THE UNIVERSITY OF ZAMBIA

SCHOOL OF MEDICINE

DEPARTMENT OF POST BASIC NURSING

A STUDY TO DETERMINE KNOWLEDGE, ATTITUDE, PRACTICES OF MEN TOWARDS NATURAL FAMILY PLANNING

By

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A Study Submitted to the School of Medicine, University Of Zambia, in Partial Fulfillment of the Requirement for the Award of the Bachelor of Science in Nursing

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TABLE OF CONTENTS

Acknowledgements iv
List of Tables v
List of Figures v
List of Abbreviation vi
Declaration vii
Statement viii
Dedication ix
Abstract x

CHAPTER 1
1.1 Introduction 1
1.2 Statement of the Problem 5
1.3 Justification of the study 10
1.4 Objectives 10
1.5 Hypothesis 11
1.6 Operational Definitions 11
1.7 Variables 12

CHAPTER 2
2.0 Literature Review 15
2.1 Introduction 15
2.2 Global Perspective 16
2.3 Regional Perspective 18
2.4 Zambian Perspective 19

CHAPTER 3
3.0 Methodology 23
3.1 Research Design 23
3.2 Research Setting 24
3.3 Study Population 24
3.4 Sample Size 24
3.5 Sampling Method 24
3.6 Data Collection Technique 25
3.7 Data Collection Tool 25
3.8 Pilot Study 26
3.9 Ethical Consideration 26
3.10 Dissemination and Utilisation of data 26

CHAPTER 4
4.0 Analysis and Presentation of Findings 28
4.1 Data Analysis 28
4.2 Presentation of Findings 28

CHAPTER 5
5.0 Discussions of Findings 41
5.1 Introduction 41
5.2 Socio-demographic data 41
5.3 Knowledge 42
5.4 Attitude 45
5.5 Use 46
5.6 Implications 48

CHAPTER 6
6.0 Conclusion and Recommendations 51
6.1 Conclusion 51
6.2 Limitations of the Study 53

APPENDICES
References 54
Appendix I: Letter of Permission to conduct the study 57
Appendix II: Letter granting permission to conduct the study 58
Appendix III: Questionnaire 59
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I wish to salute the Government of the Republic of Zambia for the scholarship which enabled me to pursue studies in Nursing at the University of Zambia, School of Medicine.

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LIST OF TABLES

Table 1  Dependent Variables, indicators and cut off points  13
Table 2  Independent Variables, indicators and cut off points  13
Table 3  Respondent’s Demographic Data  29
Table 4  Age Distribution of Respondent’s in Relation to Age  34
Table 5  Age Distribution of Respondents in Relation to Number of Children  35
Table 6  Age Distribution of Respondents in Relation to Use of Natural Family Planning  36
Table 7  Respondent’s Age in Relation to Knowledge  37
Table 8  Respondent’s Educational Level in Relation to Use of Natural Family Planning  37
Table 9  Respondent’s Educational Level in Relation to Knowledge of Natural Family Planning  37
Table 10  Respondent’s Attitude in Relation to Knowledge  38
Table 11  Respondent’s Source of Information in Relation to Use  39
Table 12  Respondent’s Educational Level in Relation to Use  39
Table 13  Respondent’s Marital Status in Relation Use  39
Table 14  Respondent’s Source of Information on NFP in Relation to Occupation  40
Table 15  Respondents Use of NFP in Relation to Attitude  40
Table 16  Respondents Use of NFP in Relation to Knowledge  41
Table 17  Respondent’s Occupation in Relation to NFP being Taught at Working Place  41

LIST OF FIGURES

Figure 1  Analysis Diagram of Factors Influencing Attitudes, Knowledge and Practices or Men Towards Natural Family Planning  10
Figure 2  Respondent’s Residential Area  31
Figure 3  Respondent’s Knowledge on Natural Family Planning  32
Figure 4  Respondent’s Use of Natural Family Planning  33
### ABBREVIATIONS

1. **AID** - Agency for International Development
2. **CSO** - Central Statistical Office
3. **DHS** - Demographic Health Survey
4. **FLMZ** - Family Life Movement of Zambia
5. **KAP** - Knowledge, Attitudes and Practices
6. **MOH** - Ministry of Health
7. **NFP** - Natural Family Planning
8. **UTH** - University Teaching Hospital
9. **WHO** - World Health Organisation
10. **ZDHS** - Zambia Demographic Health Survey
DECLARATION

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

Signed: ____________________________
(Candidate)

Date: ____________

Signed: ____________________________
(Supervising Lecturer)

Date: ____________
STATEMENT

I hereby certify that this study is entirely the result of my own independent investigation and labour. I have clearly indicated the various sources to which I am indebted throughout the text and in the bibliography.

Signed: ____________________________

Date: 9. 2. 2001
DEDICATION

This study is dedicated to my husband, Paul Aliport Banda for his encouragement and support. Also my father and mother, sisters Annie, Mary, Jane and Dorothy, brothers Edgar, Isaiah and Mellem, not forgetting Chepa, Satiel, Gift, Charity, Martin, Mellem and Shon for their Love and patience throughout this period of study.
ABSTRACT

The study was aimed at assessing the knowledge, attitude and practice of men towards natural family planning, with a view of making recommendations to the government and NGOs involved in the provision of natural family planning services so that they improve in the service delivery, thereby increase method utilisation.

Literature reviewed for the study was obtained from studies done in the country, region and other parts of the world. Other relevant literature related to the subject was obtained from books and magazines.

A non-experimental research design was used. The research study was carried out in the Lusaka urban clinics, namely Chelstone, Chainda and Mtendere.

The sample consisted of fifty (50) males systematically selected from the urban clinics, which were conveniently picked.

A self-administered questionnaire was used to collect data from the subjects. Data was collected between 21\textsuperscript{st} August, 2000 and 1\textsuperscript{st} September, 2000.

Data collected was analysed manually on a data master sheet. Findings have been presented in the form of frequency tables, cross tabulations, bar charts and pie charts.

The study findings revealed that the level of knowledge among men on natural family planning was generally low, for example (39), 78\% of the respondents were not knowledgeable about natural family planning.
Knowledge is a precondition for higher utilisation of any given service, NFP inclusive.

The men’s attitude towards natural family planning was positive for instance, 82% had positive attitude and only 18% had negative attitude. Of those with negative attitude, 12% had attained college or university. The level of education in this case seems to have an influence on attitude, the higher the educational attainment, the more negative one becomes.

The study revealed that use of natural family planning among men was low, for example 60% of the respondents were not using the method, only 40% of the respondents were using the method, and of the 40% respondents who were using NFP, only 12% were knowledgeable about the method. Practice seemed to be influenced by knowledge one has about the method.

The findings of the study also revealed that 74% of the respondents expressed desire for natural family planning services to be made available at their working places.

The following recommendations have been suggested: The policy makers at Ministry of Health and Family Life Movement of Zambia should establish family planning services for men in working places and that there is need for Ministry of Education to incorporate fertility awareness in the curriculum at secondary school level so that male children are aware of the family planning methods available, natural family planning inclusive.
1.0 CHAPTER ONE

1.1 Introduction

Zambia like many other developing countries has promoted family planning since the 1970s. Family planning is now viewed as a critical component of the essential package of health interventions. Recently the Ministry of Health (MOH) developed family planning policy framework strategies and guidelines. This document is used by health workers throughout the country.

In addition to the family planning document, the MOH has created a logo, "The Family Planning Circle" as a visual symbol of family planning. The logo is designed to help clients identify locations to receive quality family planning information and services.

Family planning services including natural family planning are offered by the government health institutions, private clinics and non-governmental organisations.

There are many methods of family planning available in the country such as the pill- intra uterine device commonly known as the loop, injectables, implants, diaphragm/form and jelly, condom (both female and male), female sterilization, male sterilization and natural family planning or fertility awareness. There may not so far be what can be referred to as an ideal family planning method. An ideal family planning method is one that is safe, effective, inexpensive, simple, simple to administer, long lasting, enough to obviate frequent
administration and requiring little or no medical supervision such as natural family planning, (Zulu, 1994).

