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ABSTRACT

The purpose of the study was to identify the social, cultural, religious and psychological factors that influence choice of contraceptive method for the Zambian woman in urban areas. Knowledge of factors influencing choice of contraceptive method is essential in promoting the use of contraceptives for family planning programmes in Zambia.

The review of literature focused upon the contraceptive methods that are popular and the attitudes and practices of people towards modern family planning methods.

The instrument used to obtain information from sixty (60) subjects was a structured interview schedule. The subjects were randomly selected from women attending family planning and ante-natal clinics at Ndola Central Hospital. The interview gathered data about the women's current contraceptive method, their attitudes towards other methods and the cultural beliefs related to family planning methods.

It was found that there are a number of factors that influence choice of contraceptive method. Such factors include: purpose for which birth control is intended; psychological make-up; basic attitudes and practices of husband and wife; availability of methods; previous experience with different contraceptive methods; and education. The findings of the study imply that there is need for family planning workers to recognise these factors since they have an influence on the delivery of family planning service and to some extent on choice of method. Recognition of these factors will help family planning workers to find better means or ways of encouraging women to use those methods that are most suitable for them. This may mean use of some of the methods that are less popular among these women.
FACTORS INFLUENCING CHOICE OF
CONTRACEPTIVE METHOD
FOR THE URBAN
ZAMBIAN WOMEN

BY
ELIZABETH K KALUNGA
Z.R.N (MUFULIKA SCHOOL OF NURSING 1979)
Z.K.M (MUFULIKA SCHOOL OF MIDWIFERY 1981)

A STUDY SUBMITTED TO THE DEPARTMENT
OF POST BASIC NURSING, SCHOOL OF
MEDICINE, IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DIPLOMA IN
NURSING EDUCATION, UNIVERSITY OF
ZAMBIA. JULY, 1985

APPROVED BY....
DECLARATION

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

SIGNED BY .................................................................
CANDIDATE

APPROVED BY ............................................................
SUPERVISING LECTURER
I hereby certify that this study project is entirely the result of my own independent study. The various sources to which I am indebted are clearly indicated in the paper and in the references.

SIGNED Kalunga

CANDIDATE
DEDICATION

To my husband Bevin, for his love, patience, support, prayers and encouragement throughout my undertakings and to our beloved son Muleia, who was denied maternal love during the most crucial period of his growth and development.
I would like to thank my sponsors the Directorate of Man-power Development and Training through recommendations by the Ministry of Health, for the scholarship to undertake the Diploma in Nursing Education programme. I wish to express my gratitude to my Supervising Lecturer, Miss O. Kopolo, for her encouragement, objective criticism and guidance during the course of the study. My thanks also go to Miss P. Chibuye and Dr. J. Sajiwandani for their suggestions and support.

I also take this opportunity to thank Dr. Assanan, the Senior Medical Superintendent, Nicola Central Hospital, Mrs. Nsuna, Principal Nursing Officer, Mrs. Oanda, Area Nursing Officer for Out Patients Department, Nicola Central Hospital, the Sister-in-charge and staff of the Family Planning and Ante-Natal clinics, for their tolerance and helpfulness during the course of data collection. My thanks also go to the subjects used in the study, without whom the study would not have been possible.

I wish to thank my dear parents Mr. and Mrs. Kondowe, brothers, sisters and friends for their prayers, understanding and support. Special thanks to my sister Betty, for the excellent role of being mother substitute to my son Mulela. Thanks go to Mrs. B. Chizyuka for taking time to patiently type the study.

My heartfelt thanks go to my husband Bevin and our son Mulela for their moral support throughout my undertakings. Lastly, but not the least, I wish to thank my colleagues and classmates for their encouragement and support, especially Ms. O. Ngwisha, Ms. C. Chisengantamu, Ms. B. Sampa, Ms. J. Kafunya, Ms. G. Mwale, Ms. E. Namakando, Ms. M. Chirambo and Ms. S. Ngandu.
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The subject of family planning has been a controversial matter for a considerable number of years especially in the Third World countries. An article that recently appeared in the Times of Zambia of January 5, 1985, showed that Zambia is no exception with its past and present views of family planning. When the Planned Parenthood Association of Zambia was formed in 1972 under the name of Family Planning and Welfare Association of Zambia, the concept of family planning was generally misunderstood to mean control of population growth yet the objective was to improve the quality of life through child spacing.

However, the dust that was raised when the subject was first brought up in the late sixties and early seventies has settled considerably today with many leaders in society including political leaders supporting family planning programmes. Programmes are now being carried out with full participation of and with support from the Ministry of Health (Times of Zambia, Saturday 5, January, 1985). This was recently shown when a high ranking government official challenged the Planned Parenthood Association of Zambia (PPAZ) at a seminar that was jointly planned with the Ministry of Health. This official challenged P.P.A.Z to come up with suggestions as to how the Government should tackle the population problem which at 3.2% rise per annum is one of the highest in Africa. The Government has realised the need to control Zambia's population growth in view of insufficient food production, scarcity of foreign exchange for importation of farming implements and other essential goods, lack of schools, houses and hospitals.
Statement of The Problem

Despite the acceptance of the concept of family planning, the services provided by the Planned Parenthood Association of Zambia are still under utilised to a certain extent. Family planning has many facets, economic, socio-cultural, psychological and physiological. According to the article on Family Planning in the Zambian Press of January 5, 1966, socio-cultural views are a vital consideration before effecting a family planning programme. It is quite important to know social attitudes towards contraceptives because acceptability of certain methods largely depends on the attitudes of society towards them. The Times of Zambia article also reported that in a highly conservative society, women are often too modest to accept spermicides, diaphragms and douches. Men tend to be highly objectionable to using condoms, intra-uterine devices or the "Loops" are extremely unpopular among semi literate lower class women largely due to sheer ignorance of human anatomy and superstition. Religious people, on the other hand, often object to all forms of contraception except the rhythm method, especially Catholics. Despite the increased positive response towards family Planning, however, most women have different attitudes towards various forms of contraceptive method. As a result, their final choice of method is highly influenced by these attitudes and beliefs. The success of family planning programme depends in large measure on client understanding, co-operation and the development of a good rapport between the client and the provider. Effectiveness of a method is an obvious parameter in the choice of a contraceptive method. These are, however, not the only consideration. Other factors in addition to the above, that are taken into consideration are, safety of use, convenience of use and cost.
It has also been observed that the social attitudes of a community make a
great deal of difference in kinds of methods that are acceptable.

