

THE UNIVERSITY OF ZAMBIA

SCHOOL OF EDUCATION

DEPARTMENT OF LIBRARY AND INFORMATION STUDIES

RESEARCH TOPIC: INVESTIGATING THE EFFECTIVENESS OF INFORMATION PROVISION ON REPRODUCTIVE HEALTH BY THE UNIVERSITY OF ZAMBIA TO THRID (3rd) YEAR BA.LIS STUDENTS.

Course: LIS 422(DEVELOPMENT INFORMATION SYSTEMS AND SERVICES)

SUBMITTED BY:

MAKONI BRENDA

COMPUTER NO: 25063031

ACADEMIC SUPERVISOR: MS. NAOMI MTANGA

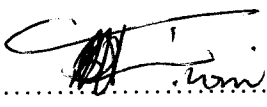
COURSE COORDINATOR: MR.HAMOONYA

This report is submitted in partial fulfillment of the requirement for the award of a degree of Bachelors of Arts with Library and Information studies.

April, 2009.

DECLARATION

I Brenda Makoni do declare that this piece of work is my own and that all the works of other persons related have been dully acknowledged. This work has not been submitted for a degree at the University of Zambia or any other institution.

Signature of student.....

Computer number.....25063031.....

Signature of supervisor.....

Name of supervisor.....Ms. N. Mubanga.....

TABLE OF CONTENTS

Acronyms.....	i
Acknowledgement.....	ii
Dedication.....	iii
Abstract.....	iv

Chapter One

1.0 Introduction.....	1
1.2 Background.....	3
1.3 Statement of the Problem.....	6
1.4 Research objectives.....	6
1.4.1 General Objectives.....	6
1.4.2 Specific Objectives.....	6
1.5 Significance of the Study.....	7
1.6 Limitations of the Research.....	7

Chapter Two

2.0 Literature Review.....	8
----------------------------	---

Chapter Three

3.0 Methodology	13
3.1 Research Strategy.....	13
3.2 Sample Population	13
3.3 Sampling Design	13
3.4 Data Collection Techniques.....	13
3.5 Data Analysis.....	13

Chapter Four

4.0 PRESENTATION OF FINDINGS.....	14
-----------------------------------	----

Chapter Five

5.0 DISCUSSION OF FINDINGS.....	27
5.2 RECOMMENDATIONS.....	29
5.3 CONCLUSION.....	30

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immune-deficiency Virus
RH	Reproductive Health
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
VCT	Voluntary Counselling and Testing
UNZA	University of Zammbia

ACKNOWLEDGEMENT

I would like to extend my profound gratitude and appreciation to my family and to all the people who made my academic life easier and possible.

I would like to extend without any reservations my sincere thanks to my mother, sisters and brothers for their unwavering financial, spiritual and moral support. You were the single pillar I leaned on. Without your support, completing my university studies would have been unthinkable. May your life be filled with the joy that comes from God for giving me a bright future.

I wish to express my uttermost heartfelt acknowledgement with many thanks to my supervisor Ms N Mtanga who whole heartedly ensured that this piece of work is produced in a scholarly manner. To Mr. Hamooya thank you for being a tuff and wonder full lecturer.

My greatest thanks go to my God for the wisdom, knowledge and understanding.

DEDICATIONS

I would like to dedicate this research report to my sisters Sandra and Olivia and to my brother Thorsten for their love, support, patience and prayers through out my studies.

And to my unborn children, I will do all I can to prepare for your happy and comfortable life.
And to my future husband. You are welcome!

ABSTRACT

This study was carried out to investigate the effectiveness of information provision on reproductive health (RH) by the University of Zambia (UNZA) clinic to third year BA.LIS students. The interest in the research arose due to the fact that challenges in the accessibility and availability of RH, and awareness of RH services as well as disseminating of the RH information to the students for preventive care is not effective and adequate.

The study was carried out by administering 50 questionnaires to randomly selected students belonging to the Library and information studies 3rd year class of 2008/2009 intake. Results revealed that majority of the respondents knew that UNZA clinic offered RH information services and the consequences of not acquiring this information. They strongly agreed that RH information is of great importance to both male and female students in an institution like Unza and its the driving factor to development of any nation. The study revealed that dissemination of RH information by UNZA clinic could be enhanced through the provision of adequate formats such as posters in providing the service.

The study revealed that Unza clinic staff was not sufficient enough to cater for the student populace. Respondents alluded to the fact that the clinic is effective and information on RH was quite accessible to students because the available methods and formats was not enough to cater for all students. Most respondents advocated for the need to improve the dissemination of information on RH by increasing sensitization and having a radio programme on UNZA radio. The accessibility and usage of RH information would improve thereby rectifying the problem of poorly spacing of children, abortions and the spread of STIs that can affect the student populace.

CHAPTER ONE

1.1 INTRODUCTION

This research investigated the effectiveness of Information provision on Reproductive Health by the University of Zambia (UNZA) clinic to the third year BALIS students. Information plays vital role in health as it encompasses teaching and learning specific skills. For this to be possible, information is a major way out or resources to use.

In higher institutions of learning, reproductive information is important in that it is the information that is needed in the prevention of pregnancies and sexually transmitted diseases among the students. Getting pregnant while at school is a major draw back on the part of a student in that it adversely affects the education process. This is also considered as a hindrance for one to obtain the required education. Reproduction health is an important aspect of a country as it contributes to economic growth. It is important for people to be aware and well informed about the reproductive health services available. These services are supposed to be provided to people especially youths in higher institutions to help them manage their lives successfully and cope with every day problems and realize opportunities and solutions. Unfortunately, when it comes to sex education there is little guarantee that the students will get the information they need to help them make healthy decisions. Instead of providing medically accurate, age-appropriate, unbiased information about the benefits of abstinence, proper contraceptive use, and ways to prevent STDs, many institutions teach abstinence-only-until-marriage curricula that include misinformation about the effectiveness of condoms in preventing pregnancy and the spread of STDs.

Reproductive health includes physical and physiological processes and functions in addition to psychological and emotional aspects. Health care services are aware of and address the full spectrum of young people's reproductive health care needs. Preventive care, such as contraception and services for preventing, diagnosing, and treating STIs, can be combined with maternal care, including prenatal, postnatal and postabortion care, to meet the diverse needs of students effectively. Therefore, "Reproductive health

encompasses young people's capacity to decide when to have children, the capacity to remain free from disease and unplanned pregnancies, freedom to express one's own sexual identity and feelings in the absences of repression, coercion and sexual violence, and the presence of mutual fulfillment in relationships" (Frost and Driscoll, 2006:10). Young people have specific reproductive health needs based on their age, sex, marital status, and socioeconomic situation. Information has the potential to contribute to the effective and efficient performance of the reproductive health sector in general. It is the duty of reproductive health providers to ensure that adequate and qualitative information is provided comprehensively to the young adults in their various communities. Staff that are trained to deal with young people can provide effective counseling to help young people make informed choices about abstinence, contraceptives, STI prevention and treatment and pregnancy care. The timely collection, management and dissemination of critical information are of importance on the performance of the reproductive health sector. Reproductive information is important and should be made available to students to help them know about their sexual metabolism and how it functions. Once students have the information, it helps them avoid unwanted pregnancies, contracting STIs, exposure to HIV/AIDS and reproductive information will also help the students make sound decisions on matters of relationships hence help them refrain from pre-mature sexual relationships in school.

The University of Zambia is among the institutions in Zambia that is ensuring that reproductive health information is disseminated to all students. This is through the university clinic which has a section which looks specifically at reproductive health needs of the students and the surrounding university community

1.2 BACKGROUND

1.2.1 BACKGROUND OF THE UNIVERSITY OF ZAMBIA (UNZA).

The University of Zambia was established by an Act of Parliament in 1965. It is currently comprised of the following schools:

Agricultural sciences

Education

Engineering

Humanities and Social Sciences

Law

Medicine

Mines

Natural sciences

Veterinary Medicine.

MISSION

“The mission of the university is to be responsive to the real needs of the country and must be an institution which will merit respect and recognition throughout the academic world” (Kelly, 1999: 122). It also should provide the education and science as part of response to national needs. The university which should strive to merit respect of the academic world both through the intrinsic excellence of its courses and through the evident quality and subsequent performance of its graduates.

OBJECTIVES

The key objectives of the university are to teach, undertake appropriate research and to render services to the public. Its activities include giving instructions, research and extension programmes.

