FACTORS ASSOCIATED WITH LOW UTILIZATION OF FEMALE CONDOMS AS A BIRTH CONTROL METHOD AMONG WOMEN OF REPRODUCTIVE AGE (15 – 49 YEARS) IN NABBANDA, CHIRUNDU DISTRICT, ZAMBIA.

By

Isaac Kabwela

A Dissertation is submitted to the University of Zambia in Partial Fulfilment of the Requirements for the Award of the Masters in Public Health

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DECLARATION

I, **Isaac Kabwela** hereby declare that this Dissertation entitled "Factors associated with low utilization of female condoms as a birth control method among women of reproductive age (15 – 49 years) in Nabbanda, Chirundu district, Zambia." is my work and presents my own original research. It has not been submitted for any degree or examination in any other university and all the works that are not mine have been acknowledged.

Signed: ..... Date: .....

APPROVAL

This dissertation of Isaac Kabwela has been approved as partial fulfillment of the requirements for the award of Masters of Public Health by the University of Zambia.

Supervisor

Name…….

Signature……Date……...

Coordinator

Name……...

Signature……Date……...

ABSTRACT

The study intends to establish factors associated with low utilization of female condoms as a birth control method among women of reproductive age (15 – 49 years) in Nabbanda, Chirundu district, Zambia." and what can be done to resolve this. A case study will be used which will involve application of qualitative methods. A sample of 159 participants will be drawn from the population. The sample size for this study will consist of female respondents of child bearing age in the range of 15 – 49 years. All women aged 15-49 who attend clinic at Nabbanda are all invited to participate in the study and it's the choice of the participant whether to participate or not therefore participation in this study is entirely voluntary.

The study found that the knowledge levels of the Nabbanda residents on the female condom was average due to inadequate information on the female condom and its use as well as lack of proper female condom promotion. While the attitudes towards its use were not favorable mainly due to unavailability, preference of male condom use, power relations between men and women in a relationship, insertion of the female condom being a hassle and it looking weird.

Additionally under service delivery there is inability to open up to health care workers. While due to myths and misconception there is a belief that using a condom reduces intimacy with their partner and belief that condoms make men weak.

It is therefore recommended that government and all interested stakeholders should increase efforts at female condom education, promotion, availability and access. It is vital that these are done in order to increase the possibility of high utilization of these condoms and if people are very knowledgeable about female condoms this can lead to improvement in service delivery by making them free to ask for one and also enables them to clear any myth or misconception associated with these condoms hence more people being able to use them.

DEDICATION

This report is dedicated to my parents and family for all the support they rendered to me during my educational journey at The University of Zambia.

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Firstly I would like to thank God Almighty for all the blessings that I have today, for life and for his love. I would like to thank my supervisor and co-supervisor Dr Choolwe and Ms Nachizya for all the professional guidance given to me from the time of coming up with the research proposal title to the actual writing of the report am very grateful.

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LIST OF ABBREVIATIONS

ZDHS	Zambia demographic Health survey
TFR	Total Fertility Rate
MOH	Ministry of Health
HIV	Human immunodeficiency virus
AIDS	Acquired immunodeficiency syndrome
UNAIDS	Joint United Nations Programme on HIV/AIDS
FC	Female condom
CSO	Central statistical office
UNFPA	United Nations Fund for Population
WHO	World Health Organization
STI	Sexual Transmitted Infection

KEY TERMS

Conceptual Definitions

Family planning- This is the use of birth control to determine the number of children there will be in the family and when those children will be born. (Medical Dictionary, 2014)

Unintended pregnancy- this is a pregnancy that is reported to have been either unwanted or no more children was desired or miss timed pregnancy (CDC, 2006).

Knowledge- This is having specific information about a subject. (Collins English Dictionary, 2009)

Child bearing age- This is the period between a woman's between puberty and menopause. (Stedman, 2006)

Operational definition

Condom: a close fitting rubber covering that is worn by man over the penis or inserted by a woman into her vagina during sexual intercourse to prevent pregnancy or spread of sexually transmitted infections.

Beliefs: refers to set of strongly held and shared ideas about female condom.

Choices: range of family planning methods to choose from.

Contraceptive: refers to an agent used to prevent conceiving.

Culture: entire way of life.

Determinants: factors that influence an individual's choice of contraceptive method.

Poverty: refers to lack or scarcity of essential needs of life.

Female: relating to, involving, or biologically characteristic of women or girls.

Health providers competencies: refers to specific knowledge, attitudes, and skills needed to carry out a particular activity or procedure.

Family planning : refers to a voluntary decision made by an individual on appropriate number of children and child spacing.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter discusses the background of the study, statement of the problem, study justification, objectives of the study, research questions, significance of the study, conceptual framework, scope of the study and operational definitions and finally a summary of the chapter will be given.