According to Law (1968) there are many factors that could influence a woman's choice of method of contraceptive practice. She pointed out that:

"Intelligence and social back ground are of supreme importance and that religion also plays a part: some of these factors could be; being single woman, early marriage, having several babies or none at all. Others could be factors of post partum, middle age or menopause."

It has been observed that Zambian women consumers of contraceptives also tend to have preferences and dislikes concerning methods of contraception. It is therefore, in view of this fact, that the present study was carried out to try and help in identifying the reasons as to why some methods were not being widely made use of. Wessels (1941) stated that:

"A good contraceptive method must possess definite physical and chemical properties and a definite value in terms of reducing fertility. Assuming however, that the method is effective and harmless it must also find favour in the hands of the user of the method and avoid partial use or discontinuance."

From the above statement it can be assumed that acceptability of a method by the patient seems to play a cardinal factor in any Family Planning Programme. The need to understand psychological, social and cultural factors affecting fertility regulation has become widely recognised. Psychosocial research in family planning programmes focuses on the range of cultural, social, economic and psychological factors which influence a couple's decision regarding spacing, timing and their use of family planning services.
The researcher's interest to carry out a study on the various factors that influence a woman's choice of her contraceptive method dates back to the time when she was a student midwife. During the clinical experience at Family Planning Clinics, the researcher observed with interest, that some methods of contraception were highly popular compared to others. This sparked a spirit of inquiry in the researcher to find out why this was so. The researcher also wondered whether the popularity of some contraceptives were due to recommendation or advertising on the part of the personnel manning these clinics, or whether there were other related factors that contributed to the popularity of these methods and the rejection of others. According to Law (1968), warmth, delicacy and permissiveness together with knowledge, skill and an unhurried manner of the nurse influences a woman's ability to choose, accept and use any method.

It has been noted that motivation towards the acceptance of various methods of contraceptives is of prime importance. It is assumed that individual or family decisions taken after careful thought will be adhered to more strongly and for longer periods of time than decisions taken under-pressure from motivators.

**Purpose of the Study**

The purpose of the present study, was to identify the social, economic and cultural factors that motivate and influence the urban Zambian woman to take up Family Planning and those that influence her choice of contraceptive method. The researcher also attempted to find out the reasons why certain contraceptives are resented or disliked. The researcher hopes that the findings from the study would be made use of by personnel manning Family Planning Clinics. The Family Planning Clinic personnel's consideration of the various factors that influence choice of method would help them to
advise prospective clients on the best method that would be convenient and beneficial to them; while refraining from imposing methods which may be unacceptable to the client due to various reasons such as cultural or religious beliefs. For example, Catholics strongly advocate the use of natural family planning (Rhythm method) as a contraceptive method because it is a reflection of God's Law. According to Father Anthony Zimmerman (1966), the woman practising natural family planning does not in any way endanger her fertility nor her health. He points out that "this is in stark contrast to the woman on the pill or the Loop, who runs multiple risks to health and indeed to life itself." As a result of this religious influence, many women will avoid the use of certain methods that are not approved of by the church. Nursing personnel in family planning clinics would also help in dispelling any misconceptions that clients may have regarding various methods.

Justification of the Study

Previous researchers have shown that the religious, moral and social convictions of an individual couple and of the society in which they live, play an important role in the kind of contraceptive method they can accept and use. Fear and resistance to the unknown especially with regard to the supposed dangers of contraception have delayed the widespread acceptance of some methods of family planning. Common fears, according to Kleiman (1967) and Cederone (1970) include the following:

1. That infertility may follow contraception.
2. That sexual satisfaction will be diminished.
3. That the device may be lost internally.
4. That cancer may develop.

There is population explosion in Zambia with the country's population growing at an accelerated rate of 3.1% per annum (Mazqila 1984). Zambia's population has
Doubled in the last 30 years from 2.5 million in 1960 to 5.6 million in 1979 (Ng'ombe 1984). The population has, since 1979, risen to 6.6 million (People 1984).

As such, it is important to identify the contraceptive methods that are easily accepted by clients and encourage their use. This will go a long way in helping to control the rate of population growth. Knowledge of factors that influence choice of contraceptive method is therefore of importance to the health worker because he or she will be in a better position to deliver effective family planning services to the people.

There is need for awareness of why certain methods are highly popular and why other methods are less popular. This will be helpful in the promotion of effective family planning in that once misconceptions and unknown fears are dealt with, patients will be ready and willing to use any methods that would be best suited to their needs as recommended by qualified health personnel.

**Definition of Terms**

**Contraceptive:** A drug or any object or material used inside or outside the reproductive organs as a means of preventing conception.

**Conception:** The starting of a new life by the union of a male and female sex cell.

**Contraceptive Methods:**

1. **Monthly Injectable:** This consists of a single hormone usually progesterone. Prevents pregnancy by stopping ovaries from releasing ripe eggs. It is given at three monthly intervals.

2. **Lactational:** Prolonged breast feeding usually considered as a form of contraceptive method. The woman is unlikely to become pregnant during lactational period.

3. **"Loop":** Or intra-uterine contraceptive device (IUCD). The exact mechanism of how the loop works is not known. It is a small flexible device made of plastic or copper. Presence of the I.U.C.D does not allow the uterus to receive the fertilised ovum.
(3) Pill - This is a synthetic preparation of progesterone and estrogen. The pill controls fertility by preventing the release of a ripe egg. It also keeps the mucus in the cervix thick so that sperm cannot pass through into the womb.

(4) Rhythm - This is a method where the safe period is observed. The safe period is the time when the woman is unlikely to conceive. It is considered to be ideal or effective for women who have regular menstrual cycles.

Cultural Factors - Factors related to one's culture, that is beliefs and norms.

Family Planning - Refers to the spacing of birth intervals of the desired number of children in a family.

Social Factors - Factors pertaining to the individual's social environment e.g. norms and values of a community as well as relationships.

Urban Woman - Refers to the individual who dwells in a town or city of a country.

Assumptions
1. Personal dislike for certain contraceptives on the part of family planning personnel may have an influence on clients' choice and contraceptive use.
2. When people have unsuccessfully used a method of contraceptive or because they developed side effects, they are likely to discourage their friends from using that method.
3. Non availability of certain methods of contraception contributes to limited choice of contraceptive methods for consumers.
4. The subjects will give truthful responses in spite of the delicacy of the subject.
Summary

In this chapter, the researcher identified the problem. The research study focused on the question: Why are some contraceptive methods more popular than others? The research purpose was to identify the factors that are related to choice of contraceptive method.