1.2.2 BACKGROUND OF THE UNIVERSITY OF ZAMBIA CLINIC (UNZACLINIC).

The University of Zambia with its diverse operations has a section that deals with health issues. The UNZA clinic is as old as the university itself. It began its operations in 1970 and was first set at Ridgeway campus and the pharmacy was also opened in 1970 and it was run by the nurses for one year. In 1972, the clinic consisted of three members of staff: two registered nurses and one clinical officer. In 1973 the clinic moved to the Great East Road campus and its first building where the clinic operated from is what is known as the UNZA security offices today. This was while the new and current building was being built. The present University of Zambia clinic was built in 1974 and was opened in 1976, in the same year, some wards were built. The laboratory was opened in 1978 and was manned by two laboratory technicians.

MISSION STATEMENT OF UNZA CLINIC.

To provide quality health care services to the university students, members of staff and the surrounding unza community, with excellence.

OBJECTIVES OF UNZA CLINIC

The objectives of the UNZA clinic include promoting and maintaining health and safety, health promotion, health monitoring and surveillance and offer health services to all members of staff, students and the general public.

SERVICES OFFERED BY UNZA CLINIC

From the time the University of Zambia clinic was opened, it has been providing the following services:

- ❖ Admissions
- ❖ Outpatient
- ❖ Eye services

- ❖ Chest specialist
- ❖ Pharmacy
- ❖ Voluntary counseling and testing (VCT)
- ❖ Prevention of mother to child transmission
- ❖ Ante-natal
- ❖ Post- natal
- ❖ Children's clinic and family planning.

The reproductive health service is offered on various days because it is broken down into three components. Medical examinations such as HIV/AIDS, STIs are every Wednesday and Friday afternoon from 14-16:30 hours, family planning every Tuesday and Thursday afternoon from 14-16 hours and Antenatal/postnatal every Wednesday and Friday afternoon from 14-16 hours. A specialized reproductive health nurse and counselor talk to the students, male and female who attend this clinic.

The UNZA clinic offers two types of contraceptive services, hormonal and non-hormonal contraceptives. The hormonal type is the one that involves a hormonal drug being administered orally, intravenously or implanted under the skin of the forearm. Only one kind of hormonal contraceptive is stocked. The non-hormonal involves such services as the male and female condoms. Of the non-hormonal, the most popular is the male condom.

Reproductive health services are free to students and members of staff but the general public is required to pay a minimal fee. The policy of the university administration has no restrictions on the criteria of students wishing to access these facilities as the students are regarded as adults who are free to make their own independent decisions.

UNZA clinic provides this information to its clientele through one particular media, the UNZA radio, especially if there is an awareness of a particular activity to be carried out. Information is also obtained from the clinic itself.

1.3. STATEMENT OF THE PROBLEM

Third year students in BALIS had been experiencing an increase in a number of pregnancies and challenges of methods and ways of preventive care such as contraceptive use, services for preventing, diagnosing, and treating STIs, maternal, prenatal and postnatal care, abstinence, and pregnancy care as regards to Reproductive health issues at UNZA.

As a result of this, it was observed that female students were having unwanted pregnancies and resorting to abortions. It also forced male as well as female students into premature marriages. Furthermore, both female and male students were at high risk of contracting sexually transmitted diseases (STD) and HIV/AIDS because the reproductive health services received by the students was not in any way effective in avoiding the risks involved.

Students are affected in their academic performance and some would rarely attend classes (absenteeism), high medical expenses because they want to go to private clinics hence quality and number of graduates is poor as they may want to withdraw.

1.4. OBJECTIVES

1.4.1. GENERAL OBJECTIVES

- To evaluate the effectiveness of Information provision on Reproductive Health by the UNZA clinic to the third year BALIS students both female and male.

1.4.2. SPECIFIC OBJECTIVES

- To establish students' level of knowledge of the reproductive health problems and their solutions.
- To investigate the effectiveness of the methods and formats used by UNZA clinic in the dissemination of information on reproductive health.
- To investigate factors affecting the response of the students to the information on reproductive health being provided by the clinic.

1.5 SIGNIFICANCE OF THE STUDY

The research was important because the problem at hand affected quite a number of students, therefore, the need to investigate the information services provided by university of Zambia clinic to students. The data obtained from the research was going help the university of Zambia clinic management to formulate effective intervention measures to contain the problem of lack of preventive care information on reproductive health. Furthermore it was going to help in planning how best the clinic can be run more effectively and efficiently in an attempt to meet students' needs as well as curb the problem of acquiring STI's through unprotected sex, having unplanned pregnancies and aborting. The information obtained was also going to be helpful to students of library and information studies at the University of Zambia as they analyze information systems and generate new knowledge leading to the development of systematic guidelines for action in the provision of reproductive health education and information services where they might have been shortfalls.

1.6 LIMITATIONS

The only limitation that was encountered was that of financial constraints because as a government sponsored student project allowance was not brought on time to help carry out the research.

CHAPTER TWO

2.0 LITERATURE REVIEW

A research on knowledge and attitudes to HIV/AIDS and sexual practices amongst UNZA students in Lusaka Zambia, revealed that there was an increase in sexual action whilst at university by both male and female students. The findings indicated that 75% male and 45% female students had more than one sexual partner; leaving out 49% of female and 10% of male students they entered university with, (Family Health Trust: 5, 1997).

A study carried out by Kachingwe, K.(1997) on reproductive health, showed that in Zambia, the major concerns reflected in reproductive health and youth health programs related mainly to young people's health controlled conception, social and economic factors and inter-current diseases such as HIV/AIDS, STDs, and STIs . Many pregnancies found among young people were unwanted. As children approached their adolescent age most of them became sexually active. This was thus the time when sexual and reproductive information was needed. (Eloundou-Enyegue,2004). The introduction of the reproductive health was therefore necessary in increasing better awareness, better knowledge and better working conditions.

The female cognitive structures differ from those of men. This therefore, has implications for women's attitudes and approaches to reproductive health. Men have a lot more interest in technological gadgets such as computers, phones, television sets, radios and computer game, thus they have more technical ability. Reproductive health includes the health of men; reproductive rights include men's rights. However, the discussion of acquiring information deals more with women than with men, for several reasons but most problems and interventions discussed below cannot simply be classified as women's health or men's health. Prevention of sexual coercion, condom use for prevention of sexually transmitted diseases (STDs), prevention of infertility, provision of contraceptive methods, and communication of information for health promotion are all measures to

improve the sexual and reproductive health of both women and men. The studies above highlighted the need to assess the impact of the implication of reproductive health information, (ZDHS 1996:63).

A study carried out by Lemba, et al., (1996) on the attitude of men towards reproductive health, showed that personal advocacy for or against preventive care could greatly influence peoples' behavior and attitude towards reproductive health. And contraceptive needs assessment revealed that men were not incorporated into the delivery system of information on reproductive health services, when actually, more men used reproductive health services than women due to many factors such as level of education and income. However reproductive health was reported to be a woman's responsibility in all regions of the country. A major policy objective of the government was to promote equality in access to and participation in and successful completion of health at all levels, irrespective of gender, Kelly (1999:49). The gap in this study showed that even if men had more access to reproductive health services or information, they used it for other means other than acquiring reproductive health information or that of the health sector as a whole.

The ZDHS (1993:43) contraceptive needs assessment revealed that men were not incorporated into the delivery system of family planning services. Family planning was reported to be a woman's responsibility in all regions of the country.

The Government Republic of Zambia (GRZ) in 1974 took a favorable position towards providing family planning services within its facilities when the Ministry of Health informed all medical officers in government service that the maternal and child health programme should provide advice on family planning to all person seeking information and service. The Family Planning and Welfare of Zambia provided some health institutions with contraceptives. (Watson, 1977)

But according to Chisanga (1993) family planning services were only legalized in Zambia in the late 1980s. The provision of services was on production of a letter from a

husband for married women and from the next of kin for single women. The services were not fully accessible to women aged 18 years, single or at school. This resulted in unmarried women and those aged 18 years and below using traditional and natural methods which had a high failure rate, since they could not access the information and services at established institutions. (Chisanga, 1993)

A study on the assessment of young people's sexual and reproductive health in Ng'ombe compound of Lusaka carried out by Mupuchi (1997) revealed that GRZ was aware of low contraceptive use among its citizens and that the Ministry of Health in particular had undertaken and devised strategies which were basically designed to help government broaden contraceptive options as well as address the role of gender concerning decision making in reproductive health (Mupuchi 1997).

To make adequate decisions, youths in general required accurate information on population and reproductive health. Meeting the unmet needs of youths necessitated the provision of services, changing attitudes, overcoming oppositions, building understanding and educating adults about problems faced by youths.

