (3 - 4 children) because it was easy to manage and this accounted for fourteen (77.8%) male and nineteen (86.4%) female and respondents. The same number of respondents also felt that spacing of children was good.

Table 14: RESPONDENTS' OPINION OF BEST INTERVAL FOR SPACING CHILDREN

INTERVAL	NUMBER OF RESPONDENTS				TOTAL NUMBER OF RES- POND- ENTS	TOTAL PERCENT- TAGE
	MALE	PER- CENT- TAGE	FEMALE	PER- CENT- TAGE		
1 Year	-	-	1	4.5	1	2.5
2 - 3 Years	15	83.3	19	86.4	34	85
4 Years & Above	3	16.7	2	9.1	5	12.5
TOTAL	18	100	22	100	40	100

The table shows that most respondents felt that 2 - 3 years was the best interval for spacing children.

TABLE 15:

**RESPONDENTS KNOWLEDGE OF MODERN MALE METHODS OF
FAMILY PLANNING**

NUMBER OF METHODS KNOWN	TOTAL NUMBER OF RESPONDENTS				TOTAL NUMBER OF RES- POND- ENTS	TOTAL PERCENT- AGE
	MALE	PER- CEN- TAGE	FE- MALE	PER- CEN- TAGE		
1 - 2	2	11.1	4	18.1	6	15
3 - 4	16	88.8	16	72.8	32	80
NONE	-	-	2	9.1	2	5
TOTAL	18	100	22	100	40	100

Table 15 shows that the majority of the respondents had knowledge of 3 - 4 male methods of Family Planning and only 2 (5%) had no knowledge of any method of male Family Planning and the two were girls. More male respondents 16 (88.8%) had knowledge of 3 - 4 methods.

Table 16:

**RESPONDENTS KNOWLEDGE OF MODERN FAMILY PLANNING
(FEMALE METHODS)**

METHODS KNOWN	NUMBER OF RESPONDENTS				TOTAL NUMBER OF RES- POND- ENTS	TOTAL PERCENT- AGE
	MALE	PER- CEN- TAGE	FEMALE	PER- CEN- TAGE		
1 - 2	7	38.9	9	40.9	16	40
3 - 4	10	55.5	7	31.8	17	42.5
NONE	-	-	6	27.3	6	15
NON RESPONSE	1	5.5	-	-	1	2.5
TOTAL	18	100	22	100	40	100

Table 16 shows that sixteen (40%) of the respondents had knowledge of 1 - 2 listed female methods of Family Planning, while seventeen (42.5%) had knowledge of 3 - 4 methods. Out of those who know 1 - 2 methods, seven (38.9%) were male while nine (40.9%) were female. Out of those who had knowledge of 3 - 4 methods, ten (55.5%) were female. Six (15%) of the respondents had no knowledge of any female method and were female. This shows that male respondents had more knowledge of the modern Female Methods of Family Planning.

TABLE 17: RESPONDENTS KNOWLEDGE OF TRADITIONAL FAMILY PLANNING METHODS

RESPONSE	NUMBER OF RESPONDENTS				TOTAL NUMBER OF RESPONDENTS	TOTAL PERCENTAGE
	MALE	PER-CENTAGE	FEMALE	PER-CENTAGE		
YES	6	33.3	7	31.8	13	32.5
NO	12	66.7	15	68.2	27	67.5
TOTAL	18	100	22	100	40	100

The table above indicates that thirteen respondents (32.5%) had knowledge of traditional methods of family planning while twenty-seven (67.5%) had no knowledge of traditional methods of family planning. Out of this six (33.3%) male respondents had knowledge of traditional methods while seven (31.8%) female respondents had knowledge of traditional methods of family planning. Twelve (66.7%) male and fifteen (67.5%) female respondents had no knowledge of traditional methods. This points out that male respondents had more knowledge of traditional methods of family planning.

TABLE 18: RESPONDENTS SOURCE OF INFORMATION FOR TRADITIONAL METHOD OF FAMILY PLANNING

SOURCE OF INFORMATION	NUMBER OF RESPONDENTS				TOTAL NUMBER OF RESPONDENTS	TOTAL PERCENTAGE
	MALE	PER-CENTAGE	FEMALE	PER-CENTAGE		
RELATIVE	2	33.3	2	28.6	4	30.8
FRIEND	4	66.7	4	57.2	8	61.5
BOOKS	-	-	1	14.2	1	7.7
TOTAL	6	100	7	100	13	100

Table 18 shows that four (30.8%) of the respondents had information about traditional family planning methods from a relative, eight (61.5%) had information from friends, while one (7.7%) had information from books. Most respondents got the information from friends.

TABLE 19:

KNOWN METHODS OF TRADITIONAL FAMILY PLANNING
BY RESPONDENT

TYPE OF METHOD	NUMBER OF RESPONDENTS				TOTAL NUM- BER OF RES- PON- DENTS	TOTAL PERCEN- TAGE
	MALE	PER- CEN- TAGE	FE MALE	PER- CEN- TAGE		
Abstinence	1	16.6	2	28.6	3	23.1
BLOCKING OF Cervix with Piece of Banana	1	16.6	1	14.2	2	15.4
Medicated String tied around waist of female	3	50	2	28.6	5	38.4
Roots soaked in water for drinking	1	16.6	2	28.6	3	23.1
TOTAL	6	100	7	100	13	100

This table indicates that the most popular traditional method of family planning was a medicated string tied around the waist of female

Table 20: DEFINITION OF NATURAL FAMILY PLANNING ACCORDING TO
RESPONDENT

DEFINITION	NUMBER OF RESPONDENTS				TOTAL NUM- OF RES- PON- DENTS	TOTAL PERCEN- TAGE
	MALE	PER- CEN- TAGE	FE- MALE	PER- CEN- TAGE		
Not Known	7	33.9	12	54.5	19	47.5
Known	6	33.3	9	41	15	37.5
Non Response	5	27.8	1	4.5	6	15
TOTAL	18	100	22	100	40	100

Table 20 indicates that nineteen (47.5% of the respondents did not know the definition of Natural Family Planning while fifteen (37.5%) respondents had knowledge of Natural Family Planning.