The researcher hopes that findings from the study will be helpful to family planning personnel especially, since they play an important role in helping or guiding a client to use the most suitable form of contraceptive method. Certain terms used in the study were operationally defined and assumptions that affected the study were identified.
This chapter is concerned with pertinent literature related to the study. W.H.O. (1976-1980) carried out a survey in a few African and Far East countries to find out clients' preferences for methods and reasons for such preference. They investigated the association between contraceptive method selection, social demographic variables, area or residence, the user's perception of their chosen method and preference for personnel. Methods that were made available for the survey were the Loop, the Pill and Depo-provera injection. The survey showed that the Loop received high popularity in India, Korea and Turkey while it was less frequently selected in Philippines.

Preferred methods seemed to differ both between countries and between clinics within countries. Sikes (1979) said that when individuals make decisions about family planning, they do it on the basis of their own experience. Experience includes their perceptions of the pros and cons of family planning methods and services. Knowledge of the concept of family planning itself and what it means for them and the reactions of certain significant others in their lives seems to have an influence on their decisions.

Óswal (1979) conducted a pilot study in an Indian village of Nanukalan to assess factors that influence acceptance of vasectomy. It was found that the more literate readily accepted family planning.

The Hindus rejected this method because they likened it to circumcision and hence round it to be against their religion. Others felt that vasectomy caused weakness and impotence. However, acceptors of this method tended to be younger, economically better off and well informed about methods of family planning.
According to Pebley et al. (1962), it can be assumed that several personal and social factors which are hard to measure or to hold constant are likely to influence the choice of contraceptive method. Such factors can include the following:

(1) Experience of family and friends
(2) Advice and attitude of clinic personnel.
(3) Fear of surgery or pelvic examination and whether or not the method is coitus related.

Pebley et al. (1962) collected data from seven developing countries on contraceptive availability and contraceptive use. They found that availability also influences the contraceptive method chosen. They also concluded from their data that both knowledge of availability of a family planning clinic and the contraceptive method a couple uses may be influenced by other variables such as:

(a) Education attainment
(b) Place of residence
(c) Fertility desires.

Their analysis showed that the pill proved to be highly popular in most countries followed by the loop. In the Philippines however, they found that due to religious beliefs, such as that using the loop or intra-uterine contraceptive Device (I U C D) may lead to abortion, traditional methods of withdrawal and rhythm were more popular. Majority of Phillipinos are strong catholics.

Woodside (1947) found out in a study that the younger and more educated women had a higher and positive response towards family planning methods. Acceptability was also somewhat related to economic factors, factors of culture and tradition. Some methods were highly popular than others for
reasons of safety, convenience and religion. A similar survey was carried out by Linhard (1977) in Spain. From his survey, age, religion and area of residence seemed to have some influence on types of contraceptive methods used. Younger women (15-29 yrs) used more efficient methods than the older group (45-49 yrs) who largely depended on withdrawal. There was little difference in contraceptive use between people of different religions. In that study, catholics were found to be using the Pill, withdrawal and other spermicidal preparations. From this survey, the Pill was the most popular seconded by withdrawal method followed by rhythm and others.

Another survey on contraceptive use was done in six (6) developed countries, (Belgium, France, Britain, Hungary, Netherlands and U.S.A) by Leridon (1967). He reported the Pill as the most popular and widely used method among women between 20-24 years of age, but it lost its pre-eminence after 36 years at which time the intra-uterine contraceptive device (I.U.C.D) gained popularity. Worman et al (1961) surveyed women of reproductive age living along U.S.A. Mexican border. They found that there was considerable variation in contraceptive use among currently married women aged between 15-44 years. Differences in levels of use among Hispanics, Mexican and Angiowomen were due to factors that included: length of time that effective methods of contraception have been widely available. Mexican and Hispanic women preferred the Pill while sterilisation was highly popular among the Angiowomen.

In another study Kar (1966) surveyed an Indian community to find out reasons why people did not accept certain methods of family planning. Such reasons included:

(a) Fear of harmful consequences e.g. obesity and cancer risks in women due to oral steroid preparations.

(b) Sterilisation thought to lead to impotence.
The Family Planning Association of China also carried out a survey to find out the popularity of various contraceptive methods. It was found that 50% of all contraceptive users favoured and used the IUCD and particularly by rural women. Sterilisation was the second most widely used and is relied upon by 30% of contraceptive users especially elderly women. Steroidal preparation were popular among the young, low parity and urban women. In Poland, however, withdrawal was found to be the most widely used form of contraceptive followed by the rhythm method. Only small percentage (12%) of the women sampled used mechanical methods. The Pill is used on an even smaller percentage (3%) and this could probably be due to short supply and the need for frequent visits to the physician. The level of education also played a part in that the less educated relied more on withdrawal while the more educated used withdrawal, Chemical and Mechanical contraceptives (Mazur 1976).

Bahi (1976) carried out a survey on 500 women from different socio-economic groups of the city of Lusaka. The survey was conducted to assess the knowledge of attitudes toward and practice of family spacing of women in Lusaka, Zambia. The results of this study largely depended on educational, cultural and socio-economic background of the participants. The majority of the respondents were illiterate (72%). Many of them had visited ante-natal clinics in their areas (65%). In spite of this, many of them had no knowledge of contraceptive methods or of spacing their family (65%). Seventy two percent (72%) said high cost of living was a disadvantage of too many children. Sixty seven percent (67%) felt children were needed to help parents in old age. Forty-five percent (45%) thought society respected people with more children. Thirty-nine percent (39%) had contrary views while thirty percent (30%) of those interviewed thought that the ideal number of children in a family was in the hands of God.

Chanda and Dahi (1976) presented a report on 957 female patients attending Maternal Welfare clinics at the Civic Centre, Lusaka, between June 1971 - March 1975. Six hundred and ninety six women (72%) preferred the "Pill", one
hundred and seventy two (16%) preferred the "Injection" (Depo-provera) and eighty-eight (9%) had the "Loop". One patient had sterilisation. The women interviewed were single, married, divorced, widows, non-working and working mothers. Eighty percent (80%) of the subjects were between 20-30 years of age, seventy eight percent (78%) were married women while over fifty percent (50%) of these patients had small families. In the study, the "Pill" was the most popular agent and its popularity was ascribed to factors such as:-

1. Favourable publicity given to it by medical personnel.
2. It gave 100% effective use when used with due care.
3. The ease with which it is taken.
4. There were no cultural barriers attached to its use.
5. It was relatively free from major side effects.