In addition, a report by Mwiinga (1998) on a needs assessment conducted by Planned Parenthood Association of Zambia (PPAZ) in 1997 revealed that young people felt uncomfortable attending clinics for reproductive health concerns at the same time with adults hence their preference for separate clinic facilities or times. Other reasons cited included fear of side effects as well as being too shy to ask for contraceptives from nurses, thus dissemination of medical information through reproductive health policies facilitated informed decision-making; hence young people became comfortable in getting information on reproductive health concerns at any time.

Access to reproductive health services is a significant factor in people's health as well as in limiting population growth. According to Hutchinson's encyclopaedia (2004) "if all those women who wished to avoid further childbirth were able to do so, the number of births would be reduced by 27% in Africa, 33% in Asia and 35% in Latin America. The

number of women who die during pregnancy or childbirth would also be reduced by about 50%". The problem of inadequate reproductive health provision is one of the greatest challenges confronting mankind today. Problems of overpopulation such as poverty, substandard health, short lifespan, unemployment and other environmental problems affecting families and communities require that mankind use population control measures that may be essential for human survival. This serious concern has led to the advancement of the use of multiple service delivery strategies that are needed for the promotion of reproductive health services for both male and female clients.

The population health international launched a school reproductive health project in Togo. This project aimed at improved knowledge of reproductive health and sexually transmitted diseases among Togolese school children and students. Under the project dubbed "Agbenko" (life ahead) a vast campaign was conducted to fight against STD's, HIV/AIDS and unwanted pregnancies within the country's schools. According to the project initiators the long-term objective was to cover the whole of Togo by providing information as a way of curbing HIV/AIDS and other STI's and the reproductive health of students. (Pan African news agency: 1, 2007).

A study by Sachs (1992) on contraceptive needs assessment showed that men do not participate in reproductive health services. This was seen to be a woman's need in the New York

Cleland, J. et al (1992) found out in their study on abortion and contraception that students often found themselves in a situation of conflict between, on one hand, the expectations of their lover, their desire to keep his affection and their own physical response to petting, and on the other hand, the fears of pregnancy, their ideal of virginity and their desire to avoid the label of promiscuity. (Cleland, J. et al 1992).

The duo wondered why it was that young women, who so little wanted to conceive, (sought an abortion to terminate pregnancy) had not used contraceptives when

contraception information, techniques and supplies were available to those who sought them.

According to Frost and Driscoll (2006:32) in their study done in the United States of America, young women tended to rely on their male counterparts to use contraceptives because it was the man who demanded for sex and so it was his responsibility to take precautions. All important decisions such as this one was therefore left to the dominating man. This entailed that the dominating man was also required to be in the fore front in accessing information on reproductive health. They further argued that religion was another important factor that contributed to some people shunning the use of contraceptives; this had an effect on their perceptions towards the use of reproductive health services and accessibility of information pertaining to reproductive health. The Roman Catholic Church, for example, is known for its strong stance on contraceptives. Most people with this background have difficulties in coming to terms with the realities of sex and contraceptives and reproductive health in general. Some of the young people with the same background considered it a taboo to even discuss reproductive health with their parents. Thus these people can not even access reproductive health information.

In summary, the reviewed literature shows that the accessibility of information on reproductive health ensures the existence of a healthy and well informed group of women and men with regard to reproductive health issues, this literature review, thus highlights the fact that many young people do not have adequate information concerning reproductive health, and that men do not involve themselves in issues concerning contraceptives and reproductive health as they should through accessing reproductive health services. This research therefore will seek to assess the effectiveness of Information provision on Reproductive Health by the University of Zambia clinic to the third year BALIS students

CHAPTER THREE

3.0. METHODOLOGY

3.1. RESEARCH STRATEGY

The research strategy used was a case study. The study focused on third year B.A.LIS students in the School of Education.

3.2. RESEARCH DESIGN

The research had a combination of both qualitative and quantitative methods, also known as a mixed method design. The reason for choosing a mixed method design was for the purpose of ensuring that the weaknesses of the qualitative method were covered by the strengths of the quantitative method.

3.3. POPULATION AND SAMPLE

Out of the whole population of 123 third year BALIS students, a sample of 50 students both female and male in the School of Education was surveyed.

3.4. DATA COLLECTION

The main method of data collection in the case study were questionnaires which included both open and closed ended questions. Where help was needed by the respondent, the interviewer provided assistance.

3.5. DATA ANALYSIS

The data collected was analyzed using a computer package known as Statistical Package for the Social Sciences (SPSS). The program was best suited for the research as it was easier to analyze the various variables involved and check their effect upon each other.

CHAPTER FOUR

4.0: RESEARCH FINDINGS

4.1. INTRODUCTION

A total number of fifty (50) students female and male were sampled from the University of Zambia (UNZA) to find out the effectiveness of UNZA clinic in disseminating information on reproductive health (RH) and all fifty (50) respondents were interviewed using questionnaires. The results were valid because everyone was given a chance to participate. The following are the findings of the research.

The research took into account characteristics of the respondents. Background variables were thought to have an influence on the accessibility and utilization of information provided on Reproductive Health by the UNZA clinic. Among the characteristics captured included age distribution, gender and marital status.

4.2. CHARACTERISTICS OF RESPONDENTS

The respondents comprised male 52% and 48% female. Majority 92% of respondents were in the age group between 20-29 years and the rest 8% of respondents were in the age group 30-39 years. With regard to marital status 90% of respondents were single and 10% were married. None of the respondents were widowed or divorced.

4.3. AWARENESS OF RH INFORMATION SERVICES.

4.3.1. Percent distribution of students' knowledge on the RH information being Offered at UNZA clinic.

A greater number of the respondents 66% were aware of the information on RH that was being offered at University of Zambia clinic. The other 34% of the respondents indicated that they did not know that the University of Zambia clinic offered such services.

4.3.2. Percentage distribution of RH services people are aware of.

The study also looked at what reproductive health services respondents were aware of and how they were informed by UNZA clinic. From the bar graph in Fig 4.1, 38% of respondents were aware of two services; Contraceptive use and VCT service. With Ante-natal service, 24% were aware of this service, 26% were aware of the STIs services, 32% of HIV/AIDS and 6% of Male circumcision services being offered.

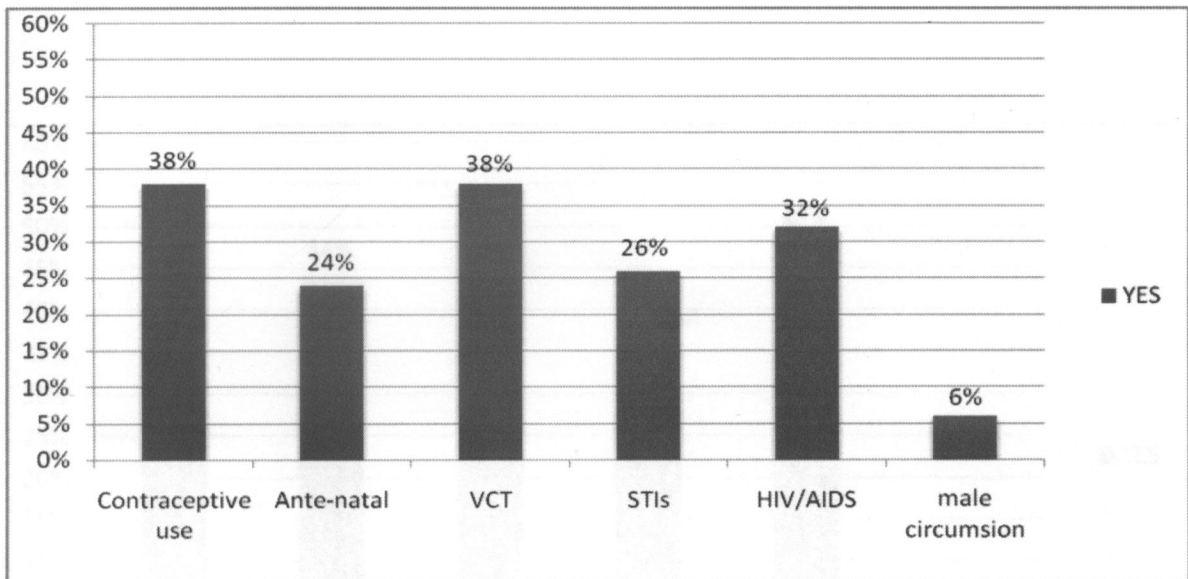


Figure 4.1 Percentage distributions of RH services people are aware of.