Seven (33.9%) male respondents had some knowledge of the definition of Natural Family Planning, while six did not know. Twelve female (54.5%) respondents had knowledge of the definition while nine (41%) had no knowledge of the number of the male respondents who had knowledge of Natural Family Planning definition and those who did not know is almost the same. The female respondents who did not know about Natural Family Planning and those who know is almost the same.

TABLE 21: WHETHER RESPONDENTS CONSIDERS USING A FAMILY PLANNING METHOD IMMORAL

WHETHER USE OF METHOD IMMORAL	NUMBER OF RESPONDENTS				TOTAL NUMBER RESPONDENTS	TOTAL PERCENTAGE
	MALE	PERCENTAGE	FEMALE	PERCENTAGE		
YES	-	-	2	9.1	2	5
NO	18	100	18	81.8	36	90
NON RESPONSE	-	-	2	9.1	2	5
TOTAL	18	100	22	100	40	100

TABLE 22: RESPONDENTS REASON FOR OPINION ABOUT USING A FAMILY PLANNING METHOD AS BEING MORAL OR IMMORAL

REASON	NUMBER OF RESPONDENTS				TOTAL NUMBER OF RESPONDENTS	TOTAL PERCENTAGE
	MALE	PERCENTAGE	FEMALE	PERCENTAGE		
Prevents Unwanted Pregnancy	12	66.7	3	13.6	15	37.5
Immoral for Single People	-	-	2	9.1	2	5
Health Reasons	6	33.3	17	77.3	23	57.5
TOTAL	18	100	22	100	40	100

Tables 21 and 22 show that the majority of the respondents felt that use of a family planning method was not immoral and this accounted for thirty-six (90%) respondents out of a total of forty (100%) respondents. Only two (5%) felt it was immoral.

Table 22 shows reasons for considering use of a family planning method moral or immoral. Fifteen respondents (37.5%) gave the reason that use of a family planning method prevents unwanted pregnancy. While two (50%) respondents felt that use of a family planning method was immoral for single people and twenty-three (57.5%) said that use of a family planning method was not immoral for health reasons. Thus the two tables show that most respondents would favour use of a family planning method.

TABLE 23: WHETHER PARENTS APPROVE OF CONTRACEPTIVE USE FOR SINGLE RESPONDENT

WHETHER PARENTS APPROVE	NUMBER OF RESPONDENTS				TOTAL NUMBER OF RESPONDENTS	TOTAL PERCENTAGE
	MALE	PERCENTAGE	FEMALE	PERCENTAGE		
Yes	2	11.1	-	-	2	5
No	3	16.7	9	41	12	30
Does not Know	10	55.5	12	54.5	22	55
Non Response	3	16.7	1	4.5	4	10
Total	18	100	22	100	40	100

Table 23 indicates that the majority of the respondents did not know whether parents approved use of contraceptive by single respondents. This accounted for twenty-two (55%) of the respondents while twelve (30%) respondents said that the parents did not approve of use of contraceptives for single respondents. This shows that the majority of the respondents did not discuss family planning issues with parents.

TABLE 24: RESPONDENTS STATEMENT OF THE PARENTS REASON FOR DISAPPROVAL OR APPROVAL FOR CONTRACEPTIVE USE

REASON	NUMBER OF RESPONDENTS				TOTAL NUMBER OF RESPONDENTS	TOTAL PERCENTAGE
	MALE	PERCENTAGE	FEMALE	PERCENTAGE		
Parents Lack of Family Planning Knowledge	2	11.1	-	-	2	5
Gives Freedom for Promiscuity	3	16.7	9	41	12	30
Parents do not know whether the respondent uses method	10	55.5	12	54.5	22	55
Non Response	3	16.7	1	4.5	4	10
TOTAL	18	100	22	100	40	100

Table 24 shows that the majority of the respondents' parents did not know whether respondents used family planning methods or not. Twelve (30%) respondents gave the reason that parents felt that use of a contraceptive method gives freedom for promiscuity. Only two (5%) gave the reason that parents lacked family planning knowledge. Since the majority of parents do not know whether the respondent uses a contraceptive method it seems that most parents do not discuss family planning matters with their children.