Most of the patients who preferred injection were from the low socio-economic group and were 172 (16%) in number. The study revealed that 56 (92%) patients preferred the IUCD, this method was given adverse publicity by one of the nurses in the clinic who had accidentally conceived while the device in situ. Eighteen patients (20.5%) had the IUCD expelled involuntarily during the first two (2) months of insertion and they did not recommend the IUCD to their friends.

Summary

The literature review indicates that various studies on family planning have been done on attitudes, acceptability and knowledge on family planning methods. Very little research has been carried out to identify the social and cultural motivators of family planning particularly here in Zambia. The researcher attempted to identify those factors that influence choice of family planning methods among urban women in Ndola, Zambia.
Research Design

A non-experimental design was chosen for this study. The descriptive survey method was chosen as the most suitable. This design was chosen because the study sought to determine factors that have an influence on a woman's choice of contraceptive method.

In a survey the researcher can investigate a group of people. A large number of people can be surveyed which in turn would permit generalisation of findings to a larger target population. Other reasons for choosing a survey were that it is less expensive, less burdensome and can be completed in a shorter period of time. There is ease with which the researcher can get respondents and information.

Research Setting

Ndola Central Hospital is one of Zambia's 3 Central Hospitals. The hospital is situated in the city or Ndola which is the Copperbelt Province's industrial, commercial and distributive centre. The hospital has a floor area of 58,000 square metres. It provides accommodation for 750 patients but is able to accommodate 200 more.

The hospital is administered on a departmental level. It has floors as well as a basement. The basement comprises the out-patients department, pharmacy, specialist clinics, central storage supply department, physiotherapy department, lecture theatre and a pathology department. The ground floor is comprised of administrative offices, a dental department, casualty department, operating theatres, x-ray department, student's cafeteria, doctors library and a postal agency. The first floor has the major operating theatres and caters for
obstetrics and gynaecology. On the second floor are the main pharmacy, urology and orthopaedic wards and male surgical wards. The third floor comprises female surgical and orthopaedic wards as well as a T B ward. The fourth and fifth floors cater for female and male medical wards.....

The W.H.O. Tropical Diseases Research Centre is housed on the sixth and seventh floors of the hospital, Ndola Central Hospital provides clinical experiences for students in the schools of nursing, midwifery and laboratory studies which are based at the hospital. It also offers practical field work experience for trainees from the University of Zambia and President Citizenship College. Student nurses from Kitwe and Mufulira Schools of Nursing also have psychiatric experience at the hospital's psychiatric unit. Practical experience is also accorded to National Institute for Public Administration students as well as Chainama College of Health Sciences trainees and Evelyn Hone College students.

Hospital administrative duties are managed by the Senior Medical Superintendent with the help of the Principal Hospital Administrator, a Senior Executive Officer and a Principal Nursing Officer who is assisted by a senior nursing officer. Management on the ward level is done by four (4) area nursing officers, twenty (20) nursing sisters and thirty-five (35) registered midwives and one hundred and sixty one (161) registered nurses. The hospital has 107 enrolled midwives, 121 enrolled nurses, 34 enrolled psychiatric nurses and 46 clinical officers. The hospital has 26 general medical officers, 31 resident medical officers, 12 registrars and 26 specialist doctors in various fields. Other paramedical personnel working in direct contact with patients are pharmacy technicians (6) physiotherapists (3) radiographers (11) dental assistants (3) a catering officer and social workers (2).
Ndola Central Hospital was chosen as the setting for the study because the hospital was easily accessible and patients were readily available for interview. The study was carried out at the Maternal and child Health Clinic (MCH). This MCH clinic consists of Ante-Natal and Family Planning clinics and is in the Outpatients of the Ndola Central Hospital. Ante-Natal services are provided on Tuesdays and Thursdays and Family Planning clinic is conducted on Mondays. Other services provided in the MCH clinics are Post-natal clinic, gynaecology services and children's clinics. The department is made up of a waiting room for patients, an examination room where patients observations are done by the nurses, and five (5) consultation rooms. The ante-natal and family planning clinics are conducted in the mornings between 07.30 hours and 12.00 hours.

**Instrument for Data Collection.**

The instrument used to collect data for the study was the structured interview schedule. The interview schedule was composed of pre-determined closed and open-ended questions. Abdellah and Levine (1979) define a structured interview schedule as an instrument used to gather data by verbal questioning of the study subjects and recording of the answers. The interview schedule was chosen because misunderstandings could be cleared and also it provided opportunity for rephrasing the questions during the interview in order to make questions more meaningful for the respondents. This method was also selected because it made it possible for individuals who were illiterate to participate in the study.

Furthermore, the interview was chosen as the method of collecting data because of the following advantages (Abdellah and Levine 1979):-
(1) Data from each interview are usable.

(2) Depth of response can be assured, since the researcher can pursue any question of special interest.

(3) No items are overlooked by the interview method.

(4) It allows for clarification of questions not understood by the interviewee.

Problems that were expected while using the interview included the following:

(1) The presence of the interviewer may influence the subjects so that they answer questions differently.

(2) Subjects may become nervous about the fact that their answers are being written down.

(3) Time is lost when the interviewer has to write down the interviewee's responses.

Disadvantages of the interview schedule were minimised by assuring respondents of confidentiality and by informing them that names would not be indicated on paper. Respondents were also informed about the need for the investigator to take notes during the interview. Adequate information about the purpose of the study was also given. The interview schedule consisted of closed-ended and open-ended questions. For closed-ended questions respondents gave one possible answer while they had an opportunity to enlarge or expand on their views in response to open-ended questions. Closed-ended questions aimed at obtaining demographic data such as age, marital status and educational standard. The open-ended questions were aimed at obtaining information concerning views, opinions and beliefs of the respondents about contraceptive methods.
Sample: Selection And Approach

A sample of sixty (60) subjects from the target population (Women who are consumers of contraceptives) were interviewed for the study. The investigator interviewed women who came to attend Family Planning Clinic on three (3) successive Mondays, and women who attended Ante-Natal Clinics on two (2) successive Tuesdays and one (1) Thursday during the period of December 13th-24th 1981. The Ante-Natal Women interviewed were those who were consumers of contraceptives in between their pregnancies.

Characteristics of the subjects were that the women should be:

1. Either married, divorced, widowed or single

2. Attending family planning clinics or consumers of contraceptives in between their pregnancies (for those inter viewed at the Ante-Natal Clinics.

Before data was collected, permission to conduct the study was sought in writing from the Principal Nursing Officer of Ndoia Central hospital through the office of the Senior Medical Superintendent. A letter was received from the Nursing Officer authorising the study to be conducted. The Sister-in-Charge of the two clinics gave verbal permission after the letter granting permission for the study to be conducted was presented.