Natural family planning or fertility awareness refers to methods for family planning and preventing pregnancy by observing naturally occurring signs and symptoms of the fertile and infertile days of the menstrual cycle. If these methods are used to prevent pregnancy, the couple avoids intercourse on the days during the menstrual cycle when the woman is mostly likely to become pregnant often called the fertile days.

Fertility awareness is based on a scientific knowledge of the male and female reproductive systems and on an understanding of the signs and symptoms that occur naturally in the woman’s menstrual cycle to indicated when she is fertile and when she is infertile.

There are four types of fertility awareness methods and they include the following:

Calendar rhythm: the calendar rhyme method is based on the fact that most women ovulate 12 to 16 days before each menstruation bleeding, no matter how long their menstrual cycle is . The fertile phase is identified by using a mathematical calculation to determine the fertile and unfertile phases.

Basal body temperature (BBT): This type of fertility awareness is based on the pattern of the body’s temperature at rest. A woman’s temperature rises slightly after ovulation and remains elevated during
the rest of her cycle until she menstruates. Monitoring the rise is
temperature make it possible to determine when the woman has
ovulated, and to calculate when her fertile days have passed. The
woman using this method takes her temperature everyday before she
rises in the morning and carefully records it on the chart.

Cervical mucous method: The cervical method is based on detecting
the changes in cervical mucous secretions and in the sensations in the
vagina. Before ovulation, the cervical mucous becomes slippery in the
vagina. The mucous changes are greatest around the time of
ovulation. After ovulation, the cervical mucous becomes thick or may
disappear completely. A couple using this method to avoid pregnancy
will abstain from intercourse when the mucous indicates the woman is
fertile. They also abstain during menstrual bleeding.

Symptothermal method: The symptothermal method combines
recording the basal body temperature and observing the cervical
mucous and other physical signs of ovulation. These signs include
tenderness of the breasts, midcycle pain, and spotting or bleeding and
abnormal heaviness. Couples using these methods to avoid pregnancy
abstain from intercourse from the first appearance or sensation of wet
cervical mucous.

Abstaining from intercourse on the days of the menstrual cycle when
the woman's signs and symptoms indicate she may become pregnant
is called periodic abstinence.
The advantage of natural family planning are that it does not have any side effects, it increases a woman’s self awareness, and couples knowledge of the woman’s reproductive system, there is no cost at all once the couple know how to use it and it can also assist a couple in achieving a wanted pregnancy.

The disadvantage of natural family planning include the following: Most couples require 3 cycles to use the cervical mucous method or the symptomenstrual method correctly, some couples experience emotional stress as a result of not being able to have intercourse for several days of the woman’s cycles and it does not directly protect from STI including AIDS.

Natural family planning method provides an alternative for those who for some reasons do not wish to use artificial methods. Pregnancy can be avoided by timing of sexual intercourse in relationship to the woman’s physiologically occuring infertile periods.

In Zambia, natural family planning started in 1974, and the government recognised and accepted it as part of the health programmes in 1981 (FLMZ, 1991). Since then it has been used in most parts of the country. Natural family planning centres have been established on the Copperbelt, Central, Lusaka and Southern Provinces whose purpose is to teach couples about the method and how best they can use it.

There are currently 8,021 women using the natural family planning or the calendar rhythm method or by knowledge of the fertile period in Zambia (ZDHS, 1996).
1.2 Statement Of The Problem

Worldwide, family planning programmes have been targeting their information, counselling and service to women because most of the methods of family planning were designed for use by women.

The family planning programme in Zambia also exclusively aimed at women and men were left out. Perhaps this could have contributed to under utilisation of family planning services in the country, for example the 1996 Zambia Demographic Health Survey revealed that at least 98% of women aged between 15 to 49 years have heard of at least one method, yet the overall utilisation of family planning services stands at a disproportional 26%. The reason for low utilisation included lack of men's consent and approval. It is most likely that if men had a positive attitude towards family planning, natural family planning inclusive, they would encourage their spouse to practice family planning.

Traditionally, women are not the sole decision-makers about family planning use regardless of the family planning method. Some women make decisions about family planning and family size in collaboration with their partners, husbands, parents or in laws decide for them. Others use contraceptive clandestinely fearing relatives or husbands disapproval (Network, 1998). It is evident that in Africa men still play a critical role in women's family planning use and continuation hence their involvement in family planning (Studies in family planning, 1996). As for natural family planning it also requires the cooperation and
understanding of both partners. Without it the method failure rate becomes very high.

According to the researchers' observation and experience, when husbands or partners are opposed to family planning, women are likely to face severe consequences, including divorce or abandonment, violence, ridicule or disapproval from family, friends or their husbands.

There are several factors that are likely to influence men's knowledge, attitude and use of natural family planning methods. The first factor is lack of information on natural family planning. It is quite obvious that if one is ignorant about a service he will not use it. Although the level of awareness on modern methods of contraceptives is very high among Zambian men, there is still knowledge deficit on natural family planning hence the need to intensify education on family planning. Perhaps this could be the greatest barrier to the use of natural family planning. Many women and men know very little about physiology and reproduction.

The second factor that may influence men’s knowledge, attitudes and practices is traditional beliefs/customs. On average African men have more children over their lifetime than women do, because their reproductive years are longer and they tend to have multiple partners. (men and family planning in Africa, 1996). Traditionally, men have bigger families to prove their manhood. Having a small family and one wife is a sign of weakness on the part of the man. In addition fertility
control is traditionally a woman's responsibility as she is the one who bears a child. Men have nothing to do with it.

Another influencing factor closely related to traditional beliefs is religion. Couples who are religious are strongly against family planning. Such couples will want to fulfill the scriptures, to go and fill the earth.

Lack of facilities or modern service for men is another factor. Very few family planning methods are available for men's use. Perhaps if men were encouraged to practice or support natural family planning as an alternative method, more women and men would plan their families amicably.

The other factor is attitudes of service providers or staff towards natural family planning. Most service providers do not recommend NFP because they think that these methods are not as effective as modern methods. Yet when modern methods of family planning are not available, traditional methods, such as those based on fertility awareness or withdrawal may be the only available means of avoiding unplanned pregnancy.

Education is another factor, it has been found that educated men are far more likely to approve of and use family planning than their less educated peers. For example data from ZDHS, 1996 showed that contraceptive use increased steadily with increasing level of education. The result showed that 55% of married men with secondary or higher
education used contraceptive compared to only 17% of married uneducated men.

In some communities there are myths about abstinence. Some people believe that those who practice abstinence do not “dry up”, may be this could also influence men’s attitude towards natural family planning.

The effectiveness of all natural family planning methods is dependent upon the couples motivation to prevent pregnancy and ability to interpret the symptoms of ovulation. For a couple to use natural family planning successfully there should be also good intra-spousal communication. Lack of intra spousal communication is a problem in Zambia. This is a stumbling block in acceptability and usage of natural family planning (Mtonga, 1991).

From the researchers observations, women come to family planning clinics on their own and they get information on family planning from either friends or nurses. In most cases they are afraid to discuss family planning with their husbands and most of the times husbands do not show any interest in family planning. There is great need to deliberately entice men to participate in family planning. However this can only be done if they had the necessary education on the subject.

It is therefore, imperative for the researcher to determine knowledge, attitudes and practices of men towards natural family planning, so that the results may be used appropriately to correct the situation.
A DIAGRAM OF ANALYSIS OF FACTORS INFLUENCING ATTITUDES, KNOWLEDGE, PRACTICES OF MEN TOWARDS NATURAL FAMILY PLANNING

Unavailability of government policies

Lack of information

Unavailability of family planning clinics for men

Education level

Knowledge, attitudes of men towards natural Family planning

Poor attitudes of service providers

Traditional beliefs/customs

Religious beliefs

Figure 1.
1.3 Justification Of The Study

The existing family planning strategies in Zambia have no deliberate policy to educated, involve or influence men participation in family planning. Males should be targeted because they have final authority in the family planning decisions in the home. It's against this background that this study was formulated. The results obtained would be utilised to work out a strategy that will improve male involvement in natural family planning.

Another reason is that not many studies have been done in knowledge, attitudes and practices of men towards natural family planning.

1.4 Objectives

General Objectives

The general objective of this study is to find out the knowledge, attitude and practices of men towards natural family planning.