TABLE 25: WHETHER RESPONDENTS' UPBRINGING HAS ANY BEARING ON ATTITUDE TO FAMILY PLANNING

RESPONSE	NUMBER OF RESPONDENTS				TOTAL NUMBER OF RESPONDENTS	TOTAL PERCENTAGE
	MALE	PERCENTAGE	FEMALE	PERCENTAGE		
YES	11	61.1	8	36.4	19	47.5
NO	5	27.8	7	31.8	12	30
Neutral	1	5.5	-	-	1	2.5
Non Response	1	5.5	7	31.8	8	20
TOTAL	18	100	22	100	40	100

The above table indicates that the majority of the respondents felt that the way they were brought up had a bearing on their attitude towards family planning and nineteen (47.5%) respondents accounted for this. Those who felt that their attitude towards family planning had no bearing on their upbringing were twelve (30%). The commonest reason given by the respondents was because of their experience with their own families such as coming from a large family with so many problems of feeding and clothing while some experienced loneliness from being few in the family. Thirty-two (80%) of the respondents accounted for this as Table 26 below shows. This means that for most respondents their up bringing had a bearing on their attitude to family planning.

TABLE 26: WHY RESPONDENTS ATTITUDE TO FAMILY PLANNING AFFECTED BY UPRISING

REASON	NUMBER OF RESPONDENTS				TOTAL NUMBER OF RESPONDENTS	TOTAL PERCENTAGE
	MALE	PERCENTAGE	FEMALE	PERCENTAGE		
Experience with own Family	17	94.4	15	68.2	22	80
Non Response	1	5.6	7	31.8	8	20
TOTAL	18	100	22		40	100

TABLE 27: WHETHER RELIGION HINDERS RESPONDENTS PRACTICE OF FAMILY PLANNING

WHETHER RELIGION HINDERS PRACTICE	NUMBER OF RESPONDENTS				TOTAL NUMBER OF RESPONDENTS	TOTAL PERCENTAGE
	MALE	PERCENTAGE	FEMALE	PERCENTAGE		
YES	3	16.7	6	27.3	9	22.5
NO	11	61.1	14	63.6	25	62.5
Non Response	4	22.2	2	9.1	6	15
TOTAL	18	100	22	100	40	100

Table 27 indicates that religion did not affect most of the respondents' practice of family planning as the table shows that twenty-five (62.5%) of the respondents said religion did not hinder their practice of family planning. Only nine (22.5%) respondents indicated that their family planning practice was hindered by religion and these could have been mainly Catholics (see Table 4).

TABLE 28: HOW RESPONDENT RATES FAMILY PLANNING

RATING	NUMBER OF RESPONDENTS				TOTAL NUM- BER OF RES- POND ENTS	TOTAL PER- CEN- TAGE
	MALE	PER- CEN- TAGE	FE- MALE	PER- CEN- TAGE		
Very Significant	77	36.8	9	40.9	16	40
Significant	6	44.4	8	36.3	16	40
No Opinion	-	-	3	13.6	3	7.5
Very Insignificant	1	5.5	-	-	1	2.5
Non Response	2	11.1	2	9.1	4	10
TOTAL	10	100	22	100	40	100

TABLE 29: REASONS FOR RESPONDENTS RATING OF FAMILY PLANNING

REASON	NUMBER OF RESPONDENTS				TOTAL NUM- BER OF RES- POND- ENTS	TOTAL PER- CENT- AGE
	MALE	PER- CEN- TAGE	FE- MALE	PER- CEN- TAGE		
Religion	1	6.25	-	-	1	2.8
Poor Economy	15	93.75	17	85	32	88.8
Non Response	-	-	3	15	3	8.3
TOTAL	16	100	20	100	36	100

Tables 28 and 29 indicate that family planning is significant in the lives of most of the respondents as table twenty-eight shows that sixteen of the respondents felt that family planning was significant and this brings the total number of respondents to thirty-two (80%).

Table 29 shows that the reason given by most respondents for rating of family planning was poor economy and this accounted for thirty-two (88.8%) of the respondents. This indicates that most respondents felt that family planning was significant due to poor economy.

Table 30: RESPONDENTS REASON FOR IMPORTANCE OF FAMILY PLANNING TO UNIVERSITY STUDENT

REASON	NUMBER OF RESPONDENTS				TOTAL NUMBER OF RESPONDENTS	TOTAL PERCENTAGE
	MALE	PERCENTAGE	FEMALE	PERCENTAGE		
Prevents Disruption of Studies	5	27.7	10	45.5	15	37.5
Too many Pregnancies at UNZA and most babies die.	3	16.7	6	27.3	9	22.5
UNZA Students expected to be knowledgeable and their advice usually taken seriously	10	55.5	6	27.3	16	40
TOTAL	18	100	22	100	40	100

Table 30 indicates that most of the students felt that family planning was important to a University student because it prevents disruption of studies and this accounted for fifteen (37.5%) of the respondents. while sixteen (40%) of the respondents indicated that family planning was important to a University student because of the knowledge expected of a University student.

Table 31: WHETHER RESPONDENT USED A FAMILY PLANNING METHOD

USES CONTRACEPTIVE	NUMBER OF RESPONDENTS				TOTAL NUMBER OF RESPONDENTS	TOTAL PERCENTAGE
	MALE	PERCENTAGE	FEMALE	PERCENTAGE		
Yes	11	61.1	3	13.6	14	35
NO	5	27.8	18	81.6	23	57.5
Non Response	2	11.1	1	4.5	3	7.5
TOTAL	18	100	22	100	40	100

TABLE 32: METHOD OF FAMILY PLANNING USED BY RESPONDENT

METHOD	TRADITIONAL MODERN	NUMBER OF RESPONDENTS	TOTAL PERCENTAGE
Condom and Abstinence	Both	1	7.1
Condom	Modern	11	78.6
Pill	Modern	1	7.1
Non Response	-	1	7.1
TOTAL		14	100

Tables 31 and 32 indicate whether the respondent uses a family planning method or not and type of method. The tables indicate that less than half of the respondents used a family planning modern method and most users were mainly male respondents. Among the methods used the Condom was the most popular method. This could have been due to the fact that more ^{male} respondents practiced family planning.