The sample of sixty (60) subjects was a sample of convenience, hence findings were not generalised without caution. The subjects were randomly selected from the population of women attending family planning and antenatal clinics at Ndoia Central Hospital. The technique used for sampling was systematic sampling. Systematic sampling is a process of selecting a sample according to a system of choosing subjects at fixed intervals. This involved selecting every third patient who queued up at the clinic.
This enabled the investigator to draw up a sample without initial listing of all persons among whom the selection would have been made.

Data Collection Procedure

Interviews were conducted at the Family Planning and Ante-Natal clinics of Ndola Central Hospital during the month of December (10th to 24th) 1984. This was the most convenient time for the investigator to collect the data since it was the University term break. Therefore, collection of data did not interfere with her studies. The hospital was easily accessible and patients were readily available for interview.

The patients were selected as they waited to obtain their clinic cards at the clerks reception desk. Selected subjects then had their routine observations done by the Nurses in the screening room before they proceeded to the room where they were interviewed while waiting their turn to be seen by the physician. Interviews were conducted in consultation room number two (2) so as to minimise disturbance from patients and members of the nursing staff and to provide privacy. The investigator introduced herself to each subject and greetings were exchanged. A brief explanation of the purpose of the study was given to the respondents. Each interview took approximately 15-20 minutes. The investigator recorded responses on the interview schedule while the interview was in progress. There were no assistants in conducting the study. Some respondents had difficulty in responding to various questions, probably due to wrong phrasing of questions. The investigator thanked the subject for participating in the study and directed them to the doctor's room for examination and to obtain contraceptives.

Method of Data Analysis

Data obtained from the study were ready for analysis in early January. Data were analysed manually since the sample size was relatively small. The responses were listed, tallied and put into various categories. Percentages were also used in data analysis. Some of the data were tabulated and a brief comment was made for each table.
CHAPTER IV

Presentation of Data

This chapter deals with the presentation of data. A sample of sixty respondents were randomly selected and all were women within child bearing age group (20 to 34 years). The data were condensed and organised into tabular form.

Table 1: The Age Distribution of Respondents

<table>
<thead>
<tr>
<th>AGE IN YEARS</th>
<th>NUMBER</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 - 24</td>
<td>20</td>
<td>33%</td>
</tr>
<tr>
<td>25 - 29</td>
<td>26</td>
<td>47%</td>
</tr>
<tr>
<td>30 - 34</td>
<td>12</td>
<td>20%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>60</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table I represents the age distribution of respondents which ranged from twenty years to thirty-four years. The majority of respondents were aged between twenty five and twenty nine years (47 percent). Thirty three percent of respondents were aged between twenty and twenty four years. The remaining twenty percent of respondents were aged between thirty and thirty four years.

Table II Residential Areas of Respondents

<table>
<thead>
<tr>
<th>Area of Residence</th>
<th>Number of Respondent</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Density Area</td>
<td>12</td>
<td>20%</td>
</tr>
<tr>
<td>Medium Density</td>
<td>22</td>
<td>37%</td>
</tr>
<tr>
<td>Low Density</td>
<td>26</td>
<td>43%</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100%</td>
</tr>
</tbody>
</table>
Table II shows the residential areas for respondents. Twenty six (43%) respondents who utilise the family planning clinic were from a low density area. Twenty two (37%) were from a medium density area and twelve (20%) were from a high density area.

Table III  
Religion of Respondents

<table>
<thead>
<tr>
<th>Religion</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic</td>
<td>20</td>
<td>33%</td>
</tr>
<tr>
<td>Anglican</td>
<td>06</td>
<td>10%</td>
</tr>
<tr>
<td>Other (Protestants)</td>
<td>34</td>
<td>57%</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table III shows the religion of respondents. The majority, thirty four (47%) protestants of various denominations. Twenty (33%) were Roman Catholics and six (10%) were Anglicans.

Table IV  
Education Attainment of Respondents

<table>
<thead>
<tr>
<th>Educational Level</th>
<th>Number of Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No education</td>
<td>02</td>
<td>0%</td>
</tr>
<tr>
<td>Grade 1 to 7</td>
<td>14</td>
<td>23%</td>
</tr>
<tr>
<td>Grade 6 to 10</td>
<td>14</td>
<td>23%</td>
</tr>
<tr>
<td>Grade 11 to 12</td>
<td>30</td>
<td>50%</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table IV shows educational level of respondents which ranged from those who did not have any education to those who had senior secondary education. Only two (3%) respondents had no education at all. Fourteen (23%) of respondents had primary school education. Another fourteen (23%) had lower secondary education. The majority of respondents who were thirty (50%) had senior secondary school education.
Table V shows respondents' occupational statuses. Majority of respondents who were twenty-two (37%) were housewives. This group included women who had no education and those who had attained primary or junior secondary education.

Table VI shows the marital status of the respondents. Fifty-four (90%) respondents were married. Six (10%) were single.

Table VII shows the duration of marriage. Sixty (100%) respondents have been married.
Table VII shows the duration of marriage of study respondents. Six (10\%) respondents had never been married. Twenty two (37\%) had been married from one to four years. Twenty (33\%) respondents were married for a period between five to eight years. Ten (17\%) had been married between nine to twelve years. Only two (3\%) respondents were married for a period between thirteen to fifteen years.

Table VIII  

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>Number of Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None at all</td>
<td>02</td>
<td>0.3%</td>
</tr>
<tr>
<td>1 to 2</td>
<td>30</td>
<td>50%</td>
</tr>
<tr>
<td>3 to 4</td>
<td>22</td>
<td>37%</td>
</tr>
<tr>
<td>5 to 6</td>
<td>06</td>
<td>10%</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table VIII shows the number of children that respondents had. Only two respondents (3\%) did not have any children. These two were among the single respondents. Thirty respondents (50\%) who were in the majority only had one to two children. Twenty two (37\%) had between three to four children. Six (10\%) had five to six children.

Table IX  

<table>
<thead>
<tr>
<th>Number of desired Children</th>
<th>Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 2</td>
<td>06</td>
<td>13%</td>
</tr>
<tr>
<td>3 to 4</td>
<td>26</td>
<td>43%</td>
</tr>
<tr>
<td>5 to 6</td>
<td>22</td>
<td>37%</td>
</tr>
<tr>
<td>7 to 8</td>
<td>04</td>
<td>07%</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100%</td>
</tr>
</tbody>
</table>

In the above Table, it is shown that the majority of respondents, twenty six (43\%) desired to have a maximum of between three to four children. Reasons for this desire included responses such as:-
- "Financial difficulties".
- "Cost of living is too high".
- "Ideal number of children for a family".
- "Ill health during pregnancy".
Twenty two (37%) respondents desired a number of children between five to six. Responses for this group included:- those mentioned above and the following:-

"It is the number we can cope with".