4.3.3. Percentage of respondent's knowledge on the consequences of not acquiring RH information.

The graph in Fig. 4.2 below shows the percentage distribution of respondents who thought lack of knowledge on reproductive health will result in the consequences shown in the graph. The graph in Fig.4.2 shows that 34% of respondents indicated that lack of access to RH information resulted into abortion, 44% in unplanned pregnancies, 44% in STI, 34% in poorly spaced children and 48% in all of the above consequences.

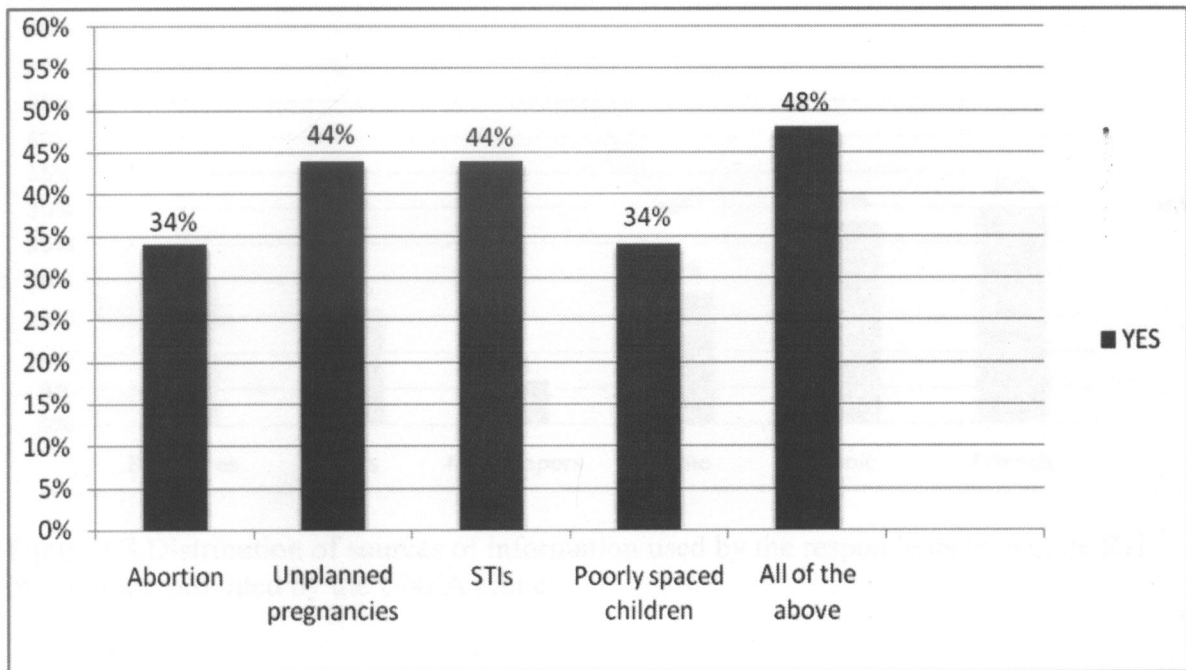


Figure 4.2 Percentage of respondent's knowledge on the consequences of not acquiring RH information

4.3.4. Distribution of sources of information on RH services being provided by UNZA clinic.

The study further looked at the type of sources used by the respondents to acquire RH information provided by the UNZA clinic and it was found that out of 50 respondents 20% used brochures, 16% used filers, 6% used newspapers, 18% radio, 28% the clinic and 30% used friends as their source of information on RH services being provided by UNZA clinic (Fig. 4.3).

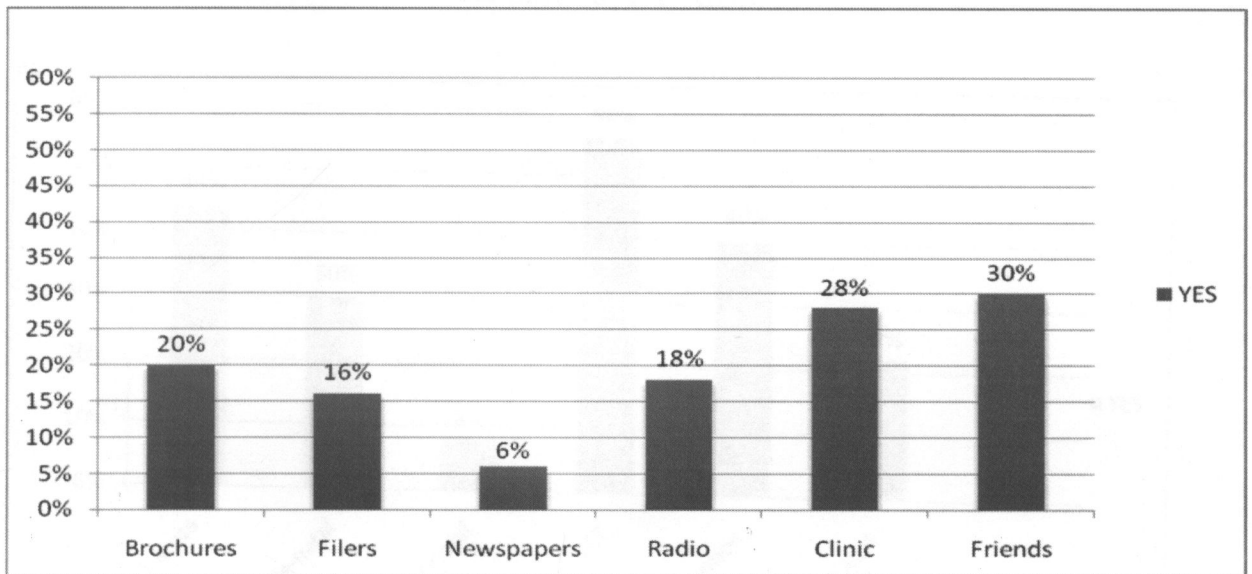


Figure 4.3 Distribution of sources of information used by the respondents to acquire RH information provided by the UNZA clinic

4.4. EFFECTIVENESS OF THE METHOD AND FORMATS USED BY HEALTH INFORMATION PROVISION.

4.4.1. RH information service obtained from UNZA clinic.

The study also looked at the type of RH information service that the respondents obtained from UNZA clinic. From Figure 4.4 below, 44% of the respondents showed that they obtained services on Contraceptives, 30% on ante-natal, 8% on post-natal, 56% on VCT, 40% on STI prevention measures and 22% on HIV/AIDS.

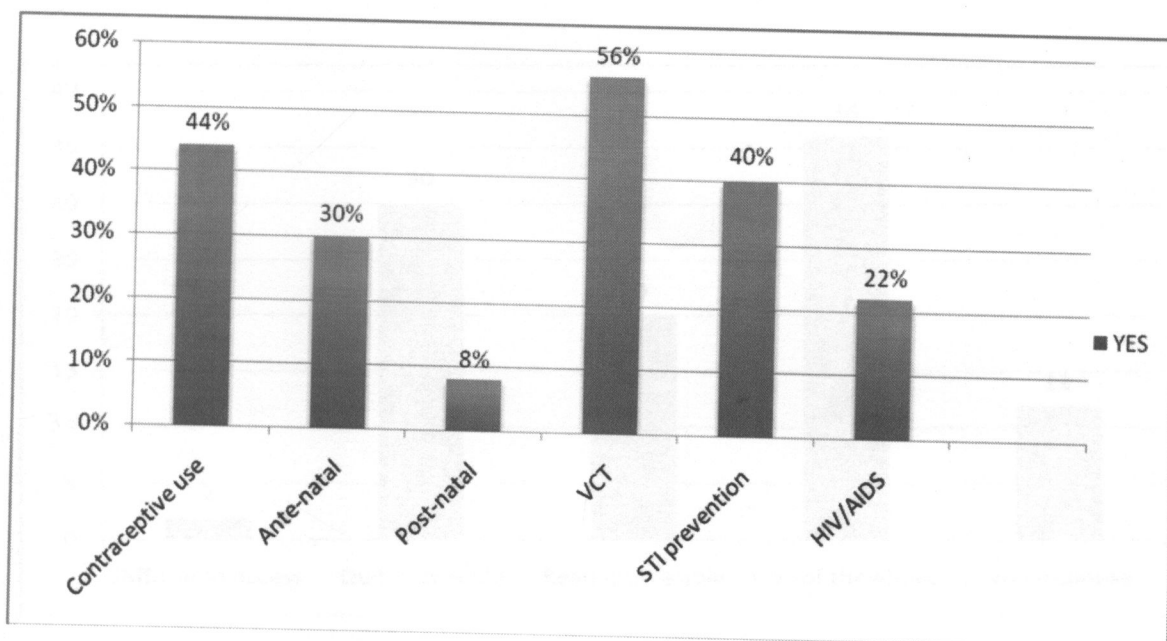


Figure 4.4 RH information service obtained from UNZA clinic.