Specific Objectives

In order to achieve the general objective, the following specific objectives were formulated:

1. To assess men’s knowledge on natural family planning
2. To identify men’s practices towards natural family planning
3. To explore the attitudes of men towards natural family planning
4. To identify areas for further research
5. To make recommendations.
1.5 Hypothesis

1. Men's inadequate knowledge about natural family planning contribute to under utilisation of the service.

2. Men's negative attitudes towards natural family planning is due to traditional beliefs and misconception

1.6 Operational Definitions

In this study the following terms are use or defined as:

1. **Abstinence:** is voluntarily avoidance of intercourse by couples

2. **Attitude:** is the feeling or thinking towards natural family planning services

3. **Couple:** refers to man and woman who are married

4. **Client:** refers to the person who used natural family planning services

5. **Fertile period:** refers to the time when a woman can became pregnant if she has sexual relationship with a man.

6. **Intra-spousal communication:** couples speak to each other and exchange ideas in family planning to the extent that both can define family planning correctly, accept and use family planning, can describe the type of family planning method they are using and can cite advantages and disadvantages of the method of family planing they are using.

7. **Knowledge:** refers to the familiarity of experience known about natural family planning.
1.7 Variables

A. **Dependent Variable**: dependent variable is the variable used to describe or measure the problem under study. It is therefore affected by the independent variables.

B. **Independent Variables**

Independent variables are used to measure factors that are assumed to cause or influence the problem under study.

**Table 1: DEPENDENT VARIABLES, INDICATORS AND CUT OFF POINTS**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Indicators</th>
<th>Cutoff Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>Knowledgeable</td>
<td>Have heard about the NFP and how it is used</td>
</tr>
<tr>
<td></td>
<td>No knowledgeable</td>
<td>Have never heard about the NFP</td>
</tr>
<tr>
<td>Attitude</td>
<td>Positive</td>
<td>Supports the use of natural family planning</td>
</tr>
<tr>
<td></td>
<td>Negative</td>
<td>Does not support NFP</td>
</tr>
<tr>
<td>Practice</td>
<td>Good</td>
<td>Using the method</td>
</tr>
<tr>
<td></td>
<td>Poor</td>
<td>Not using the method</td>
</tr>
</tbody>
</table>

Table 1 shows the dependent variables, indicators and cut off points.


Table 2 shows the independent variables, indicators and cut off points.
Criteria for Classifying the Respondents as being knowledgeable and not knowledgeable for positive and Negative Attitude

A. Knowledge

(i) **Knowledgeable**: those who could define correctly natural family planning

(ii) **Not knowledgeable**: those who could not define or know what family planning is.

B. **Attitude**: this is the way men perceives family planning.

(i) **Positive Attitude**

Those men who participate in natural family or are in support of natural family planning

(ii) **Negative Attitude**

Those who are against natural family planning
CHAPTER 2

2.0 LITERATURE REVIEW

2.1 Introduction

The Bible gives a record of some form of family planning indicating that the practice has been in existence even before the scientific era. Most NFP programmes began as social or religious movements with distinct value orientation. This makes it difficult to estimate how many NFP programmes are there worldwide.

Until recently, NFP services were provided by volunteers on a part-time basis in scattered localities of countries where a few interested individuals or small groups took the initiative to make NFP instructions available.

Literature reviewed for this study does not indicate precisely where NFP was first practiced and when, but however shows that the practice has been with us for sometime. For example in the beginning of the 70s, Misereur (Episcopal Organisation for Development Cooperation) from Germany funded NFP programme for the first time.

In 1981, Foreign Assistance Act was amended to ensure that information and services relating to NFP methods were included among the population activities being supported by Agency for International Development (AID).
In 1993, at a workshop in Georgetown, a paper entitled, "Innovative Approaches to Expanding Natural Planning Services", was presented. This paper analysed collaborative relationships of public and private sector organisations that are working together to improve fertility awareness and NFP. Proponents now wish to make NFP services widely accessible.

2.2 Global Perspective

Since the early 1990s the International Conference on Population and Development (ICPD) has been re-orienting and enlarging their programmes from exclusive family planning to include other components such as sexual behaviour, sexually transmitted diseases and HIV/AIDS, abortion related services, child birth and post partum care and infertility service. However, this re-orientation programme has not addressed the issue of male participation in family planning. Family planning services have traditionally focused on women (Hardee and Yount, 1995). Men have been sidelined when in fact their involvement can make a very big impact on the use and choosing of the contraceptive method. Men's involvement is very crucial (Edward, 1994).

In support of the above view, a study was conducted in Maryland in 1994 by Valente on preliminary findings from the Bolivia Reproductive Health Pre-campaign survey. The study revealed that individuals with more education are more positive about contraception, so the campaign should attempt to improve attitudes for men towards natural
family planning as illiteracy rate is very low in men. More services should be available for men where they can be taught family planning. These services should be available where men are mostly found like in work places and drinking places.

Even if men are not the final sole users of most contraceptive (except the condom and vasectomy), use of contraceptive including natural family planning by a spouse is dependent upon the authority of man. The man must consent. In Philippines, Zitalecom et al 1994, in a study “Spouses’ View of Contraception in Philippines” revealed that two thirds of women interviewed said they would consult their husbands about contraceptive use. If a man does not approve of the method the wife does not use it.

In Jakarta, in a study conducted by Women’s Studies Project (WSP) on family planning use, revealed that more than two thirds of 760 married women aged 30 to 45, said they had discussed contraception with their husband, who saw family planning as a means to reduce the family’s economic burden. Men have to work for money to feed the family, the larger the family the more burden on the man. In support of the above view 56% of the same women in Jakarta said their husbands’ wishes prevail, as a wife, “I have no freedom to decide something by myself. I have to ask his permission”.

This clearly shows that globally men’s decision in acceptability and use of family planning in general is very crucial.
2.3 Regional Perspective

An increasing number of African countries perceive rapid population growth as an obstacle to their social and economic development and have adopted policies to lower fertility. Currently, more than 40 governments in Africa view their countries fertility levels as too high, and 36 have adopted policies to lower their fertility.

Men in Africa play an important role in most decisions pertaining to family life, including family size and family planning. A number of cultural and institutional factors favour African men in matters related to marriage and family life. Men play important roles as heads of households, are viewed as the custodians to their lineage, and are the protectors and providers of their families. The social and economic dependence of wives on their husbands gives men great influence in family planning decision for instance, a study by Abanine, 1991 on reproductive motivation and family size preferences among Nigerian men, documented that men plan a major role in family planning decision than wives.

In support of the above view Khalifa, (1995) in a similar study conducted in Sudan also document that men play a major role in family planning decision and the decision not to practice any family planning was found to be male dominated.

A couples family planning decision result from a complex process. Many analysts consider communication between husbands and wives to be one of the most important factors associated with family planning
practices. A study in Ghana carried out by John Hokins University revealed that communication between spouse was the most significant pathway to family planning.

According to Wambui, 1994, in a study conducted in Kenya on women’s access to contraception, it was discovered that natural family planning methods require cooperation between partners because they must abstain from sex during the fertile days. This was difficult in Kenya because of male dominated sexual relationships.

2.4 Zambian Perspective

Though family planning methods were practised in Zambia, the policy was only launched by the then President of Zambia, Dr. Kenneth Kaunda in 1989. This was the time the Zambian Government started making deliberate support to the agencies of family planning. However, the Ministry of Health established a family planning unit in 1980 with a bias towards the married couples only.

Not until the late 1980s the services were only limited to the married leaving out a good proportion of unmarried women and men struggling for such services. The unmarried relied on natural family planning methods, which require no formalities to go through. The restriction were in force despite the overwhelming evidence that the majority in the child bearing age were involved in pre marital sex according to the revelations during the Planned Parenthood Association of Zambia Seminar in Mufulira in 1991.
The dawn of the scientific era has brought with it more reliable safer methods to prevent unwanted pregnancies. Among the many methods of family planning is natural family planning. Studies have shown that natural family planning is among the most effective methods when used by couples who have been properly instructed (FLMZ, 1991). Natural family planning has all the qualities that a good method of birth control has. Natural family planning is effective, simple, medically safe and can be readily available to clients (Chikamata, 1984).