"Personal preference".

Eight (13%) desired to only have between one to two children. It was interesting to note that these respondents were those who had a higher education level. The remaining four (7%) wanted to have a number of children between seven to eight. Responses for this group included in addition to the above mentioned , the following:-

"It is the husband who determined the number"

"More children are an assurance of security and support in old age".

"We are only two from my family, so we have to make up for that".

Table X: Respondents Primary Source of Knowledge About Family Planning

<table>
<thead>
<tr>
<th>Primary Source</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>08</td>
<td>13%</td>
</tr>
<tr>
<td>Ante/Post Natal Clinics</td>
<td>36</td>
<td>00%</td>
</tr>
<tr>
<td>PPAZ (Ndola Branch)</td>
<td>06</td>
<td>10%</td>
</tr>
<tr>
<td>College/Nursing School</td>
<td>06</td>
<td>10%</td>
</tr>
<tr>
<td>Literature</td>
<td>02</td>
<td>02%</td>
</tr>
<tr>
<td>Mother</td>
<td>02</td>
<td>02%</td>
</tr>
<tr>
<td>Total</td>
<td>00</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table X shows the primary source of information on contraceptive methods. The majority of respondents, thirty six (60%) first heard of family planning at various clinics they attend at the hospital. Eight (13%) respondents were first told about family planning by their friends. Six (10%) first heard of family planning from colleges such as Nursing School and another six (10%) heard of family planning from the PPAZ (Planned Parenthood Association of Zambia).
There were two (3%) respondents who read from literature and the last two (3%) were first told about family planning methods by their mothers.

Table XI: Contraceptive Method used by Respondents

<table>
<thead>
<tr>
<th>Contraceptive</th>
<th>Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pill</td>
<td>34</td>
<td>56%</td>
</tr>
<tr>
<td>Intra-Uterine Contraceptive</td>
<td>16</td>
<td>27%</td>
</tr>
<tr>
<td>Rhythm</td>
<td>4</td>
<td>9%</td>
</tr>
<tr>
<td>Lactational</td>
<td>8</td>
<td>13%</td>
</tr>
<tr>
<td>Traditional</td>
<td>4</td>
<td>9%</td>
</tr>
<tr>
<td>Total Number</td>
<td>60</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table XI shows current contraceptive methods used by respondents. Thirty four (56%) respondents were on the Pill and some of the reasons given for choice of this method were:

"It is safe and easy to use".
"It was the only available method at time of starting family planning".
"It is favoured by clinic personnel".
"Most reliable method".
"Husband's preference".
"It is convenient".

The second most popular contraceptive method among respondents was the I.U.C.D. which was being used by ten (17%) respondents. Reasons for choosing this method included the following:

"it is convenient".
"Following doctor's advise".
"It is hygienic".

The Rhythm method was being used by four (7%) respondents who preferred this method because:

"It has no side effects".
"It is easy to follow".

"It is safe and easy to use".
"It was the only available method at time of starting family planning".
"It is favoured by clinic personnel".
"Most reliable method".
"Husband's preference".
"It is convenient".

The second most popular contraceptive method among respondents was the I.U.C.D. which was being used by ten (17%) respondents. Reasons for choosing this method included the following:

"It is convenient".
"Following doctor's advise".
"It is hygienic".

The Rhythm method was being used by four (7%) respondents who preferred this method because:

"It has no side effects".
"It is easy to follow".
About eight (13%) of respondents interviewed were using lactational method. The remaining four (7%) were using traditional contraceptives such as wearing beads around the waist.

### Table XII Persons Who Influenced Respondents Choice.

<table>
<thead>
<tr>
<th>Influencing Persons</th>
<th>Number of Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband</td>
<td>10</td>
<td>13%</td>
</tr>
<tr>
<td>Friends</td>
<td>04</td>
<td>07%</td>
</tr>
<tr>
<td>Nurses/Doctors</td>
<td>20</td>
<td>33%</td>
</tr>
<tr>
<td>Self</td>
<td>26</td>
<td>43%</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table XII shows the persons who had an influence on respondents' choice of contraceptive method. Ten (17%) respondents were influenced by their husbands. Only four (7%) were influenced by friends. Twenty (33%) of respondents were influenced by nurses and doctors and the majority, twenty six (43%) were not influenced by anyone at all.

### Table XIII Respondents Alternative Contraceptive Method

<table>
<thead>
<tr>
<th>Alternative Contraceptive</th>
<th>Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intra-Uterine CONTRACEPTIVE</td>
<td>18</td>
<td>30%</td>
</tr>
<tr>
<td>Rhythm Method</td>
<td>12</td>
<td>20%</td>
</tr>
<tr>
<td>Barrier Method</td>
<td>06</td>
<td>10%</td>
</tr>
<tr>
<td>Lactational</td>
<td>20</td>
<td>33%</td>
</tr>
<tr>
<td>Injectable</td>
<td>04</td>
<td>07%</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table XIII shows types of contraceptive method that respondents would use if first choice was not available. Eighteen (30%) of respondents said they would try the I.U.C.D. Twelve (20%) respondents said they would prefer to use the rhythm method. Only six (10%) said they would try barrier methods while the majority of respondents, twenty (33%) said they would use lactational method. There were no respondents who chose the Pill or Traditional method as alternative contraceptive methods.
Table XIV

<table>
<thead>
<tr>
<th>Response to Sterilisation</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>34</td>
<td>56%</td>
</tr>
<tr>
<td>No</td>
<td>22</td>
<td>37%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>4</td>
<td>6%</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table XIV shows the number of respondents who would be willing to have Tubal Ligation done. The majority, thirty four (56%) agreed that they would be willing. Twenty two (37%) said they would not agree and only four (6%) were not sure whether or not they would take up sterilisation.