4.4.2. Percentage distribution Information accessibility

The graph in Fig. 4.5 below indicates whether the methods and formats used by UNZA clinic made it easy for students to access the RH information. It is evident that the majority (36%) of respondents did feel that information at the University of Zambia clinic was difficult to access, while 30% of the respondents indicated that the information was quite accessible, 20% indicated that it was readily accessible, and 12% of the respondents did not respond. A minority of 2% of the respondents felt that it was difficult to access information at the University of Zambia.

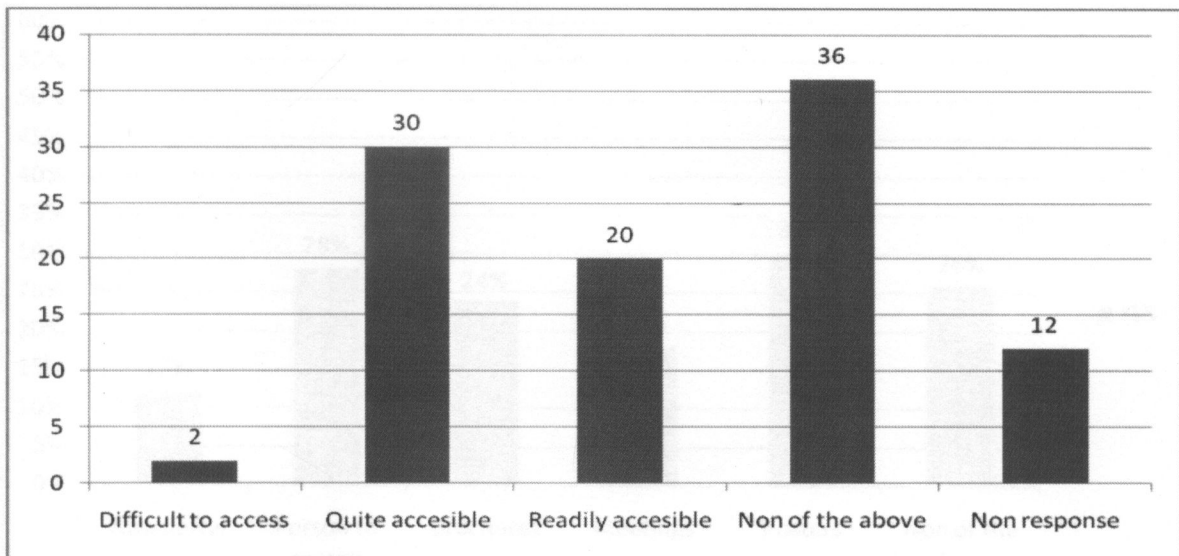


Figure 4.5 Percentage distributions on Information accessibility

4.4.3. Frequency distribution on format provided to disseminate information on RH.

The frequency distribution provides frequencies of respondents on format that UNZA clinic used in disseminating information on RH. Figure 4.6 below shows that 30% of the respondents indicated that UNZA clinic should use posters to disseminate information on RH, 28% showed person to person, 24% indicated the use of brochure, 18% meetings, 12% newsletters and 26% indicated that non of the above formats should be used to disseminate information on RH by UNZA clinic.

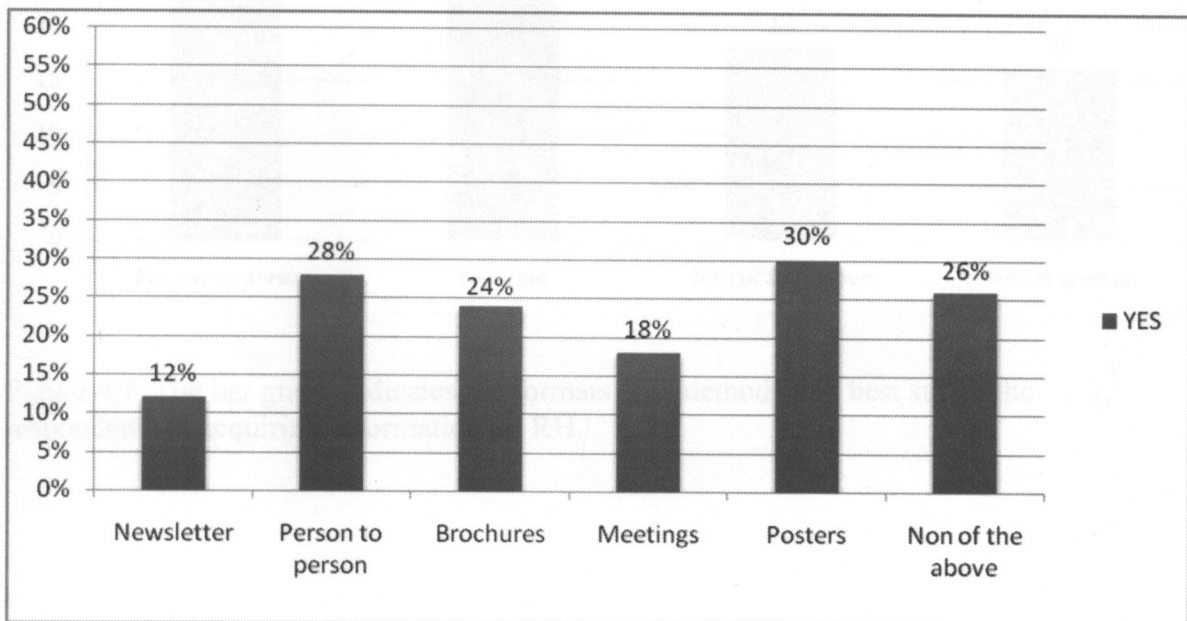


Figure 4.6 Frequency distribution on format provided to disseminate information on RH

4.4.4. Percentage distribution of formats that best suited their purpose.

Out of the 50 students that were sampled, a majority of 38% of the respondents indicated that person to person best suited their purpose while 28% preferred meetings. 18% of the respondents felt none of the formats would suit them and 16% did not respond to the question.

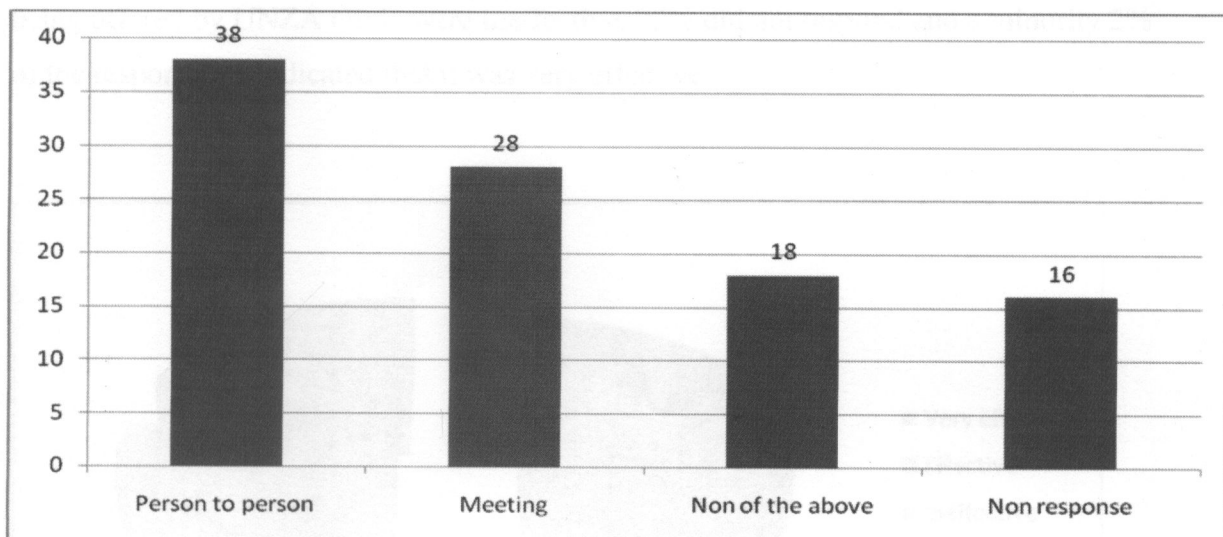


Figure 4.7. The bar graph indicates the formats and methods that best suited the respondents in acquiring information on RH.

4.4.5. Percentage distribution of effectiveness of UNZA clinic on RH information.

The pie chart below shows the effectiveness of the RH information services offered by the UNZA clinic from the respondents that were sampled. The pie chart below shows that 48% which is the majority of respondents felt that reproductive health services being offered by UNZA clinic were effective, while 28% indicated that the RH information being offered by UNZA clinic were ineffective, 22% did not respond and a minority 2% of the respondents indicated that it was very effective.