Natural family planning was accepted and recognised as part of the health programme by the Zambian government in 1981 (FLMZ, 1991). Since then it has been in some use in some parts of the country and natural family planning centres have been established on the Copperbelt, Central, Lusaka and Southern Provinces whose purpose is to teach couple about the method and how best they can use it. Since the method was initiated, only 13,498 clients have accepted it hence more research is needed to improve the services and utilisation of the method.

Although the family planning policy was launched three years ago with the view of involving men, there is still unmet need for men in family planning for example very few men are neither using family planning methods nor encouraging their wives to use family planning. Men can participate in family planning in two ways; by supporting their partner's decision to use family planning and by practising a male method of family planning themselves, (condom, vasectomy, withdrawal or
periodic abstinence). Men's support affects the choice, adoption, continuation and correct use of female methods.

NFP is not widely used in Zambia due to various reasons. According to a study by Tembo, (1994) on knowledge, attitude and practices of family planning among male secondary school teachers in Lusaka, men have inadequate knowledge on NFP. The results of the same study also showed that 75% of the males were of the view that fertility awareness should be made available to males including secondary school pupils. From this study one can deduce that NFP is not well known.

Communication between husbands and wives about family planning is strongly associated with couples' use of NFP. Couples should dialogue and discuss family planning. However, intraspousal communication still remains a problem in family planning, for example Mtonga, (1991) in a study to determine effects of intraspousal communication on acceptability of contraceptive methods in Lusaka confirmed this fact. In Zambia, family size is still determined by men, some men often want to have bigger families than women do, yet it is women's health that is put at risk by mistimed and unwanted pregnancies. Decisions to have another child is more often made by the man rather than the woman. This notion has been confirmed byHazemba, (1996), in a study to determine knowledge, attitudes and practices of family planning among women of Nangoma in Mumbwa District. Similar results were obtained from 1993 household survey
done in five districts in different provinces of Zambia by Chishimba, et al.

The above trend could be mainly due to the social-cultural background of the Zambian people, where there is male dominance and decision making in family life issues especially family planning, is a man’s prerogative. In addition, a man’s decision is usually final and supreme. It is therefore of utmost importance that for any family planning programme to succeed male support and participation should be incorporated.
CHAPTER 3

3.0 METHODOLOGY

3.1 Research Design

A non-experimental descriptive research design was used. The purpose of the study was to identify and explore a number of factors contributing to lack of male involvement and participation in NFP. It involved a systematic collection and presentation of data in order to give a clear picture of relationship between the dependent and independent variables. A descriptive non-experimental study gives a quick descriptive account of the situation and provides baseline data for further research. It is also easy to conduct and analyse.

3.2 Research Setting

The study was conducted in the Lusaka urban clinics, namely Chelstone, Chainda and Mtendere. These sites were chosen because it was thought that it would give a representative population of males eg. both married and single men. The setting was also convenient for the investigator as regards data collection.

The three clinic ie. Chelstone, Chainda and Mtendere are in the city of Lusaka and the targeted population for Lusaka is about 2 million, according to Zambia Demographic Health Survey (ZDHS), 1996, of which 860 are males and 857 are females approximately.

Lusaka City is mainly urban and is an industrial commercial and distributive centre. The population characteristics of the city vary
greatly. They range from the very rich to the poor and the educated to the uneducated. Therefore, the lifestyles and the health related behaviour differ to a certain extent. Due to rapid industrialisation and corresponding increase in population, a large number of the population live in the squatter overcrowded compounds with obvious low standards of living.

3.3 Study Population

The study population are males residing in Lusaka city. The study units were males who escorted the sick to the clinics aged between 18 to 49 years. This age group was chosen because they are active sexually.

3.4 Sample Size

A sample size of fifty (50) males was selected from the targeted population of men in Lusaka. The decision to select only 50 (fifty) respondents was arrived at because of the limited amount of funds available to carry out the study.

3.5 Sampling Method

In this study, systematic sampling method was used to choose the respondents from the total population. In this method, a number was picked randomly between one and five and number 4 was picked, then every 4th client was selected and was given a self administered questionnaire to complete.
3.6. **Data Collection Technique**

Data was collected using a self-administered questionnaire. This technique was chosen taking into account the study sample who were literate. The questionnaire consisted of printed questions with more closed-ended questions and a few open-ended questions.

The questionnaire was chosen for the following advantages:

1. It is less time consuming for the researcher and respondents
2. There is no need for a team of investigators and also anonymity is granted as the subjects will not fill in their names.
3. It enables a respondent to feel free to answer sensitive questions, which could not be answered so freely in the presence of an interviewer.
4. It makes it possible to contact respondents who are scattered in different parts of the country at a minimum cost.

The disadvantages of the questionnaire are:

1. Illiterate respondents cannot use it.
2. It has a low response rate
3. It gives no opportunity of knowing whether the targetted person was the one who indeed completed the questionnaire.
4. It gives no chance of asking questions about any given answer.

3.7 **Data Collection Tool**

Data collection was done between 21\textsuperscript{st} August 2000 and 1\textsuperscript{st} September 2000. The researcher collected the data. It was collected by
administering questionnaires to the fifty (50) male respondents in Lusaka urban clinics.

### 3.8 Pilot Study

Before data was collected for the main study, a pilot study was done at UTH family planning clinic. The pilot study was done from 10\(^{th}\) to 12\(^{th}\) July 2000, to a sample of ten (10) men who were systematically selected i.e. Every 4\(^{th}\) client was picked.

The miniature study was aimed at appraising reactions of the subjects to the research questions, validity of data collection tool and procedure for data processing and analysis. No changes were made on the questionnaire after pilot study.

### 3.9 Ethical Consideration

Before the study was conducted, written permission to conduct the study was made to U.T.H Board Management and the District Health Management Team (DHMT). This was important because it facilitated cooperation between the respective authorities and the researcher.

The respondents were informed and told about the purpose of the study and were assured of the confidentiality in the whole process, verbally.

### 3.10 Dissemination And Utilization Of Finding

It is hoped that policy makers will use the information obtained from this study, Ministry of Health, Lusaka Urban District Health Management Team. A research report will be taken to the library at the
Department of Post Basic Nursing and to the Main University of Zambia library to be used as a reference material.
CHAPTER 4

4.0 ANALYSIS AND PRESENTATION OF FINDINGS

4.1 Data Analysis

Following the collection of data from health centres, each questionnaire was checked for accuracy and completeness. Using the assigned code for each response, data was put on a data master sheet for easy analysis manually. This made it easier to draw frequency tables and cross tabulations for conclusions on the variables and objectives of the study.

4.2 Presentation of Findings

In this study data has been summarized and presented in the form of frequency tables, cross tabulations and graphs. Raw data presented in this manner gives a clear picture of the situation to the reader.
Table 3: Respondents Demographic Data

<table>
<thead>
<tr>
<th>Age of Respondents</th>
<th>N 50</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 – 25 years</td>
<td>12 (24%)</td>
</tr>
<tr>
<td>26-33 years</td>
<td>18 (36%)</td>
</tr>
<tr>
<td>34-41 years</td>
<td>11 (22%)</td>
</tr>
<tr>
<td>42-49 years</td>
<td>8 (16%)</td>
</tr>
<tr>
<td>50-57 years</td>
<td>1 (2%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital Status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>13 (26%)</td>
</tr>
<tr>
<td>Married</td>
<td>35 (70%)</td>
</tr>
<tr>
<td>Widowed</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>Separated</td>
<td>-</td>
</tr>
<tr>
<td>Widowed</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Children</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>11 (22%)</td>
</tr>
<tr>
<td>1-3</td>
<td>27 (54%)</td>
</tr>
<tr>
<td>4-6</td>
<td>11 (22%)</td>
</tr>
<tr>
<td>7-9</td>
<td>-</td>
</tr>
<tr>
<td>More than 9</td>
<td>1 (25%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age of last child</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year</td>
<td>14 (28%)</td>
</tr>
<tr>
<td>2 years</td>
<td>7 (14%)</td>
</tr>
<tr>
<td>3 years</td>
<td>5 (10%)</td>
</tr>
<tr>
<td>More than 3 years</td>
<td>12 (24%)</td>
</tr>
<tr>
<td>No child</td>
<td>12 (24%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Religious Denomination</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic</td>
<td>18 (36%)</td>
</tr>
<tr>
<td>Pentecostal</td>
<td>10 (20%)</td>
</tr>
<tr>
<td>RCZ</td>
<td>4 (8%)</td>
</tr>
<tr>
<td>SDA</td>
<td>4 (8%)</td>
</tr>
<tr>
<td>UCZ</td>
<td>4 (8%)</td>
</tr>
<tr>
<td>Jehovah’s Witness</td>
<td>3 (6%)</td>
</tr>
<tr>
<td>New Apostolic</td>
<td>4 (8%)</td>
</tr>
<tr>
<td>Baptist</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>Anglican</td>
<td>1 (2%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level of Education</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>4 (8%)</td>
</tr>
<tr>
<td>Secondary</td>
<td>24 (48%)</td>
</tr>
<tr>
<td>College/University</td>
<td>22 (44%)</td>
</tr>
</tbody>
</table>