Table 33: WHETHER RESPONDENT HAD BEEN INVOLVED IN PREGNANCY WITHOUT PLANNING

INVOLVED IN UNPLANNED PREGNANCY	NUMBER OF RESPONDENTS				TOTAL NUMB- ER OF RES- PON- DENTS	TOTAL PER- CENT- AGE
	MALE	PER- CENT- TAGE	FE- MALE	PER- CENT- TAGE		
Yes	6	33.3	2	9.1	8	20
No	7	38.9	17	77.3	24	60
Non Response	5	27.0	3	13.6	8	20
TOTAL	18	100	22	100	40	100

This table indicates that only eight (20%) of the respondents had been involved in an unplanned pregnancy and were mostly male.

TABLE 34: DISTURBANCE CAUSED BY UNPLANNED PREGNANCY

WHETHER DISTURBED BY PREGNANCY	RESPONDENTS NUMBER				TOTAL NUMB- ER OF RES- PON- DENTS	TOTAL PER- CENT- AGE
	MALE	PER- CEN- TAGE	FE- MALE	PER- CEN- TAGE		
YES	3	50	1	50	4	50
No	3	50	1	50	4	50
TOTAL	18	100	2	100	8	100

Table 34 shows that out of those who had been involved in an unplanned pregnancy, 4 (50%) of the respondents were disturbed and the other 4 (50%) were not disturbed.

TABLE 35: WHETHER THERE IS A FAMILY PLANNING CLINIC AT UNZA

RESPONSE	NUMBER OF RESPONDENTS				TOTAL NUMBER OF RES- POND- ENTS	TOTAL PERCENT- AGE
	MALE	PER- CEN- TAGE	FE- MALE	PER- CEN- TAGE		
Yes	7	39.9	11	50	18	45
No	1	5.6	3	13.6	4	10
Does Not Know	8	44.4	8	36.4	16	40
Non Response	2	11.1	-	-	2	5
TOTAL	18	100	22	100	40	100

Table 35 shows that almost half of the respondents did not know whether there was a family planning clinic at UNZA. Half of the female respondents knew that there was a clinic for family planning at UNZA, while the other half did not know. Less than half of the male respondents had knowledge of the presence of a family planning clinic at UNZA.

Table 36: WHERE RESPONDENT WOULD GO IF IN NEED OF A FAMILY PLANNING SERVICE

WHERE GOES FOR A SERVICE	NUMBER OF RESPONDENTS				TOTAL NUMB- ER OF RES- PON- DENTS	TOTAL PER- CENT- AGE
	MALE	PER- CENT- TAGE	FE- MALE	PER- CENT- TAGE		
UNZA Clinic	5	27.7	6	27.2	11	27.5
Private Doctor	5	27.7	8	36.4	13	32.5
Hospital UTH	6	33.3	4	18.2	10	25
Relative	2	11.1	4	18.2	6	15
TOTAL	18	100	22	100	40	100

The table shows that more than half of the respondents did not use the family planning clinic at UNZA. They either went to a private doctor, hospital, or asked a relative to help out. This could have been due to the fact that half the respondents did not know the existence of a family planning clinic or for some other reasons.

CHAPTER V

DISCUSSION OF FINDINGS, NURSING IMPLICATIONS, CONCLUSION, RECOMMENDATIONS AND LIMITATION OF THE STUDY

1. Discussion of Findings: The study results were based on the analysis of the responses from forty (40) University students who were in the sample. The aim of the study was to determine the family planning knowledge among UNZA students at the Great East Road Campus.

The study revealed that eighteen (45%) of the respondents were male while twenty-two (55%) were female and the majority of the respondents were aged between twenty (20) and twenty-nine (29) years of age. Thirty five (87.5%) of the respondents were in this age group. Three (3) respondents were aged between thirty (30) and thirty-four (34) years. Two (2) female respondents were below the age of twenty (20) years of age. This suggests that most of the respondents were young people below the age of 35 years. All the female were in the child bearing age which is between fifteen (15) to forty-nine (49) years of age.

Thirty-seven (92.5%) of the respondents were single. This means that only three (3) respondents were married. Seventeen (94.4%) male respondents were single while one (5.6%) was married. Twenty (91%) female respondents were single while two (9%) female respondents were married.

The results of the study also show that among the respondents some belonged to the Catholic Church and others were protestants while a few had no religion affiliation. The majority (37) of the respondents were protestant while nine (9) were Catholics

and four (4) did not belong to any religion.

Most respondents (21) were the fourth year of study. All (40) were full-time students who had heard about family planning. The source of family planning information was within the University Campus. Fourteen (35%) had information about family planning from other sources. This suggests that people within the University Campus discuss family planning issues. Twenty-five (62.2%) of the respondents had knowledge of the meaning of family planning and the male respondents were twelve (66.7%) while thirteen (59.1%) were female.