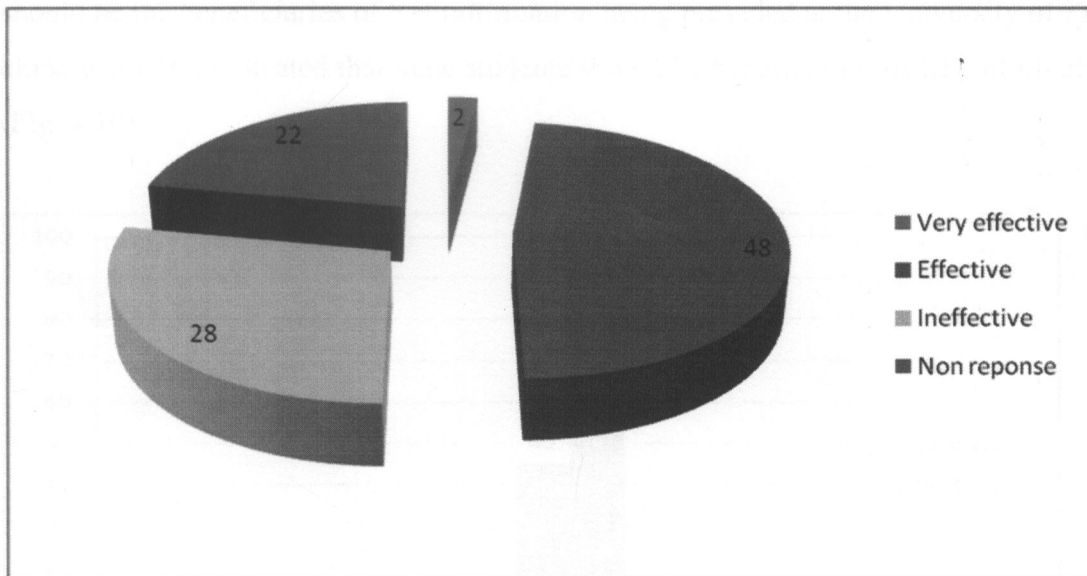


Figure 4.9 Pie chat showing the effectiveness of the RH information services offered by the UNZA clinic from the respondents that were sampled

4.5. FACTORS AFFECTING THE RESPONSE OF STUDENTS TO INFORMATION ON RH BEING PROVIDED.

4.5.1. Frequency distribution of the beneficiaries to RH information at UNZA Clinic.

The study further looked at the responses from the 50 sampled students which show the sex of students necessary to access RH information from UNZA clinic. The majority (90%) felt that the beneficiaries of RH services at UNZA clinic were meant to be both Male and Female students. The minority 6% of respondents felt that the female students should be the beneficiaries of RH information being provided at the University of Zambia clinic while 0% indicated that male students should be beneficiaries of RH information (Fig. 4.10)

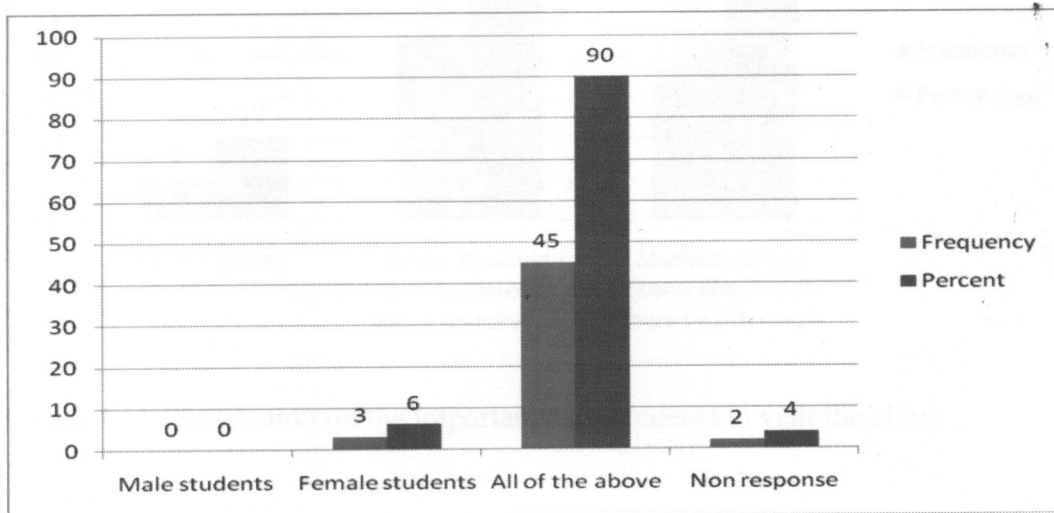


Figure 4.10 Distribution of the beneficiaries to RH information at UNZA clinic.

4.5.2. Percentage distribution on importance in visiting UNZA clinic.

With regard to importance, out of the 50 respondents, 43 (86%) indicated that it was important for the students to visit the clinic to acquire reproductive health information, 3 (6%) thought it was not important to visit the clinic and 4 (8%) did not respond.

4.5.3. The distribution on the importance for students to visit the clinic.

The study further looked at respondents thoughts on the importance for students to visit the clinic to acquire RH information. The graph in Fig. 4.11 indicates that 46% of the respondents were of the idea that students should visit the clinic because they would become knowledgeable about RH information services and also 44% of the respondents indicated that students would receive checkup for there health needs if they visited the clinic while 10% of the respondents did not respond.

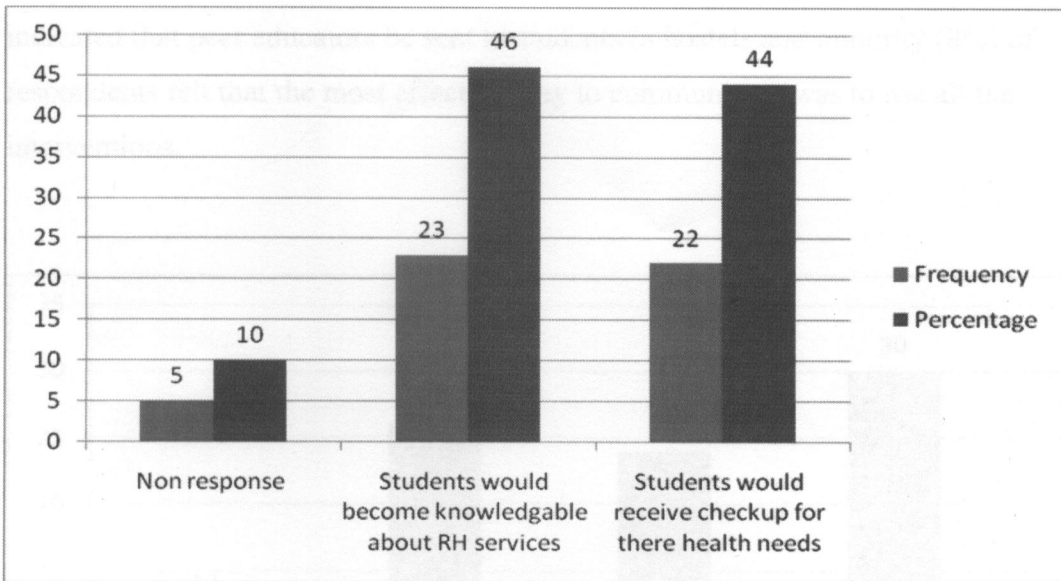


Figure 4.11 Distribution on the importance for students to visit the clinic

4.6. MOST EFFECTIVE WAY TO COMMUNICATE ABOUT RH SERVICES AT UNZA CLINIC.

The respondents were asked to recommend on what they thought would be the best way to achieve an increased information flow from the clinics to the students on Reproductive Health services provided at the clinic. The majority (30%) of the respondents as shown in Fig. 4.12 felt that the Radio programs were the most effective in telling students about reproductive health services, 26% of the respondents indicated sensitization campaigns, 24% of the respondents felt Information Education and Communication (IEC) would be the most effective way to communicate to the students on RH information, while 12% indicated that peer educators be sent to students in hostels and minority (8%) of respondents felt that the most effective way to communicate was to use all the interventions.