1.1 Background of the Study

Zambia is the 30th largest country covering 290,587 square miles (752,618 square kilometres) but is not nearly as large in terms of its population. From 2019 to 2020, Zambia experienced a population growth rate of 2.93%. The current population of Zambia is 18,793,973, based on projections of the latest United Nations data. The UN estimates the July 1, 2021 population at 18,920,651. Much of Zambia's population is concentrated around Lusaka which has a population of 1,267,440. Zambia is one of the most urbanized countries in sub-Saharan Africa with 44% of the population in a few urban areas while rural areas remain sparsely populated.

The Female Condom first proposed by Lasse Hessel in mid-80s, is certified to guard against unwanted pregnancies and sexually transmitted diseases during vaginal intercourse. The distribution and availability of Female Condoms worldwide have doubled from 25 million to 50 million and 60 million units in 2007, 2010 and 2012 respectively (Kaiser, 2009). Advocacy of the Female Condom emerged in the context of growing evidence that sexual intercourse was placing women at increased risk of child bearing and sexually transmitted infections and that the nature of women's intimate relationship often rendered it difficult for them to request male condom use. For example, a study done in Malawi on the utilization of Female Condoms by women shows that Malawian women appreciate the use and utilization of the Female Condom in that it provides protection, and reduces the risk of unintended pregnancies as a core of the study (Hongyun, 2011).

The total fertility rate (TFR) in Zambia is 4.7 children per woman. The TFR is lower in urban areas (3.4 children per woman) than in rural areas (5.8 children per woman). Age-specific fertility rates

peak at age 20-24 (203 births per 1,000 women) and are lowest among women less than age 15 (3 births per 1,000 women) and those age 45-49 is 12 births per 1,000 women (ZDHS.2018).

The age at which childbearing commences has a direct influence on a woman's cumulative fertility, particularly when there is little or no contraceptive use. The earlier a woman begins childbearing, the greater her likelihood of having many children. Also, having children at too young an age can have negative repercussions for the mother's health and can put her child's health at risk (ZDHS.2018).

In 2012, Zambia committed to increasing the use of modern contraceptives among married women from 33% in that year to 58% in 2020. To operationalize the commitments made at the London Summit in 2012, the country developed the Integrated Family Planning Scale-up Plan 2013-2020 (MOH 2013).

Knowledge of contraceptive methods is nearly universal in Zambia, with more than 99% of currently married women and men age 15-49 knowing at least one method of contraception, although knowledge does not always translate into use of FP services. Obstacles that prevent adoption of FP among those who know about it include actual or feared partner/spousal, myths, rumors and misinformation about FP and fears of side effects and health concerns, in particular women and men in remote rural areas of Zambia.

Injectable (26%) are the most common method of contraception among currently married women in Zambia, followed by implants and the pill (8% each) and male condoms (3%). Among sexually active unmarried women, the most popular methods are injectable (21%), implants (9%), and male condoms 7% (zdhs.2018.). The Government of the Republic of Zambia remains the major source of modern contraceptive methods among women age 15-49 in Zambia. Modern contraceptive users are most likely to obtain their method from government health centers (65%), followed by government health posts (13%) and government hospitals (8%). However the private sector also played a bigger role distributing modern contraceptives in Zambia.

*"*Fifty years ago, the world declared that 'parents have a basic human right to determine freely and responsibly the number and the spacing of their children,' at the United Nations International Conference on Human Rights in Tehran, on 13 May 1968. Family planning is therefore not only a

human right; it is also central to women's empowerment, reducing poverty and achieving sustainable development (UNFPA, 2018).

1.2 Statement of the problem

It is almost a decade since the female condom was introduced in Zambia as the only female-initiated method that offers dual protection for STIs and pregnancy. In 2010, the United Nation Population Fund (UNPFA) provided 840 million male condoms and 9.8 million female condoms, mostly to sub-Saharan Africa (United Nations Population Fund [UNFPA] 2011). According to Lusaka District Health Office Action Plan (2012-2015), the use of condoms was placed at 10% as the target for all women in the reproductive age, 5% for female condom use and the other 5% for male condom use but according to the actual usage, male condom use is above 5% and usage for female condoms is less than 1%, And the ministry of health in collaboration with district health offices and other stake holders is working hard to ensure the massage or knowledge concerning the use of female condoms reach the women who need of child spacing, therefore this study will help in identifying gaps that contribute to the low uptake of female condoms.

However, health care providers at Nabbanda have known about female condom for a long time, but use of this option remains at zero, as proven by the statistics of 2019, 2020 and 2021 on family planning attendance; as shown in table1.1 below.

Table 1.1: Family Planning utilization for years 2019, 2020, and 2021

Year	Female condom	Male condom	Oral Contraceptives	Progesterone Pills	Medroxy-Progestrone Injection	Emergency Contraceptives	Total
2019	*0*	*40*	*80*	*16*	*201*	*0*	*337*
2020	*0*	*110*	*120*	*22*	*403*	*0*	*655*
2021	*0*	*125*	*132*	*28*	*399*	*0*	*684*

Source: (Nabbanda Statistics2019, 2020 and 2021).