Twenty (50%) of the respondents felt that a well planned family should have three (3) to four (4) children and the commonest reason given by the respondents was easy management of the family. Among the nine (22.5%) of the respondents who had children, two (5.0%) had one child each, six (15%) had two children each and one (2.5%) had three (3) to four (4) children. The majority (34) of the respondents felt that the best interval for spacing children was two (2) to three (3) years. This shows that these respondents are in favour of family planning. Thirty-two (80%) of these respondents had knowledge of two (2) to three (3) modern methods of both male and female family planning. Out of these, sixteen (88.8%) who had knowledge of modern male methods of family planning were male while sixteen (72.8%) were female. Ten (55.5%) of the male respondents and seven (31.8%) female respondents had knowledge of modern female family planning methods. Six (33.3%) of the male respondents had knowledge of traditional methods of family planning while seven (31.8%) of the respondents were female. This shows that a higher percentage of male respondents

had knowledge into the above stated methods of family planning. With regard to the source of traditional methods of family planning, most (8) respondents had information from a friend (6.1.5%). The most popular method of traditional family planning was a medicated string worn around the female's waist.

Out of the forty (100%) respondents, nineteen (47.5%) had knowledge of natural family planning while fifteen (37.5%) had no knowledge at all and six (15%) did not respond. The reasons for non-response could have been due to lack of knowledge.

Thirty-six (90%) of the respondents felt that the use of a contraceptive was not immoral and the reasons given for this was that the use of contraceptives prevented having unwanted children and others stated that contraceptives were used for health reasons. Two (5%) of the respondents felt that the use of contraceptives was immoral for single people.

The majority (22) of the respondents did not know whether their parents approved of their use of contraceptives as single people (55%) and the reason given was that the parents did not know whether the respondents used any contraceptive. This shows that family planning is a secretive practice among many young people. Only two (5%) of the respondents said that their parents approved of their use of contraceptives as single people for the reasons that parents felt that if single people used contraceptives, it would give them freedom for promiscuity. Nineteen (47.5%) of the respondents felt that the way they were brought up had a bearing on their attitude to family planning. The reason given for this was because of the experience they had with their

own families such as coming from a large family with so many problems of feeding and clothing while some experienced loneliess from being few in the family. For most (25) of the respondents (62.5%) religion did not affect their practice of family planning. All (9) the Catholic respondents stated that they were affected by religion in their practice of family planning and this accounted for twenty-two point five (22.5%) of the respondents. Four (15%) did not respond and these could have been the respondents who were not affiliated to any religion. This suggests that there is a difference in the practices of family planning between the protestants and Catholics. As observed, usually the Catholics prefer using the natural methods of family planning where by the protestants may use any method of family planning of their preference.

The result show that family planning was significant in the lives of most (32) students because of the poor economy of the country. The students could have associated the country's poor economy with regard to the high cost of living which could affect the way they would provide food, clothing and other things for their families. One (2.5) respondent felt that family planning was very insignificant in his life and reason given was his religion. Three (3) did not respond for reasons best known to themselves.

The reason given for the importance of family planning to a University student by fifteen (37.5%) respondents was that it prevented disraption of studies while sixteen (40%) respondents gave the reason that UNZA students are expected to be very knowledgeable and their advice is usually taken very seriously.

Nine (22.5%) of the respondents gave the reason that there were too many pregnancies at the University and most of the babies that were born died. The fact that most of the children that were born died is a cause of concern and calls for an investigation into the causes of these deaths.

Less than half thus fourteen (35%) of the respondents used a modern method of family planning and most (11) users were male. Twenty-three (57.5%) of the respondents did not use any family planning methods and two (7.5%) of the respondents did not respond. This show that most (57.5%) University students in the sample did not use any family planning methods. Eighteen (81.6%) of the female respondents did not use any methods of family planning. A higher percentage (61.5%) of the male respondents were acceptors. The commonest method of family planning used was the condom. This method was used by eleven (78.6%) of the respondents while one (7.1%) used both abstineneey and condon. Only one (7.1%) respondent used the pill. The fact that the condom was widely used among the respondents may be associated with the prevention of the killer disease acquired immuno-difficiency syndnome (Aids) which according to observation has become very common.

Eight (20%) of the respondents had been involved in an unplanned pregnancy and this disturbed half of them. Among those who had been involved in an unplanned pregnancy, six (31.3%) were male and half (3) of these respondents were disturbed by the unplanned pregnancy.

Regarding knowledge of the existence of a family planning clinic at UNZA, twenty (50%) of the respondents either did not know that there was a family planning clinic (40%) and the

rest (10%) were sure that there was no clinic for family planning services at the University Campus. Only eighteen (45%) of the respondents had knowledge of the existence of the clinic. Two (50%) respondents did not respond. Even if half (11) of the female respondents had knowledge of the existence of the family planning clinic most of them (18) were not family planning acceptors as the results have shown that, a higher percentage (61.1%) of male respondents were family planning acceptors.

Eleven (27.5%) of the respondents would go to the UNZA clinic if they were in need of a family planning service while thirteen (32.5) would see a private doctor. Ten (25%) would go to the University Teaching Hospital, and six (15%) would ask a relative for help. The fact that most of the students would not utilise the UNZA family planning clinic could be attributed to the fact that twenty (50%) of the students did not know of its existence, that these students needed privacy or were not satisfied with the services provided.