Table 1 demonstrates that majority 18 (36%) of the respondents are in the age group 26-33 years and most of them 35 (70%) are married. 54% of the respondents have 1-3 children and 14 (28%) of the respondents have children of 1 year. Majority 24 (48%) of the respondents have attained secondary level of education and most of them 18 (36%) are Catholics.
Figure 2 shows that majority (78%) of the respondents resided in medium density areas while 10% resided in low-density areas.
Figure 3 shows that majority 32 (64%) had knowledge on natural family planning and that 18 (36%) of the respondents had no knowledge about natural family planning.
Figure 4 shows that 30 (60%) of the respondents had not used natural family planning before and 20 (40%) of the respondents have used natural family planning before.
Table 4:

AGE DISTRIBUTION OF RESPONDENTS IN RELATION TO MARITAL STATUS

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Single</th>
<th>Married</th>
<th>Separated</th>
<th>Divorced</th>
<th>Widowed</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25 years</td>
<td>8 (16%)</td>
<td>4 (7%)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>12 (24%)</td>
</tr>
<tr>
<td>26-33 years</td>
<td>5 (10%)</td>
<td>13 (26%)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>18 (36%)</td>
</tr>
<tr>
<td>34-41 years</td>
<td>-</td>
<td>10 (20%)</td>
<td>-</td>
<td>-</td>
<td>1 (2%)</td>
<td>11 (22%)</td>
</tr>
<tr>
<td>42-49 years</td>
<td>-</td>
<td>7 (14%)</td>
<td>-</td>
<td>-</td>
<td>1 (2%)</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>50-57 years</td>
<td>-</td>
<td>1 (2%)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>Total</td>
<td>13 (26%)</td>
<td>35 (70%)</td>
<td>-</td>
<td>-</td>
<td>2 (4%)</td>
<td>50 (100%)</td>
</tr>
</tbody>
</table>

Table 4 shows that majority 35 (70%) of respondents were married and most of them 13 (26%) were in the age range between 26 to 33 years, 26% were single followed by 4% who were widowed.
Table 5

AGE DISTRIBUTION OF RESPONDENTS IN RELATION TO NUMBER OF CHILDREN

<table>
<thead>
<tr>
<th>Age</th>
<th>None</th>
<th>1-3</th>
<th>4-6</th>
<th>7-9</th>
<th>More than 9</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25 years</td>
<td>8 (16%)</td>
<td>4 (8%)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>12 (24%)</td>
</tr>
<tr>
<td>26-33 years</td>
<td>3 (6%)</td>
<td>14 (28%)</td>
<td>1 (2%)</td>
<td>-</td>
<td>-</td>
<td>18 (36%)</td>
</tr>
<tr>
<td>34-41 years</td>
<td>-</td>
<td>6 (12%)</td>
<td>5 (10%)</td>
<td>-</td>
<td>-</td>
<td>11 (22%)</td>
</tr>
<tr>
<td>42-49 years</td>
<td>-</td>
<td>3 (6%)</td>
<td>5 (10%)</td>
<td>-</td>
<td>-</td>
<td>8 (16%)</td>
</tr>
<tr>
<td>50-51 years</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1 (2%)</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>Total</td>
<td>11 (22%)</td>
<td>27 (54%)</td>
<td>11 (22%)</td>
<td>-</td>
<td>1 (2%)</td>
<td>50 (100%)</td>
</tr>
</tbody>
</table>

Table 5 illustrates that majority 18 (36%) of respondents were aged between 26 to 33 years and most of them 14 (28%) had 1-3 children. Only 22 were aged between 34 to 41 years. Another 24% were aged 18 to 25 years.
Table 6

AGE DISTRIBUTION OF RESPONDENTS IN RELATION TO USE OF NATURAL FAMILY PLANNING

<table>
<thead>
<tr>
<th>Age</th>
<th>Ever used Natural Family Planning</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (4%)</td>
<td>No (20%)</td>
</tr>
<tr>
<td>18-25 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26-33 years</td>
<td>9 (18%)</td>
<td>9 (18%)</td>
</tr>
<tr>
<td>34-41 years</td>
<td>6 (12%)</td>
<td>5 (10%)</td>
</tr>
<tr>
<td>42-49 years</td>
<td>3 (6%)</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>50-57 years</td>
<td>-</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>Total</td>
<td>20 (40%)</td>
<td>30 (60%)</td>
</tr>
</tbody>
</table>

Table 6 demonstrates that 30 (60%) of the respondents had never used natural family planning before and 10 (20%) were in the age range 18-25 years. Only 40% of the respondents had used natural family planning and most 9 (18%) of these were aged between 26 –33 years.

TABLE 7: RESPONDENTS AGE IN RELATION TO KNOWLEDGE

<table>
<thead>
<tr>
<th>AGE</th>
<th>Knowledgeable</th>
<th>Not knowledgeable</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-25 years</td>
<td>-</td>
<td>12 (24%)</td>
<td>12 (24%)</td>
</tr>
<tr>
<td>26-33 years</td>
<td>6 (12%)</td>
<td>12 (24%)</td>
<td>18 (36%)</td>
</tr>
<tr>
<td>34-41 years</td>
<td>2 (4%)</td>
<td>9 (18%)</td>
<td>11 (22%)</td>
</tr>
<tr>
<td>42-49 years</td>
<td>3 (6%)</td>
<td>5 (10%)</td>
<td>8 (16%)</td>
</tr>
<tr>
<td>50-57 years</td>
<td>-</td>
<td>1 (2%)</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>Total</td>
<td>11 (22%)</td>
<td>39 (78%)</td>
<td>50 (100%)</td>
</tr>
</tbody>
</table>

Table 7 demonstrates that majority of the respondents 39 (78%) were not knowledgeable on natural family planning and 12 (24%) both fall in the age group 18-25 years and 26-33 years respectively. Only 22% of the respondents were knowledgeable about NFP and most of these were aged between 26-33 years.
Table 8: RESPONDENTS EDUCATIONAL LEVEL IN RELATION TO
USE OF NATURAL FAMILY PLANNING

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Using NFP</th>
<th>Not Using NFP</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>2 (4%)</td>
<td>2 (4%)</td>
<td>4 (8%)</td>
</tr>
<tr>
<td>Secondary</td>
<td>10 (20%)</td>
<td>14 (28%)</td>
<td>24 (48%)</td>
</tr>
<tr>
<td>College/UNZA</td>
<td>8 (16%)</td>
<td>14 (28%)</td>
<td>22 (44%)</td>
</tr>
<tr>
<td>Total</td>
<td>20 (40%)</td>
<td>30 (60%)</td>
<td>50 (100%)</td>
</tr>
</tbody>
</table>

Table 8 shows that 30 (60%) of the respondents were not using family planning and 14 (28%) had attained secondary level of education, followed by another 14 (28%) who had been to college/university. Only 20 (40%) of the respondents were using NFP.