Table XV

<table>
<thead>
<tr>
<th>Contraceptive Method</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pill</td>
<td>1c</td>
<td>30%</td>
</tr>
<tr>
<td>Injectable</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>Lactational</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Traditional</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>Intra-Uterine Contraceptive</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Never used other Methods</td>
<td>30</td>
<td>50%</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table XV shows contraceptive methods that were previously used by respondents. The majority, thirty (50%) had never used any other method before. Two (3%) respondents had used the IUCD before and four (6%) had tried traditional methods. Another two (3%) had used Lactational amenorrhoea as a contraceptive method. This was discontinued because of unreliability. Four, (3%) had used an injectable contraceptive such as Depo-Provera. This method was discontinued because it was not available at the clinic and because some respondents developed side effects of the drug. Eighteen (30%) had previously used the Pill. They gave the following reasons for discontinuing:

"I developed headaches and raised blood pressure".
"Used to feel dizzy".
"Gained weight and had oedema".
"Lost weight and felt unwell".

Respondents were further asked whether they were experiencing any problems with their present contraceptive method. The majority, fifty two (87%) had
no problems with current method. Eight (13%) were experiencing problems with their methods such as abdominal pains, headaches, heavy bleeding.

Respondents were also asked to give their views on other contraceptive methods that they were not using or interested in. Those who did not favour the Pill said it was bad because it made people put on weight, develop hypertension and it dried up breast milk during lactation. The loop was not favoured by some because sometimes it got lost internally or caused heavy menstrual loss.

A question on beliefs and attitudes of respondents' tribe toward family planning methods was posed. The following were some of the responses obtained.

"They cause sterility if taken for a long period".
"Methods are evil and inhuman".
"They encourage prostitution among women".
Discussion of Findings

The study was carried out to try and find out the factors that influence choice of contraceptive method. The results of the study were based on analysis of responses from sixty (60) respondents. It was observed that most of the respondents were aged between twenty and twenty-nine years. This is probably due to the fact that it is the age range at which most girls marry.

The education level of respondents was up to Senior Secondary Education. The majority of respondents (thirty) had attained senior secondary school education. This could be indicative of the fact that modern family planning methods are more popular amongst the educated as compared to the non-educated women. This could also be attributed to the fact that women who had received formal education are much more exposed to mass communication material than their less educated women folk. The family planning clinic at Ncola Central Hospital seems to cater mostly for residents in the low density areas. This is clearly shown by Table II where the majority of respondents were those who lived in low density areas. This could also mean that women in low density areas are more educated than those in high density areas. Table II shows that most respondents were in favour of a small family. Number of children favoured ranged from one to four. This shows that most people are aware of the advantages or benefits of family planning. According to the reasons given for preference of a particular number of children, it can be assumed that most people are taking up family planning so as to try and cope with
the ever increasing cost of living. Many people are failing to meet their basic needs and requirements and have found it helpful to space their children. It is usually the less privileged who seem to desire a large family because they believe that having many children builds up prestige in society. This fact is also reflected in Table IX where the four (4) respondents who desired a family size of seven or eight were those who had received minimal or no education at all.

No distinct relationship was found between occupational status and use of family planning methods. Table VIII shows that the majority of respondents were housewives, twenty-two (37%)

Table XI shows respondents current contraceptive method used. The pill was found to be the most popular. There were thirty-four (37%) respondents on the Pill. The pill was being used by different kinds of women such as those who had secondary education. Out of a total of thirty-four respondents using the Pill, twelve were those who had only attained primary education, fourteen had senior secondary school education and eight had junior secondary school education. It was interesting to note that all the respondents who were using the I.U.C.D. had attained senior secondary education and were either secretaries or nurses. In all, the I.U.C.D. was the second most popular method with a number of ten respondents.

Lactational method was third in popularity and had eight respondents all of whom had only attained primary school education. This is probably due to the fact that these women find it easier to use breastfeeding as a contraceptive rather than using the pill which demands strict adherence to instructions for it to be successful. The rhythm method had four respondents all of whom were Nurses. This is probably due to the fact that, because of the nature of their work, Nurses understand more what is required to be done when using the rhythm method. None of them were
Catholics. There were four respondents who were using traditional method. It was interesting to note that all of them had attained senior secondary education. Two were in the secretarial profession, and two were nurses. They gave the reason that they had resorted to using traditional contraceptive methods because they had developed side effects, of oral contraceptives. It can be assumed from this finding that despite educational qualifications and nature of work, some nurses, secretaries and other women in various professions, have no understanding of the physiological basis of modern contraceptive methods.

Table XII shows persons who had some influence on respondents' choice of contraceptive method. It was of interest to note that gynaecologists had a high influence. Eleven (30%) respondents claimed that they had been influenced by doctors at family planning clinics on choice of contraceptives. Doctors used their discretion in choosing certain methods for particular respondents. The method recommended, hopefully, is one that is best for the health of the individual concerned. It was also observed that nurses also played a role on choice of contraceptive methods. About eight respondents (23%) had been advised by nurses on type of contraceptive method. Some respondents claimed that even though they initially wanted to choose the I.U.C.U. or injectable method, they were discouraged by nurses and were given oral contraceptives.

Table XIII shows the religion of respondents. Twenty (33%) respondents were Catholics. This was high as compared to thirty four (57%) who were protestants of various denominations and only six (11%) who were Anglican. The Catholic church is known to be against most methods of family planning other than the rhythm and lactational methods. Out of the twenty catholics, four were using the I.U.C.U. and sixteen were on the Pill. Even those on the Pill indicated that they would try the I.U.C.U. as an alternative.
method of contraceptive use. From this finding it can be assumed that the Catholic Church seem to be more liberal on contraceptive methods than before. Hence the people are free to choose whatever method is best suited for themselves.

It was also found out that most respondents had actually used more than one contraceptive method. These methods that were discontinued were given up due to side effects or that they did not prove to be successful. It can be assumed that respondents found some method to be ineffective probably due to the fact that the respondents did not follow instructions carefully. This is especially true with the oral contraceptives which demand strict adherence to instructions.

The study also revealed that cultural beliefs and attitudes related to modern family planning methods are not many. Most respondents said there were particular beliefs related to family planning since it is believed that spacing children is a healthy practice. The young were left to choose on their own the method that was best to achieve spacing of children. A few respondents however pointed out a few beliefs that elders have regarding family planning methods. It is believed that contraceptives especially the oral type cause sterility if taken for a long time. Some elders believe that the methods are evil and inhuman. Others believe that they only encourage women to become prostitutes because they will not bear their children.

Some of the findings from the study correlate with result of data presented in the literature review. For instance, it was found out from the study that factors such as experience of friends and advice of family planning personnel influence choice of contraceptives method.

This can be related to findings from a study done by Poble et al (1982) which are similar to findings from the present study. Other findings of
the study which are similar to those from Kelley's study are factors such as availability of contraceptive methods and education attainment of clients.