Some of the findings of this are similar to the findings of a study which was carried out in Nigeria on knowledge, attitude, and practice of family planning by Duvie. The study found out that among the respondents 46% were non-users of contraceptives. Sixty-two percent of these gave lack of knowledge of the existence of a family planning clinic or contraceptives and lack of family planning knowledge for not being family planning acceptors. The same study also showed that religious and cultural views had no adverse effect on attitude to and practice of family planning. ⁶⁴ (62). This study also revealed that most (62.5) of the respondents were not affected by their religion in the practice of family planning. Most female University

Students felt that there was no need for family planning since they were single. This suggests that there is need for more information about family planning among UNZA students at Great East Road Campus.

With regard to the hypothesis of this study, the hypothesis that male students are better informed about family planning than female students has been proved to be true because the results clearly show that male students had more knowledge of family planning than female students. The other hypothesis was that there was a relationship between the attitude of the respondents to family planning with their upbringing. This also has been proved to be true because most (19) of the respondents' attitudes to family planning had been affected by their experience with their own families such as being from a small family where loneliness prevailed, and being from a large family which had experienced problems regarding feeding and clothing of family members. The hypothesis regarding the fact that there was a difference in the knowledge of family planning between the students in the first and other years of study was difficult to determine since most of the respondents were in the fourth year.

Nursing Implications

The results of the study have clearly shown that male students have more knowledge of family planning than female students. This is important in Nursing because females are usually expected to be more knowledgeable about family planning. There is need to educate the female students about family planning so that they can know that family planning is very important to their lives as it is a powerful health measure. Failure

to provide information, education and family planning counselling is serious because there is very little that can be expected of individuals who lack knowledge.⁶³ This also suggests that there is need to investigate more on the attitudes of the female students to family planning.

The fact that more male students were more knowledgeable about family planning is important because, if more male students practice family planning they can easily influence other men to become acceptors of family planning, as Phiri says that "man have great responsibility in planning their families"⁶⁴ according to the writer it is not uncommon in Zambia for men to say that family planning is a woman's task because the woman is the one who goes through the actual process of giving birth. If she does not take precaution, it is her own problem. Therefore these University students who usually hold responsible positions in society after completion of their studies can influence policy formulation about family planning by virtue of their positions.

There is however a problem in that half (20) of the students in the sample did not know of the existence of a family planning clinic at UNZA. This suggests that the nurses who work at the UNZA clinic need to investigate into this problem. Also the fact that twenty-nine (72.5%) of all the respondents would go else where if need of a family planning service arose, is a cause of concern. It implies that the students were not satisfied with the services or that they needed privacy. Eighteen (45%) of the students know of the existence of the clinic but only eleven (27.5%) of the students utilised the services. This also points out that there is need for research into the problem.

Another factor that was brought up in the study was the respondents' parents whom the respondents referred to as having had no knowledge of their children's use of contraceptives. This implies that family planning is still being practiced secretly because according to observations in the past, use of family planning methods was associated with promiscuity. Therefore family planning should not always be associated with promiscuity as it helps in achieving good health especially for mothers and children.

Thus there is need to educate the University students more on family planning so that they can influence others.

3. Conclusion

In view of the findings of the study, it can be concluded that most University students who were in the sample had knowledge about family planning but male students were better informed about methods of family planning as well as practice. With regard to their attitude, towards family planning, it can be concluded that their up-bringing had a bearing on their attitude towards family planning. It was however difficult to determine whether knowledge of family planning was affected by the year of study since most of the respondents were in the fourth year of study.

4. Recommendations,

1. It is recommended that a similar study be undertaken using a representative sample in order to be able to generalise the results.

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4. Recommendations,

1. - It is recommended that a similar study be undertaken using a representative sample in order to be able to generalise the results.

2. More information about family planning should be given to the University students especially the female students.
3. Nurses at the UNZA clinic should carry out a study to investigate into the causes of non-utilization by the students of the family planning services offered at the UNZA clinic.

5. Limitations of the Study

Limitations of the study included the short period of time within which the study was conducted, and submitted and considering the fact that within the same period of time, the student (researcher) had to conduct and submit similar studies in other subjects. A pilot study was not conducted and this resulted in ambiguous responses being given by the respondents. Another limitation was that the sample was not representative, thus generalisation of the findings was not possible. The data collection instrument was not pretested for validity and reliability. This may have resulted in lack of clarity in the responses given by the respondents.

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APPENDIX

Dear Colleague,

re: RESEARCH STUDY ON "HOW INFORMED UNIVERSITY
OF ZAMBIA STUDENTS (MAIN CAMPUS) ARE ABOUT
FAMILY PLANNING."

I am a fourth year student at the University of Zambia. I am currently carrying out a research study on the above subject and would like to get some information regarding the subject.

Any information you give in the questionnaire will be held in the strictest confidence. No names are required therefore there will be no means of identifying any individual. The selection of participants was done randomly.

You are kindly asked to answer all questions as sincerely as possible for the sake of the study.

Your participation and cooperation will be highly appreciated.

I would be very grateful if you completed this questionnaire and returned it within one week into the box provided at the mingling bar.

Yours sincerely,

T.H. Chikanda
(FAMILY PLANNING)

QUESTIONNAIRE

INSTRUCTIONS:

Please tick () or write your answer in the space provided.