Table 9: RESPONDENTS EDUCATIONAL LEVEL IN RELATION TO
KNOWLEDGE OF NATURAL FAMILY PLANNING (NFP)

<table>
<thead>
<tr>
<th>Educational level</th>
<th>Knowledgeable</th>
<th>Not knowledgeable</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>-</td>
<td>4 (8%)</td>
<td>4 (8%)</td>
</tr>
<tr>
<td>Secondary</td>
<td>4 (8%)</td>
<td>20 (40%)</td>
<td>24 (48%)</td>
</tr>
<tr>
<td>College/University</td>
<td>10 (20%)</td>
<td>12 (25%)</td>
<td>22 (44%)</td>
</tr>
<tr>
<td>Total</td>
<td>14 (28%)</td>
<td>36 (72%)</td>
<td>50 (100%)</td>
</tr>
</tbody>
</table>

Table 9 shows that most of the respondents 24 (48%) had attained secondary education and only 8% of these were knowledgeable about NPF. The remaining 40% were not knowledgeable. 44% of the people had attained college/university education and out of these 24% were not knowledgeable about NPF and 20% were knowledgeable.
Table 10

**RESPONDENTS ATTITUDE IN RELATION TO KNOWLEDGE**

<table>
<thead>
<tr>
<th>Attitude of Respondents</th>
<th>Knowledgeable</th>
<th>Not knowledgeable</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative attitude</td>
<td>2 (4%)</td>
<td>7 (14%)</td>
<td>9 (18%)</td>
</tr>
<tr>
<td>Positive attitude</td>
<td>12 (24%)</td>
<td>29 (58%)</td>
<td>41 (82%)</td>
</tr>
<tr>
<td>Total</td>
<td>14 (28%)</td>
<td>36 (72%)</td>
<td>50 (100%)</td>
</tr>
</tbody>
</table>

Table 10 shows that majority of respondents 41 (82%) had positive attitude towards NPF of which 29 (58%) were not knowledgeable about NPF. Only 9 (18%) of the respondents had negative attitude.

Table 11

**RESPONDENTS SOURCE OF INFORMATION IN RELATION TO USE**

<table>
<thead>
<tr>
<th>Source of information</th>
<th>Using NFP</th>
<th>Not using NFP</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>1 (2%)</td>
<td>6 (12%)</td>
<td>7 (14%)</td>
</tr>
<tr>
<td>Partner</td>
<td>4 (8%)</td>
<td>1 (2%)</td>
<td>5 (10%)</td>
</tr>
<tr>
<td>Health worker</td>
<td>8 (16%)</td>
<td>6 (12%)</td>
<td>14 (28%)</td>
</tr>
<tr>
<td>Media</td>
<td>5 (10%)</td>
<td>3 (6%)</td>
<td>14 (28%)</td>
</tr>
<tr>
<td>Never heard of NPF</td>
<td>2 (4%)</td>
<td>14 (28%)</td>
<td>16 (32%)</td>
</tr>
<tr>
<td>Total</td>
<td>20 (40%)</td>
<td>30 (60%)</td>
<td>50 (100%)</td>
</tr>
</tbody>
</table>

Table 11 illustrates that most of the respondents 16 (32%) have never heard of NFP, followed by 14 (28%) who heard about NFP from the health worker. Of the 28% who have information on NFP from the worker, only 8 (16%) are using NFP.
Table 12

RESPONDENTS EDUCATIONAL LEVEL IN RELATION TO ATTITUDE

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Negative Attitude</th>
<th>Positive Attitude</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>1 (2%)</td>
<td>3 (6%)</td>
<td>13 (26%)</td>
</tr>
<tr>
<td>Secondary</td>
<td>2 (4%)</td>
<td>20 (40%)</td>
<td>22 (44%)</td>
</tr>
<tr>
<td>College/university</td>
<td>6 (12%)</td>
<td>18 (36%)</td>
<td>24 (48%)</td>
</tr>
<tr>
<td>Total</td>
<td>9 (18%)</td>
<td>41 (82%)</td>
<td>50 (100%)</td>
</tr>
</tbody>
</table>

Table 12 shows that majority of respondents 41 (82%) had positive attitudes towards natural family planning and 20 (40%) of these had attained secondary level. Only 9 (18%) had a negative attitude.

Table 13

RESPONDENTS MARITAL STATUS IN RELATION TO USE

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Using NFP</th>
<th>Not Using NFP</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>3 (6%)</td>
<td>10 (20%)</td>
<td>13 (26%)</td>
</tr>
<tr>
<td>Married</td>
<td>18 (36%)</td>
<td>17 (34%)</td>
<td>35 (70%)</td>
</tr>
<tr>
<td>Widowed</td>
<td>-</td>
<td>2 (4%)</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>Total</td>
<td>21 (42%)</td>
<td>29 (58%)</td>
<td>50 (100%)</td>
</tr>
</tbody>
</table>

The table shows that majority of the respondents were married (70%) and 36% of these were using NFP. 34% of the married respondents were not using NFP. 26% of the respondents were single, out of these only 6% were using NFP.
Table 14

RESPONDENTS SOURCE OF INFORMATION ON NFP IN RELATION TO OCCUPATION

<table>
<thead>
<tr>
<th>Source of Information</th>
<th>Professionals</th>
<th>Non Professionals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>1 (2%)</td>
<td>6 (12%)</td>
<td>7 (14%)</td>
</tr>
<tr>
<td>Partner</td>
<td>2 (4%)</td>
<td>3 (6%)</td>
<td>5 (10%)</td>
</tr>
<tr>
<td>Health worker</td>
<td>3 (6%)</td>
<td>11 (22%)</td>
<td>14 (28%)</td>
</tr>
<tr>
<td>Media</td>
<td>4 (8%)</td>
<td>4 (8%)</td>
<td>8 (16%)</td>
</tr>
<tr>
<td>Never heard of NFP</td>
<td>6 (12%)</td>
<td>10 (20%)</td>
<td>16 (32%)</td>
</tr>
<tr>
<td>Total</td>
<td>16 (32%)</td>
<td>34 (68%)</td>
<td>50 (100%)</td>
</tr>
</tbody>
</table>

Table 14 illustrates that most of the respondents had never heard about NFP from any source and 20% of these were non-professionals. The remaining 12% were professionals. 28% of the respondents had heard from a health worker.

Table 15

RESPONDENTS USE OF NFP IN RELATION TO ATTITUDE

<table>
<thead>
<tr>
<th>Use of NFP</th>
<th>Positive Attitude</th>
<th>Negative Attitude</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using NFP</td>
<td>18 (36%)</td>
<td>2 (4%)</td>
<td>20 (40%)</td>
</tr>
<tr>
<td>Not using NFP</td>
<td>23 (46%)</td>
<td>7 (14%)</td>
<td>30 (60%)</td>
</tr>
<tr>
<td>Total</td>
<td>41 (82%)</td>
<td>9 (18%)</td>
<td>50 (100%)</td>
</tr>
</tbody>
</table>

Table 15 shows that majority 60% of respondents were not using NFP of which 23 (46%) had positive attitude toward NFP. Only 36% who have positive attitudes are using NFP.
Table 16

**RESPONDENTS USE OF NFP IN RELATION TO KNOWLEDGE**

<table>
<thead>
<tr>
<th>Use of NFP</th>
<th>Knowledgeable</th>
<th>Not knowledgeable</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using NFP</td>
<td>6 (12%)</td>
<td>14 (28%)</td>
<td>20 (40%)</td>
</tr>
<tr>
<td>Not using NFP</td>
<td>8 (16%)</td>
<td>22 (44%)</td>
<td>30 (60%)</td>
</tr>
<tr>
<td>Total</td>
<td>14 (28%)</td>
<td>36 (72%)</td>
<td>50 (100%)</td>
</tr>
</tbody>
</table>

Table 16 demonstrates that majority of respondents 30 (60%) are not using NFP of which 22 (44%) are not knowledgeable about natural family planning. Only six (6) (12%) of the respondents are knowledgeable on natural family planning.