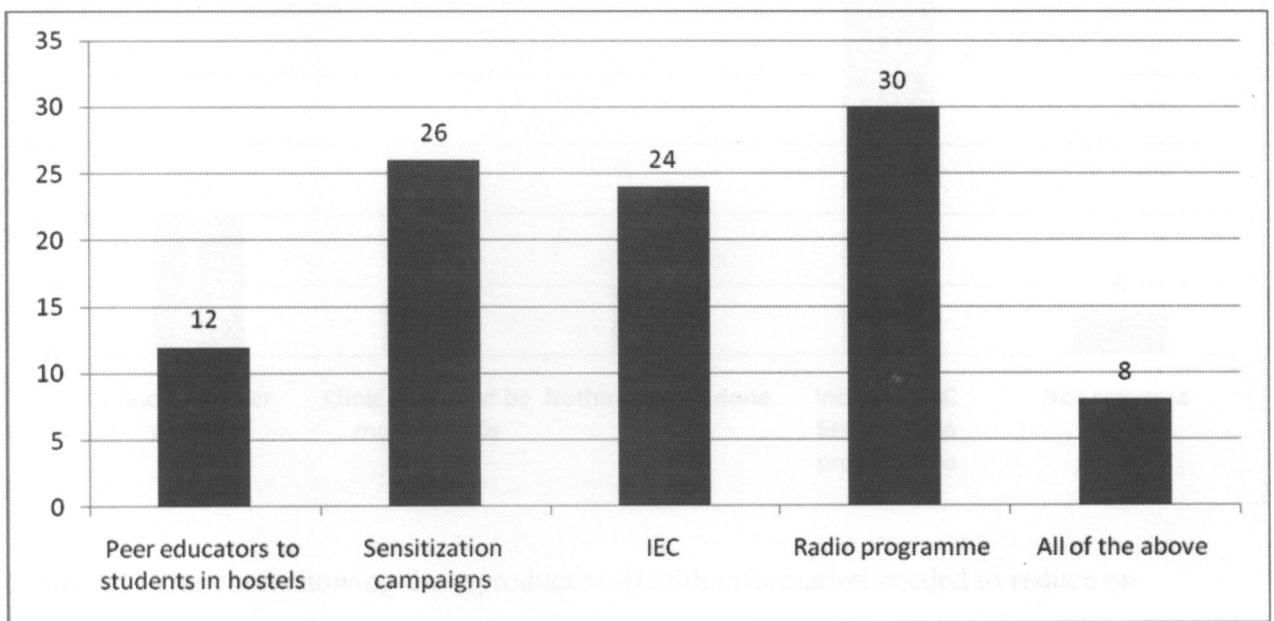


Figure 4.12 Bar charts show the most effective way of communicating about RH services as recommended by the respondents

4.6.1. Reproductive Health information needed to reduce on unplanned pregnancies, abortion and STIs

The diagram Fig 4.13 below indicates what the respondents felt UNZA clinic should do to improve the RH information services and reduce or minimize the consequences of not acquiring the information. The majority of respondents (56%) recommended an increase in ABC sensitization programmes in order for the UNZA clinic to improve reproductive health information service and minimize on unplanned pregnancies, abortions and STIs, followed by 20% of the respondents who recommended an increase in peer educators, 10% recommended that nothing can be done to improve dissemination of RH information, thus 8% recommended that clinic staff must be more friendly for them to easily acquire RH information, while 6% of the respondents did not respond.

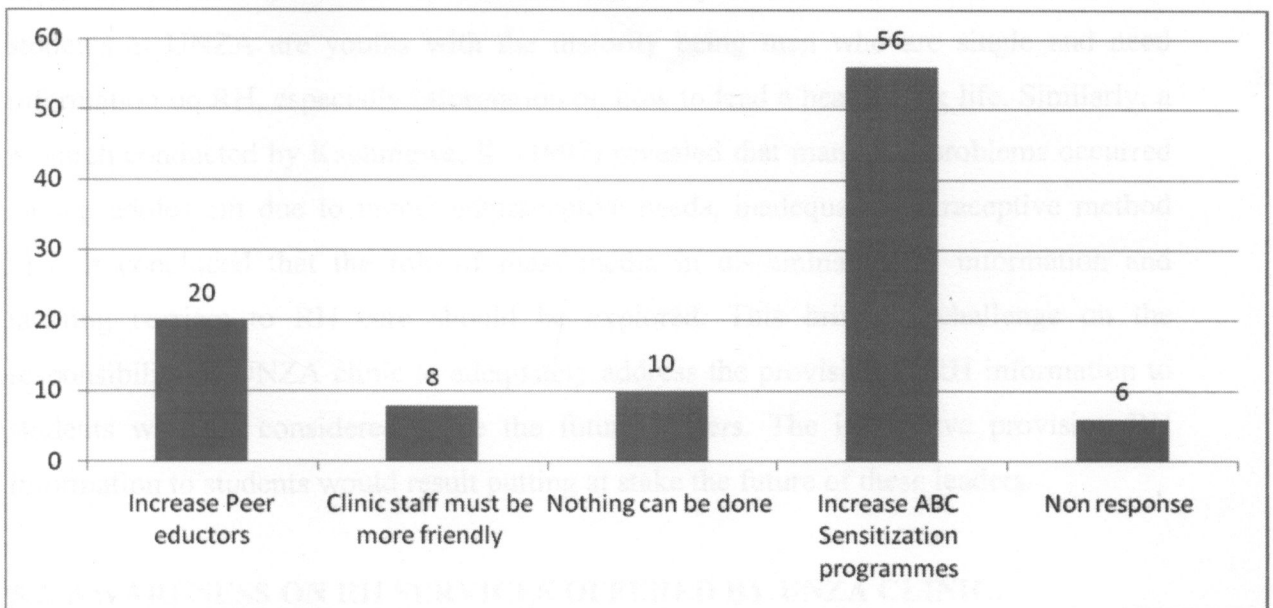


Figure 4.13 Bar chart showing the reproductive Health information needed to reduce on unplanned pregnancies, abortion and STIs

CHAPTER FIVE

5.0 DISCUSSION

This chapter is a discussion of the findings that were presented in chapter four. The discussion of the research findings involved drawing relationships between the findings that were found in chapter four and the literature review as well as the statement of the problem. This was done in order bring out the similarities and differences of the findings of this research with other researchers as well as to broaden the understanding of the topic as a whole.

5.1. CHARACTERISTICS OF RESPONDENTS.

From the presentation it can be inferred that many of the women and men that are students at UNZA are youths with the majority being men who are single and need information on RH, especially information on how to lead a healthy sex life. Similarly, a research conducted by Kachingwe, K. (1997) revealed that many RH problems occurred among adolescent due to unmet contraceptive needs, inadequate contraceptive method mix. It concluded that the role of mass media in dissemination of information and tackling barriers to RH care should be explored. This brings a challenge on the responsibility of UNZA clinic to adequately address the provision of RH information to students who are considered to be the future leaders. The ineffective provision RH information to students would result putting at stake the future of these leaders.

5.2. AWARENESS ON RH SERVICES OFFERED BY UNZA CLINIC.

The research findings showed that the majority of the students were knowledgeable about RH services offered by UNZA clinic. The type of services that they were aware of included contraceptive use, VCT, HIV/AIDS, STIs, Ante-natal and male circumscion and the students showed high level of awareness on the consequences of not acquiring the RH services. This was indicated to unplanned pregnancies, STIs which dominated as well as abortion, poorly spaced children, and the majority indicated all of the above mentioned consequences, meaning that UNZA clinic is doing a commendable role in providing RH information to both male and female students. The findings were a bit different with a

research conducted by Lemba et al (1996) on attitudes of men towards reproductive health which revealed that men are not incorporated into the delivery system of information on reproductive health services. When actually, more men use reproductive health services than women due to many factors such as level of education and income. However reproductive health is reported to be a woman's responsibility in all regions of the country.

The study found that most respondents were knowledgeable about UNZA clinic providing RH information. Most respondents knew about UNZA clinic providing RH information through interaction with friends, the radio, newspapers, brochures, and filers. The study indicated that friends have a significant role in informing their colleagues about RH information providers. It helps to point out that UNZA clinic RH services are appreciated by a number of students who have relied information on the services provided by UNZA clinic to their fellow students.

5.3. EFFECTIVENESS OF THE METHOD AND FORMATS USED BY THE HEALTH INFORMATION PROVIDERS.

The study found that a number of students obtained RH services offered by the UNZA clinic which included, contraceptive, ante-natal, post-natal, VCT, STI prevention and HIV/AIDS. The findings indicated that the services were quite accessible, other respondents showed that the services was readily accessible while a minority indicated that the service was difficult to access.