<p>1. Sex</p> <p>1. Male</p> <p>2. Female</p>	<p>for office use only</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; position: relative;"><div style="position: absolute; top: 0; right: 0; width: 20px; height: 20px; border: 1px solid black; text-align: center; line-height: 20px;">1</div></div>
<p>2. What was your age last birthday?</p> <p>Below 20 years</p> <p>20-29 years</p> <p>30-34 years</p> <p>35-39 years</p> <p>40-49 years</p> <p>45-49 years</p> <p>50 and above</p>	
<p>3. What is your marital status?</p> <p>1. Single</p> <p>2. Married</p> <p>3. Seperated</p> <p>4. Divorced</p> <p>5. Widowed</p>	

<p>4.(a) Which religion do you belong to?</p> <p>1. Catholic</p> <p>2. Protestant</p> <p>3. None</p> <p>4. Any other</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 100px; margin-right: 10px;"> <div style="border-bottom: 1px solid black; height: 33px;"></div> <div style="border-bottom: 1px solid black; height: 33px;"></div> <div style="border-bottom: 1px solid black; height: 33px;"></div> </div> <p>Please specify</p> </div>	<p>Office use</p> <p style="text-align: center;">4</p> <div style="border: 1px solid black; width: 80px; height: 30px; margin: 0 auto;"></div>
<p>4 (b) If your answer in 4a is No. 2 please specify.....</p>	<p style="text-align: center;">5</p> <div style="border: 1px solid black; width: 80px; height: 30px; margin: 0 auto;"></div>
<p>5. What year are you doing at UNZA?</p> <p>1. 1st year</p> <p>2. 2nd year</p> <p>3. year</p> <p>4. 4th year</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 100px; margin-right: 10px;"> <div style="border-bottom: 1px solid black; height: 33px;"></div> <div style="border-bottom: 1px solid black; height: 33px;"></div> <div style="border-bottom: 1px solid black; height: 33px;"></div> </div> </div>	<p style="text-align: center;">6</p> <div style="border: 1px solid black; width: 80px; height: 30px; margin: 0 auto;"></div>
<p>6. Indicate whether fulltime or part time student.</p> <p>1. full time</p> <p>2. Part time</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 90px; height: 60px; margin-right: 10px;"> <div style="border-bottom: 1px solid black; height: 30px;"></div> <div style="border-bottom: 1px solid black; height: 30px;"></div> </div> </div>	<p style="text-align: center;">7</p> <div style="border: 1px solid black; width: 90px; height: 30px; margin: 0 auto;"></div>
<p>7. Have you heard about family planning?</p> <p>1. Yes</p> <p>2. No.</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 60px; margin-right: 10px;"> <div style="border-bottom: 1px solid black; height: 30px;"></div> <div style="border-bottom: 1px solid black; height: 30px;"></div> </div> </div>	<p style="text-align: center;">8</p> <div style="border: 1px solid black; width: 80px; height: 30px; margin: 0 auto;"></div>

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7b. If your answer is yes where did you
get the information:.....
.....
.....
.....

9

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8. Family Planning means :-

1. Having children at the time
convenient for the couple and
assisting couples who do not have
children to have some.
2. Stopping the couple from having
anymore children.
3. Limiting the number of children
for all couples.

10

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9. How many children do you have?

1. Nil
2. 1
3. 2
4. 3-4
5. 5-6
6. 7-8
7. 9 and above

11

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<p>10a. How many children do you think a well planned family should have?</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>FOR OFFICE USE</p> <p>12</p> <div style="border: 1px solid black; width: 50px; height: 40px; margin: 0 auto;"></div>
<p>10b. Please give reasons for your answer in 10a.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>13</p> <div style="border: 1px solid black; width: 50px; height: 40px; margin: 0 auto;"></div>
<p>11. Do you think it is good to space children?</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <p>1. Yes</p> <p>2. No</p> </div> <div style="border: 1px solid black; width: 50px; height: 80px; margin-left: 20px; position: relative;"> <div style="position: absolute; top: 0; bottom: 0; left: 0; right: 0; border: 1px solid black;"></div> </div> </div>	<p>14</p> <div style="border: 1px solid black; width: 50px; height: 40px; margin: 0 auto;"></div>
<p>12. What is the best interval of spacing children?</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <p>1. months</p> <p>2. 1 year</p> <p>3. 2-3 years</p> <p>4. 4 years & above</p> </div> <div style="border: 1px solid black; width: 50px; height: 120px; margin-left: 20px; position: relative;"> <div style="position: absolute; top: 0; bottom: 0; left: 0; right: 0; border: 1px solid black;"></div> </div> </div>	<p>15</p> <div style="border: 1px solid black; width: 50px; height: 40px; margin: 0 auto;"></div>

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13a. Which of the following are Male methods of Family Planning?

1. Vasectomy
2. Tubal ligation
3. Condom
4. Withdrawal method
5. Diaphragm
6. Oral pill
7. The loop

16

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13b. Which of the above in 13a are Female methods?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

17

14a. Do you know of any Traditional methods of Family Planning?

1. Yes
2. No

<p>14b If your answer is Yes in 14a who gave you the information?</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>FOR OFFICE USE</p> <p>19</p> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>
<p>14c Which of the Traditional methods do you know if your answer in 14a is Yes?</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>20</p> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>
<p>15. What do you know about Natural Family planning ?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>21</p> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>
<p>16. Do you consider using a Family Planning method immoral?</p> <p>1. Yes</p> <p>2. No</p> <div style="display: flex; justify-content: center; align-items: center; margin-top: 20px;"> <div style="border: 1px solid black; width: 100px; height: 60px; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 100px; height: 60px; margin-right: 10px;"></div> </div>	<p>22</p> <div style="display: flex; justify-content: center; align-items: center; margin-top: 20px;"> <div style="border: 1px solid black; width: 100px; height: 60px; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 100px; height: 60px; margin-right: 10px;"></div> </div>

16b Give reasons for your answer in 16a.