Table 17

**RESPONDENTS OCCUPATION IN RELATION TO NFP BEING TAUGHT AT WORKING PLACE**

<table>
<thead>
<tr>
<th>Respondents Occupation</th>
<th>Availability of NFP services at working places</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>For</td>
<td>Against</td>
</tr>
<tr>
<td>Professionals</td>
<td>13 (26%)</td>
<td>3 (6%)</td>
</tr>
<tr>
<td>Non professionals</td>
<td>24 (48%)</td>
<td>10 (20%)</td>
</tr>
<tr>
<td>Total</td>
<td>37 (74%)</td>
<td>13 (26%)</td>
</tr>
</tbody>
</table>

Table 17 demonstrates that majority of respondents 34 (68%) were non professionals of which 24 (48%) expressed desire that NFP services should be available in working places, 13 (26%) of the professionals also expressed desire for availability of the service at working places. Only 13 (26%) were against the idea of the service being available at working places.
CHAPTER 5

5.0 DISCUSSION OF FINDINGS

5.1 Introduction

The study was conducted for the purpose of establishing the knowledge, attitudes and practice of men towards natural family planning. A number of variables that were suspected to have had an effect on knowledge, attitude and practice of natural family planning were explored. Some variables revealed bad effects while some had no effects. The assumptions were that men's educational level, unavailability of government policies and poor attitudes of service providers.

The sample consisted of fifty (50)-working men who were systematically selected from 3 clinics in Lusaka urban.

5.2 Social Demographic Data

The sample consisted of men who were aged between 18 and 57 years. The age range was 39 and the mean age was 37 ½. Majority (36%) of the respondents were aged between 26 and 33 years. This could be due to the fact that the Zambian population constitutes more of youth and that this is the most sexually active age group. Twenty four percent of the respondents were aged 18 to 25 years. Only 2% were in the age group 50 to 57.

The study revealed that the majority (70%) of respondents were married and were aged between 26 and 33 years. (Table 4, page 33).
This is because marriage is universal in Zambia. Twenty six percent (26%) of the respondents were single and no respondent was either widowed or separated. Majority (54%) of respondents had between one to three children and most of them were aged between 26 and 33 years.

The respondents’ educational background ranged from secondary (48%) to college/university (44%) and primary (8%). This meant that at least all respondents had an opportunity of going to school even at the lowest level of education.

All the respondents were Christians who belonged to different religious denominations (see Table 3, page 29). Most (36%) of the respondents were Catholics, followed by 20% who were Pentecostal, then 8% who were from Reformed Church in Zambia, another 8% who were from Seventh Day Adventist Church, another 8% who were from New Apostolic Church, 6% were Jehovah’s Witness, 4% were Baptist and 2% were Anglican. The magnitude of the number of Christians is a reflection of the dominance of Christianity in Zambia, it being declared a Christian Nation.

5.3 Knowledge

To assess whether the respondents were knowledgeable about natural family planning or not, questions were asked to define what natural family planning was and if they have heard of natural family planning.
The results of this study revealed that the level of knowledge on natural family planning was generally low among men, for example 78% of the respondents were not knowledgeable about natural family planning and most (24%) of men were in the age group 26 and 33 (Table 7, page 35).

This agrees with findings in the study entitled “factors leading to under utilisation on natural family planning at Chilenje Clinic” (Tolosi, 1993), who said that majority of clients were using other methods of family planning and had no knowledge about natural family planning.

In 1990, the Central Statistical Office and the University of Zambia conducted a Health Demographic Survey in which it was discovered that knowledge is a precondition for higher utilisation of any given service. It then goes without saying that if the majority of men are not knowledgeable about natural family planning they won’t use the service.

The limited knowledge shown in this study by men could result from the way in which information, education and communication on NPF are being conducted at health centres and by the media, where health care providers are encouraging other methods of family planning is not being encouraged by health providers like clinical officers and physicians as observed by the researcher. In support of this, Norman (1994) in a study entitles “Natural Family Planning, Attitudes must Change” said that staff attitude towards the method need to change
where NPF is not offered by physicians, even when it is requested by a couple, infact physicians actively discourage it.

The study also revealed that majority (78%) of the respondents were not knowledgeable about NPF and 40% of these respondents had attained secondary level of education. This clearly shows the need to incorporate fertility awareness in the school curricular so that children learnt about family planning at an early age and in this way they can easily adopt family planning methods.

On the other hand level of knowledge was found to be higher among those who had gone to college/university comprising 20% of the total 28% of respondents who were knowledgeable. This could mean that as individuals got more educated, they develop the confidence in finding out about reproductive health. Similar results were obtained from Zambia's 1996 Demographic and Health Survey which revealed that well educated and urban people are most likely to use any method and are also more likely to use modern methods.

Similarly, Demographic Health Survey comparative studies done in Mali and Kenya in 1987 revealed that better educated men were more likely to approve of family planning than the less educated.

The findings of this study also revealed that although the respondents were not knowledgeable about NPF they would recommend it to the people (Table 10, page 37). There is a great need for health workers to
double their efforts with information, education and communication and to control clients adequately in order to maximise use of the method.

5.4 Attitudes

Attitudes refer to the stand taken by the person over a given issue, for example NPF. A positive attitude towards NPF is likely to encourage practice while a negative attitude may discourage practice.

In this study, respondents attitude towards NPF was assessed by asking respondents the benefits of NPF and if NPF should continue to be used and if they could recommend the methods to others.

The findings have revealed several factors that influence the attitudes of men towards NFP. Such factors include the respondents level of education and the knowledge the respondent has. Furthermore, an evaluation of the respondents level of education in relation to attitude revealed that 18% of the respondents had negative attitude towards the method and most of these (12%) had attained college/university, followed by 4% of respondents who had attained secondary level education. Only 2% of the respondents had attained primary education (Table 12, page 38).

The level of education in this case seems to have an influence on attitude. The higher the educational attainment, the more negative one becomes. This could be due to the fact that as one acquires more knowledge, he feels confident to know it all, but this is not usually the case. This is contrary to results of a study done by Valente (1994) et al
in Baltimore, USA who said that individuals with more education are more positive about contraceptive, so the campaign should attempt to improve attitudes in individuals with little or no formal education.

Further evaluation on attitude in relation to method use show that 18% of the respondents had negative attitude towards NFP and 14% of these were not using NFP were not going to use the method. (Table 15, page 39). It is most likely that clients who had a negative attitude towards NFP were not going to use the method. There is urgent need to change men’s attitude towards NFP if the method is to be utilised.

5.5 Use

Use or utilisation of the service is making use of available service. To determine whether NFP were widely used, respondents were asked whether they were currently using the method at the time of the study. The study revealed that 60% of the respondents were not using the method, only 40% were using the method, (Table 8, page 36).

The researcher explored a number of factors that were thought to have some influence on use of NFP. One of the factors explored was age. The result showed that the majority (60%) of the total respondents were not using NFP and most (20%) of these were in the age group 18 and 25. (Table 6, page 35). This shows that the method is not widely used by the intended clients, across all ages. Therefore age does not influence use of NFP.
The researcher also wanted to establish whether source of information had any influence on utilisation of NFP. The results showed that 60% of the respondents were not using NFP and that 28% of these had never heard of NFP, 12% heard from health worker and friends, 6% from the media and only 2% from the partner. Of the 40% respondents who were using NFP most (16%) heard about the method from the health worker and only 2% from friends. From this study it is evident that NFP services are not being utilised and that men are not aware of its existence despite the introduction of NFP in 1988.

The researcher also explored a number of factors that were expected to influence the choice of NFP. Majority of respondents who used this method were non-professionals such as drivers, clerks and cleaners. These constituted 68% of the total number of respondents. Majority (22%) of these had information on NFP from a health worker. The health worker therefore seemed to have greater influence on use of NFP. This could be due to the fact that health workers are more knowledgeable on NFP and are able to give adequate advise or to counsel clients adequately.

The professionals constituted 32% and most (12%) of these had never heard of NFP followed by 8% who heard from the media. Only 2% had information on NFP from friends (Table 14, page 39). The above results indicate an urgent need to educate the professionals on NFP who comprise doctors, managers and engineers because these can influence change which is very much needed. The professionals are
decision-makers even in working places. But to the contrary most of the professionals have never heard of NFP. It therefore true that if the professionals are not knowledgeable about NFP they cannot use it and neither can they recommend its use to the non professionals or their junior staff at working places.

As regards whether NFP should be taught in working places or not, majority (74%) of the respondents expressed willingness or desire for NFP services to be made available at their working places (Table 17, page 40).

Providing information at work places is likely to encourage more men to use NFP. This is in support of the study by Ayufam (1994) in the study entitled “Male barriers, a myth or reality? Who said that most men got most of their information from other male friends and colleagues at working places. The work place can be a good place where men can share knowledge on NFP.