The study revealed that reasons of safety, the convenience of certain contraceptive methods contribute to their popularity. This fact is supported from findings of a study conducted by Coliide (1987) on factors influencing acceptability of family planning methods. He found that acceptability was somehow related to economic, cultural and traditional factors as well as to safety and convenience of method chosen.

Findings also indicate that fear of harmful effects of certain contraceptive methods play a role in choice of method. This is shown by responses given certain contraceptives were discontinued due to side effects experienced. This fact is supported by similar findings from a study done on an Indian community by Nar (1984) in which fear of cancer and obesity were of concern.

NURSING IMPLICATIONS

The nursing implications that can be deducted from this study are:

(i) Nurses should be careful when giving advice on choice of contraceptive method and should not force clients to choose a particular method. The final choice should be made by clients themselves. It is easier for clients to stick to decisions made by themselves than to ones enforced on them.
(2) Health education on types of contraceptive methods should be intensified especially barrier methods which are often left out. Inclusion of barrier methods can give wide choice for clients attending family planning clinics.

(3) There is need to counsel clients on individual basis especially concerning side effects that may develop.

(4) Nurses should be knowledgeable on beliefs and customs related to family planning in order for them to understand views and opinions expressed by clients concerning contraceptive methods.

(5) Clients attending family planning clinics should be encouraged to verbalise their fears and feelings towards family planning methods so that any misconceptions can be clarified.

Conclusion

Although the study was conducted on a small scale some important findings emerged concerning factors that contributed to choice of contraceptive method. Knowledge and influence of other people play a part on a woman's choice of a particular contraceptive. Findings from the study indicate that nonavailability of certain methods of contraceptives force women to take up whatever method is available. Recommendation of particular methods by nurses and doctors also plays a part in contraceptive choice. It also seems that husbands and friends greatly influence women on type of contraceptive to use for reasons such as, personal preference or past experience with certain contraceptives.

It was also observed that religion does not seem to be a strong force in choice of contraceptive method as was strongly believed before. This is indicated by the fact that Catholic women freely choose contraceptive methods that were previously disapproved of by their church. Other factors
that are known to affect choice of contraceptive method include, the attitudes and relationship of husband and wife, purpose for which birth control is intended and psychological factors.

Recommendations

1. A similar study should be conducted on a larger scale comparing choice of contraceptive method between rural women and urban women.

2. There is need for personnel working in family planning clinics to be knowledgeable on factors that affect a woman’s choice of contraceptive method.

3. There is need for more general education of the public on methods of contraception. This will prepare clients to make wise choices of contraceptive use.

4. Men should be educated on family planning methods so that they can help their wives on choice or contraceptive method. If the choice is taken jointly by husband and wife it is easily accepted.

Limitations of the Study

The limitations of the study were:

1. The sample size was too small therefore it was not possible to generalise findings to the total population of women using contraceptives.

2. It was not possible to conduct the study on a large scale because of the limited time available in which the study was to be completed and submitted to the University of Zambia.

3. Reliability of the instrument used in the study was not established and the instrument was not pre-tested. Questions therefore were not critically analysed before execution of the study.

4. Limited funds were a constraint, therefore the study could not be carried out on a large scale.
Language presented a barrier which limited effective communication with some subjects during interview.

Patients from the ante-natal clinic were included in the study in order to obtain a complete sample size of sixty respondents because total number of patients needed could not be obtained from the family planning clinic alone, within the limited time available for data collection.
BIBLIOGRAPHY


Mazala J.J. (1964) A Message From the Executive Director. Parenthood pp1-2


APPENDIX A

LETTER OF APPROVAL
26th November, 1984

Dear Madam,

I am a student at the above mentioned School doing my second year of Diploma in Nursing Education. In partial fulfilment of the requirement for my studies, I am expected to conduct a research study.

I am conducting a study to identify factors that influence a woman's choice of contraceptive method. I would be grateful if you could allow me to carry out my research study in the Family Planning Clinic at Ndola Central Hospital. I intend to interview 60 women attending the Family Planning Clinic at Ndola Central Hospital.

Any information collected will be used by myself and will be treated with confidentiality.

Thanking you in anticipation.

Yours faithfully,

ELIZABETH K. KALUNGA (MRS)
APPENDIX  B

GRANT OF PERMISSION
Ndola School of Nursing,
P.A. Ndola Central Hospital,
NDOLA


Mrs Elizabeth Kalunga,
Department of Post Basic Nursing,
School of Medicine,
Unza,
P.O box 50110,
LUSAKA

Dear Madam,

re: PROPOSED RESEARCH STUDY

I have been requested to write to you to tell you that your proposal
to carry out a research in the Hospital Family Planning Clinic has been
accepted.

This only takes place once a week on Monday mornings when there could
be 200 people attending.

Others take place at peri-urban clinics on different days if you wished
to extend your questioning over more than one session.

Please let me know if you require accommodation. You could use a student
nurse's room.

Yours faithfully,

PRINCIPAL TUTOR
APPENDIX C
INTERVIEW SCHEDULE
INSTRUCTIONS

Please tick or write your answers in the spaces provided

1. What is your residential area?
   a. Low density
   b. Medium density
   c. High density

2. How old are you?

   ____________________________

3. What is your marital status?
   a. Married
   b. Single
   c. Divorced
   d. Widow

4. How long have you been married, in years?

   ____________________________

5. What is your religion?
   a. Catholic
   b. Protestant - specify

6. What tribe are you?

   ____________________________

7. What is your educational attainment?
   a. Grade 7
   b. Form II or III
   c. Form V
   d. College or Training

8. What do you do for a living?

   ____________________________
   ____________________________
   ____________________________

9. How many children do you have?

   ____________________________
10. How many children do you intend to have?

__________________________________________________________________________

11. Why do you want to have this number of children?

__________________________________________________________________________

12. What type of contraceptives are you using?

__________________________________________________________________________

13. Why did you choose this method?

__________________________________________________________________________

14. If your method was not available what other method would you use?

__________________________________________________________________________

15. Who influenced you on choice of contraceptive method?

__________________________________________________________________________

16. How long have you been using this method?

__________________________________________________________________________

17. Have you used any other method before? Specify.

__________________________________________________________________________

18. Why did you discontinue this method?

__________________________________________________________________________

19. Who told you about modern family planning methods?

__________________________________________________________________________

20. Other than your method of choice, how do you view other contraceptives?

__________________________________________________________________________


__________________________________________________________________________
22. Would you consider sterilisation as a method of contraception for yourself?

   Yes/No

23. What beliefs and customs of your tribe are related to family planning methods?

   

Thank you for your time.