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

23

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17. If you are single do your parents
approve of your using a family planning
method?

1. Yes

2. No

3. I

don't
know

24

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<p>Give reasons for your answer in 17a.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>25</p> <div data-bbox="903 338 1005 447" style="border: 1px solid black; width: 85px; height: 50px; margin: 0 auto;"></div>
<p>Do you think the way you were brought up has a bearing on your attitude towards family planning?</p> <p>1. Yes <div data-bbox="258 753 379 862" style="display: inline-block; vertical-align: middle; border: 1px solid black; width: 90px; height: 50px; margin-left: 10px;"></div></p> <p>2. No <div data-bbox="258 775 379 862" style="display: inline-block; vertical-align: middle; border: 1px solid black; width: 90px; height: 40px; margin-left: 10px;"></div></p>	<p>26</p> <div data-bbox="903 731 1005 819" style="border: 1px solid black; width: 85px; height: 40px; margin: 0 auto;"></div>
<p>Give reasons for your answer in 18a.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>27</p> <div data-bbox="903 1015 1005 1102" style="border: 1px solid black; width: 85px; height: 40px; margin: 0 auto;"></div>
<p>Does your religion hinder you from practicing family planning?</p> <p>1. Yes <div data-bbox="258 1386 361 1496" style="display: inline-block; vertical-align: middle; border: 1px solid black; width: 85px; height: 50px; margin-left: 10px;"></div></p> <p>2. No <div data-bbox="258 1408 361 1496" style="display: inline-block; vertical-align: middle; border: 1px solid black; width: 85px; height: 40px; margin-left: 10px;"></div></p>	<p>28</p> <div data-bbox="903 1386 1005 1474" style="border: 1px solid black; width: 85px; height: 40px; margin: 0 auto;"></div>
<p>How do you rate family planning in your life?</p> <p>1. Very significant <div data-bbox="523 1648 620 1987" style="display: inline-block; vertical-align: middle; border: 1px solid black; width: 80px; height: 155px; margin-left: 10px;"></div></p> <p>2. Significant</p> <p>3. No opinion</p> <p>4. Insignificant</p> <p>5. Very insignificant</p>	<p>29</p> <div data-bbox="903 1747 1005 1834" style="border: 1px solid black; width: 85px; height: 40px; margin: 0 auto;"></div>

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<p>What is the reason for your answer in 20a?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>30</p> <div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div>
<p>Do you think knowledge of family planning is of any importance to a University Student?</p> <p>1. Yes <div style="display: inline-block; border: 1px solid black; width: 40px; height: 30px; vertical-align: middle;"></div></p> <p>2. No <div style="display: inline-block; border: 1px solid black; width: 40px; height: 30px; vertical-align: middle;"></div></p>	<p>31</p> <div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div>
<p>What are the reasons for your answer in 21a?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>32</p> <div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div>
<p>Do you use any family planning method?</p> <p>1. Yes <div style="display: inline-block; border: 1px solid black; width: 40px; height: 30px; vertical-align: middle;"></div></p> <p>2. No <div style="display: inline-block; border: 1px solid black; width: 40px; height: 30px; vertical-align: middle;"></div></p>	<p>33</p> <div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div>
<p>If yes which method?</p> <p>1. Traditional <div style="display: inline-block; border: 1px solid black; width: 40px; height: 30px; vertical-align: middle;"></div></p> <p>2. Modern <div style="display: inline-block; border: 1px solid black; width: 40px; height: 30px; vertical-align: middle;"></div></p>	<p>34</p> <div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div>
<p>Specify for both answers.</p> <p>.....</p> <p>.....</p>	

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23a. If you are female, have you ever been pregnant without planning for it?

1. Yes

☐
☐

2. No

35

☐

23b. If Your answer to 23a is yes
How did you feel about it?

.....

36

☐

23c. Did this disturb your studies?

1. Yes

☐
☐

2. No

37

☐

24a. If you are Male have you ever made some one pregnant without planning for it?

1. Yes

☐
☐

2. No

38

☐

24b. If Yes. How did you feel about it?

.....

39

☐

24c. Did this incident disturb your studies?

1. Yes

☐
☐

2. No

40

☐

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25. Do you think douching immediately after sexual intercourse can prevent a pregnancy?

1. Yes

☐

41

2. No

☐☐

26. Does insertion of a cotton wool swab inside the vagina prevent pregnancy..

1. Yes

☐

42

2. No

☐☐

27a. Are there any other Myths you know about family planning?

1. Yes

☐

43

2. No

☐☐

27b. If Yes please specify.

.....

.....

.....

.....

44

☐

28. Is there a Family Planning Clinic at UNZA.

1. Yes

☐

45

2. No

☐☐

29. If you required a family planning service where would you go?

1. UNZA Family Planning Clinic

☐

46

2. Private doctor

☐☐

3. Any other

☐

Specify for 3

.....

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30.	Do you think Family Planning is important for National Development? 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	47 <input type="checkbox"/>
31.	Any other comments on Family Planning.	48 <input type="checkbox"/>

Thank you very much for participating.

PLEASE PUT YOUR COMPLETED QUESTIONNAIRE IN THE BOX PROVIDED
AT THE MINGLING BAR.

Thank you.