5.6 Implications on the Health System

The results of this study have revealed low levels of knowledge about natural family planning. This implies that health workers need to motivate couples to use natural family planning methods. There is need for health workers to adopt health education method that would enable men who are not knowledgeable about the method to have some knowledge.
Health care providers therefore are expected to be in the forefront in disseminating information and delivery of family planning services. Information on family planning should be accessible to all men above 15 years. This can be seen through posters depicting men, special programmes for men on fertility awareness on television and radio for both English and in vernacular, by making family planning clinic user friendly for men, allocating special timings for both men and also there is need to incorporate fertility awareness in the school curriculum so that male pupils are exposed to the concept of family planning at an early stage. In addition, health care providers should visit secondary schools to teach on fertility awareness, not forgetting working places.

Health care providers need to know that natural family planning just like any other method of fertility control can be effective and widely accepted if they promote it by disseminating information about it to all clients of family planning so that they can wisely make informed choice.

The study results on natural family planning revealed that 18% of the respondents had negative attitudes and that 60% of the respondents were not using natural family planning. This means that the method is being under utilised. The health care providers seem not to have much interest in promoting the method and this observation is worrisome.

Although matters of sexuality are regard as secret in our society, health workers should still sensitise the population at large to discuss sexual issues in public. This calls for the health workers to promote community involvement in dissemination of information. This can be
achieved by forming men’s groups or supportive groups for men both in the working places and in the community, headed by community based distributors. Men can easily share information as such communities are from same cultural backgrounds.

This problem therefore demands that policy makers at Ministry of Health, Family Life Movement of Zambia determine ways and means of attracting men to use natural family planning, including introduction of Family planning services at working places.
CHAPTER 6

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The study sought to investigate the knowledge, practice and attitudes of men towards natural family planning among working men.

The study results have revealed that knowledge was still very low among men for example 78% of men interviewed were not knowledgeable about natural family planning.

The findings also showed that 40% of those respondents who were not knowledgeable about natural family planning had attained secondary level of education. Thus there is a great need to incorporate or include fertility awareness in the education curriculum especially in secondary schools. Also, fertility awareness can be taught during school health by health workers.

Moreover the findings of this study have revealed that although the respondents were not knowledgeable about natural family planning they would recommend it to other people.

The study also revealed that 60% of the respondents were not using natural family planning. This clearly shows that natural family planning services were under utilised. Hence need to introduce the services at working places as it was shown by majority, 78% of respondents who expressed willingness or desire for natural family planning services to be made available at their working places.
6.2 Recommendations

1. The policy makers at Ministry of Health and Family Life Movement of Zambia should establish family planning services for men in working places.

2. There is great need to deliberately entice men to participate in family planning activities at the health centre, for example the health care providers should make family planning services more male friendly like allocating certain hours of the day only for men.

3. There is need for Ministry of Education to incorporate fertility awareness in the curriculum at secondary school level so that male children are aware of the family planning methods available, natural family planning inclusive.

4. The method of creating awareness on family planning needs at the health centre should be evaluated by health care providers. Clients should be exposed to the method of family planning available before they make a choice.

5. There is urgent need to improve family planning delivery and accessibility by health care providers for example running a mobile family planning clinic for teachers and pupils in schools, colleges and universities.
6. A more vigorous and larger study should be conducted on the same topic so that results could be generalised to a larger population.

6.3 Limitations of the Study

The first limitation was the financial constraint to a large extent that it influenced the sample size in order to minimise printing, typing and binding costs.

The second limitation was that the study was done side by side with other courses of the year, thus it was difficult to devote the desired time and effort to the study.
REFERENCES


APPENDIX I

The University of Zambia
School of Medicine
Dept. of Post Basic Nursing
P.O Box 50110
LUSAKA

The Director
LUDHMT
LUSAKA

u.f.s The Head,
Dept of Post Basic Nursing

Dear Madam,

Re: REQUEST TO CONDUCT RESEARCH

I am a fourth (4th) year student in the School of Medicine, Dept. of Post Basic Nursing pursuing a Bachelor of Science Degree.

As part of the fulfillment for a degree programme, I am required to carry out a research study. My study topic is "A study to determine knowledge, attitudes and practices of men towards natural family planning".

I intend to collect data from a randomly selected clinics. My target population will be men between 18 to 59 years

The purpose of this letter is to kindly ask for permission to enable me carry out the study at your institutions.

Thanking you anticipation.

Yours faithfully,

Onavey Mbuzi Banda
MINISTRY OF HEALTH
LUSAKA DISTRICT HEALTH MANAGEMENT BOARD
10th July, 2000

The University of Zambia
School of Medicine
Dept of Post Basic Nursing
P.O. 50110
LUSAKA.

Dear Madam,

RE: REQUEST TO CONDUCT RESEARCH

Permission has been granted for you to carry out a research study on the topic "A study to determine knowledge, attitudes and practices of men towards natural family planning".

Please avail results of the study to the District Health Office.

Yours faithfully,

Dr. B. Tambatamba-Chapula
Acting Manager Planning and development
for DISTRICT DIRECTOR OF HEALTH
APPENDIX 3

TITLE: A study to determine knowledge, Attitude, Practices of men towards Natural Family Planning

QUESTIONNAIRE FOR WORKING MEN

Serial No: .................................................................

Name of Working Place: ...............................................................

Date: .................................................................

INSTRUCTIONS TO RESPONDENTS

1. Do not write your name on the Questionnaire
2. Tick in the boxes provided
3. For answers that require more explanations, write in the space provided.

Note: All information in this Questionnaire is highly confidential
SECTION A: DEMOGRAPHIC DATA

1. How old are you?
   (a) 18 – 25 years  {  }
   (b) 26 – 33 years  {  }
   (c) 34 – 41 years  {  }
   (d) 42 – 49 years  {  }
   (e) 50 – 57 years  {  }

2. What is your marital status?
   (a) Single          {  }
   (b) Married         {  }
   (c) Separated       {  }
   (d) Divorced        {  }
   (e) Widowed         {  }

3. How many children do you have?
   (a) None            {  }
   (b) 1 – 3           {  }
   (c) 4 – 6           {  }
   (d) 7 – 9           {  }
   (e) More than 9     {  }

4. How old is your last child?
   (a) 1 year          {  }
   (b) 2 years         {  }
   (c) 3 years         {  }
   (d) more than 3 years {  }

5. What is your religion?
   (a) Roman Catholic   {  }
   (b) Pentecostal      {  }
   (c) Not affiliated   {  }
   (d) Others (specify) ..................................

6. What is your highest education attainment
   (a) No education     {  }
   (b) Primary          {  }
   (c) Secondary        {  }
   (d) College/UNZA     {  }

7. What is your occupation? ................................
8. Where do reside?
   (a) High density area  
   (b) Medium density area  
   (c) Low density areas  

SECTION B

(i) QUESTIONS ON KNOWLEDGE

9. Have you ever heard of natural family planning?
   (a) Yes
   (b) No

10. If your answer is Yes, what is natural family planning?
    

11. Where did you get information about natural family planning?
    (a) Friends  
    (b) Partner  
    (c) Health worker  
    (d) Media  

12. Is natural family planning available in your community?
    (a) Yes
    (b) No

13. If yes, name the places where natural family planning services can be obtained.
    

QUESTIONS ON PRACTICE

14. Have you ever used natural family planning before?
    (a) Yes
    (b) No
15. If not, what are your reasons for not using natural family planning

(a) Difficult to use { } 
(b) Not effective { } 
(c) Fear of bad side effects { } 
(d) Others (specify) .......................................................... 

16. Would you recommend natural family planning to your clients?

(a) Yes 
(b) No 

17. If No, give reasons for not recommending natural family planning.

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

QUESTIONS ON ATTITUDES

18. What do you think are the benefits of natural family planning?

(a) Strengthens marital relationships 
(b) Both used to achieve or avoid pregnancy 
(c) Others (specify) 

19. Should natural family planning continue to be used?

(a) Yes 
(b) No 

20. If No, explain

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

21. In your own opinion, should family planning education be taught in working places?

(a) Yes 
(b) No
22. If Yes, explain reasons why natural family planning should be taught in working places.

23. If No, explain reasons against natural family planning being taught at working places.

THANK YOU FOR ANSWERING THE QUESTIONS