The study found that UNZA clinic uses a number of methods in disseminating information on RH which are newsletters, person to person, brochure, meetings and posters. The methods that best suited the respondents in providing RH information were person to person and meetings. The methods that UNZA clinic used in providing RH information were considered effective. Therefore, this poses a challenge on UNZA clinic to place more emphasis on person to person provision as well as meetings if the clinic is to enhance its effectiveness in the provision of RH information to students. A similar research conducted by Planned Parenthood Association of Zambia (PPAZ), (1997), revealed that young people feel uncomfortable attending clinics for reproductive health

concerns at the same time with adults hence their preference for separate clinic facilities or times.

5.4. FACTORS AFFECTING THE RESPONSE OF STUDENTS TO INFORMATION ON RH BEING PROVIDED.

The findings from young men and women where included in the studies revealed here, that the majority of the students felt both sexes need to acquire RH information from UNZA clinic. The study found that it was important for the students to visit the clinic to acquire RH information. This highlights the need to include both sexes in sexual and reproductive health interventions, particularly in relation to becoming knowledgeable about RH services and also to be able to receive checkups for any of their RH care needs. The findings were a bit different with a study conducted by Frost and Driscoll (2006) which revealed that young women tend to rely on their male counterparts to use contraceptives because it is the man who demands for sex and so it is his responsibility to take precautions. All important decisions such as this one should therefore be left to the dominating man, this entails that the dominating man should also be in the fore front in accessing information on reproductive health.

6.0 RECOMMENDATIONS

According to the findings, some recommendations which UNZA clinic should consider to enhance the provision of RH information to students have been outlined below.

- ❖ There should be training of more health staff and these staffs should be motivated in terms of good working conditions so that they can be able to provide RH information to students in an efficient and effective way.
- ❖ Another office providing information on RH should be put in place to ensure that all students are accommodated while they are accessing the services.

- ❖ The clinic should come up with awareness campaign such as hostel to hostel campaign to make students and people at large aware about RH services provided by the clinic and how they can access and benefit from these services.
- ❖ The clinic should make sure that there is availability of various RH methods which students can acquire and use.
- ❖ UNZA clinic should ensure they open up a programme that will sensitize the male students on how they can help and encourage each other on the use of RH information.
- ❖ It should work with UNZA radio to broadcast on services offered by the clinic in particular RH services which should be at least twice a week.
- ❖ Enhance dissemination of materials such as newsletters, magazines and handouts and other related materials that would facilitate research and acquisition of RH information away from UNZA clinic.
- ❖ Enhance distribution of posters that would sensitize a number of student regarding the services been provided by the UNZA clinic.
- ❖ Enhance person to person talk which would promote interaction between the information providers and the users.

7.0 CONCLUSION

It can be concluded that UNZA clinic has made and is still making a tremendous efforts in the dissemination of RH information to the students. There is more that needs to be done to improve the dissemination of RH services in an effective and efficient way to enhance the accessibility and usage of RH information by the students thereby rectifying the problem of poorly spacing of children, abortions and the spread of STIs. There is need for improvement if UNZA clinic is to achieve its objectives by capitalizing on the recommendations provided by this research and other researches done by others.

REFERENCES

- Chisanga, K et al. (1993). Knowledge, attitudes and practices towards family planning among students in Teaching Training Colleges. Lusaka: UNZA.
- Cleland, J et al. (1992). Contraceptives and family planning. Sexual and reproductive health series. London: PEP.
- Eloundou-Enyegue. (2004). Pregnancy related dropouts and gender inequality in education. [On-line] Available at <http://www.EducationGuardian.co.uk>. [Accessed October 15, 2008.]
- Frost, J.J., Driscoll A.K. (2006). Sexual and reproductive health of USA Latina. Occasional report No.19.
- Global HIV prevention working group. (2003). Access to HIV prevention: Closing the Gap. [On- line] Available at: www.gatesfoundations.org [Accessed on October 15, 2008.]
- Hutchison Encyclopedia. (2001). Helican: Oxford Publishing Ltd.
- Kachingwe, K. (1997). Participatory assessment of adolescent sexual and reproductive health in Ng'ombe compound. Care International. Lusaka: UNZA.
- Kelly, M. J., (1999). The Origins and Development of Education in Zambia: from pre-colonial times to 1996. Lusaka: Image Publishing Limited.

Lemba, M et. al (1996). Population Communication Services. Lusaka: USAID.

Ministry of Health\Central Board of Health. (1997). Family health trust. Lusaka: Ministry of Health\Central Board of Health.

Mupuchi. (1997). Modeling sexual activity among school girls in Zambia. Care International. Lusaka: UNZA.

Pan African Agency on Integrated Information Network. 2001. Kenya: Niarobi.

Sachs, Wolfgang. (ed.) (1996). The Development Dictionary: a guide to knowledge as power. New York: Zed Books Ltd.

Watson, W. B (Ed), (1997). Family with developing World. New York: The population Council.

Zambia Demographic Health Survey. (1993). Lusaka: Central Statistical Office.

Zambia Demographic Health Survey. (1996). Lusaka: Central Statistical Office.

Appendix

The University of Zambia

Department of Library and Information Studies

School of Education

Research questionnaire

Dear respondent,

I am a 4th year student of library and information studies at the University of Zambia. I am conducting a research to enable me to partially fulfill the requirement of the degree of Bachelor of Arts with Library and Information Studies (BALIS)

You have been randomly selected and I would be most grateful if you would kindly spare a few minutes to answer this questionnaire. This is the study on **THE EFFECTIVENESS OF INFORMATION PROVISION ON REPRODUCTIVE HEALTH BY THE UNIVERSITY OF ZAMBIA (UNZA) CLINIC**. Be rest assured that your responses will not have a bearing on you as the purpose of the research is purely academic.

Thanking you in advance for your help.

Instructions:

- i. This questionnaire has five sections (A – E)
- ii. Please tick [] where applicable

SECTION A
Personal data
Use

For Official

1. Sex

i. Male []

ii. Female []

[]

2. Age

i. Below 20 years []

ii. 20-29 []

iii. 30-39 []

iv. 40 and above []

[]

3. Marital status

i. Single []

ii. Married []

iii. Divorced []

iv. Widow []

[]

SECTION B

Awareness of reproductive health information services.

4. Are you aware of the reproductive health information service being offered by UNZA clinic?

i. Yes []

ii. No [] []

5. If yes to question 4, what type of reproductive health service are you aware of

i. Contraceptive use [] []

ii. Ante-natal [] []

iii. VCT [] []

iv. STI'S treatment [] []

v. HIV/AIDS []

vi. Other specify

6. Which of the following consequence of not acquiring reproductive health information are you aware of?

- i. Abortion [] []
- ii. Unplanned pregnancies [] []
- iii. STI infection [] []
- iv. Poorly spaced children [] []
- v. All of the above [] []

7. What was your source of information on the reproductive health services being provided at the UNZA clinic?

- i. Brochures [] []
- ii. Fliers [] []
- iii. Newspapers [] []
- iv. Radio [] []
- v. Clinic [] []
- vi. Friends [] []
- vii. Other specify

SECTION C

Effectiveness of the methods and formats used by health information provision

8. Which of the above information on reproductive health did you obtain from UNZA clinic?

- i. Contraceptive use [] []
- ii. Antenatal [] []
- iii. Post natal [] []

- iv. VCT [] []
- v. STI prevention [] []
- vi. HIV/AIDs [] []
- vii. None [] []

9. Was this information easily accessible?

- i. Difficult to access []
- ii. Quite accessible []
- iii. Readily accessible []
- iv. None of the above [] []

10. In what format was the information provided? *(Tick all appropriate answers)*

- i. Newsletter [] []
- ii. Person to person [] []
- iii. Brochure [] []
- iv. Meeting [] []
- v. Posters [] []
- vi. None of the above [] []

11. Which of the format(s) best suited your purpose?

.....

.....

.....

.....

.....

.....

.....
.....

12. How effective is the information on reproductive health services being offered by UNZA clinic?

- i. Very effective []
- ii. Effective []
- iii. Ineffective [] []

SECTION D

Factors affecting the response of students to information on reproductive health being provided

13. Who do you think needs to access this reproductive health information being provided by UNZA clinic?

(Tick all appropriate answers)

- i. Expecting students [] []
- ii. Non-expecting students [] []
- iii. Female students [] []
- iv. Male students [] []
- v. All of the above [] []

14. Do you think it is important for students to visit the clinic to acquire reproductive health information?

- i. Yes []
- ii. No [] []

15. If yes to question 15, why do you think it is important for students to visit the clinic?

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

Section E

Recommendations

16. What do you think would be the most effective mode that UNZA clinic would use to communicate reproductive health information to students?

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

17. What would you like the UNZA clinic to do in order to improve the reproductive health information services and minimize on unplanned pregnancies, abortion and STI infections?

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

THANK YOU.