The above information implies that the issue of family planning and subsequently the use of female condoms have been missed. The factors that influence utilization patterns are as yet poorly understood. This area of research has not been given much attention within the Chirundu context

to date, there are no reports existing as to why the utilization of female condoms is poor. This information dictates a need for this research to be proposed to assess factors that associated with poor utilization of female condoms in Chirundu.

The research will look specifically at the factors associated with low utilization of female condom and the role these play in determining the usage of female condoms. Female condoms are there in government facilities and Nabbanda health post inclusive. At Nabbanda health post, the female condom in stock is the Diva type.

1.2.1 Probable causes of non- utilization of female condoms

The factors influencing non utilization are categorized into personal factors, socio-cultural factors and service related factors.

a) Socio-economic

Women of low socio-economic status may not decide on the use of the female condom because they depend on their spouses to decide on which type of family planning and when to use it. Therefore, if the husband says no to female condom the woman is expected to comply in order to save her marriage**.** Low socio-economy also impacts negatively on couples who may be willing to use the female condom but cannot afford to buy it from retail shops once there is stock out in public institutions.

b) Myths and misconceptions

Some women shun away from the use of the female condom because they believe that it is not convenient to use as it requires insertion for a long period before coitus, reduces sexual feelings, makes noise during sex, and causes hypersensitivity reaction to allergic women. It is also believed that it increases the risk of infection during insertion.

c) Service Related Factors

Health providers' competences - Health service providers play an important role in the provision of information on family planning and their expertise is essential for dissemination of appropriate information on female condoms. Many people can learn to inform and advise people about family

planning and many people can provide family planning services, but specific training can help these people provide a better service.

Attitude of health providers -The health provider's attitude towards their clients or work can greatly affect their ability to deliver a quality service to clients. Poor attitude of health provider may stem from pressure of work resulting from inadequate numbers of trained staff, non-availability of supplies or sometimes due to the inadequacies in the training.

Level of Education-A woman's educational level has a strong impact on the knowledge of family planning; therefore, women who have attained higher level of education are likely to have knowledge on female condoms, while women with low educational level do not know the importance of female condom and do not bother to find out information about it.

d) Socio-Cultural Factors

Cultural - Culture is the non-biological or social aspect of human life, basically anything that is learned by human is part of culture, (Ryan et al, 2010). Women of child bearing age tend to believe in cultural practices such as seeds of a pawpaw fruit in order to prevent unwanted pregnancies.

Religious - Religion is a unified system of beliefs and practices related to sacred things, (Scott, 2006). Christianity is one of the religions in Zambia comprising of different denominations which have different views on family planning. For example, the Zionists do not believe in any form of scientific medical intervention including family planning, hence influencing women's knowledge of emergency contraceptives.

e) Effects of non-utilisation

The effects of non-utilisation of female condom are that the incidence of unwanted pregnancy will increase in communities leading to poor productivity in the country because many women will be busy taking care of their children at home and not working hence the family and the community at large will have economic challenges, another effect is the increase of unsafe abortions and poor child spacing which can lead to high levels of malnutrition in the community and the country at large and According to estimates by the United Nations Population Fund (UNFPA), about 42.9% of the pregnancies each year are unintended. Over 99 % of these deaths occur in developing countries and Zambia is not exceptional. For every woman or girl who dies as a result of

pregnancy-related causes, between 20 and 30 more will develop short-and long-term disabilities such as obstetric fistula, ruptured uterus or pelvic infection.

1.3 Justification

At the joint United Nations Programme on HIV/AIDS (UNAIDS) Global Report shows that sub-Saharan Africa accounts for 66% of the global total of new HIV infections and Women account for more than half the total number of people with HIV (UNAIDS, 2015). In 2010, the United Nation Population Fund (UNPFA) provided 840 million male condoms and 9.8 million female condoms, mostly to sub-Saharan Africa (United Nations Population Fund [UNFPA] 2011). According to Lusaka District Health Office Action Plan (2012-2015), the use of condoms was placed at 10% as the target for all women in the reproductive age, 5% for female condom use and the other 5% for male condom use but according to the actual usage, male condom use is above 5% and usage for female condoms is less than 1%,Which prompted the researcher to carry out a study focused on determining the factors contributing to low utilization of female condoms as a way of family planning at Nabbanda health post clinic.

If Zambia was to improve the access to contraception many young women would obtain at least some college education and more college educated women would advance their professional degrees (SUFP, 2013). A lot of girls leave school due to being pregnant in Zambia. This has long-term implications for them as individuals, their families and communities. Additionally, babies born to adolescents have higher rates of neonatal mortality due to pre-term or low birth weight (WHO, 2013). Adolescent and unplanned pregnancies also increase the cases of unsafe abortions which in turn increases maternal mortality ratio. This is the number of women who die during pregnancy and child birth. The Zambian maternal mortality ratio in 2010 was 440:100 000 live births (World Bank, 2012). Hence important to carry out this study that can identify the gaps that inhibit women and improve on the wellbeing of young women and women of child bearing so that abortions and unwanted pregnancies can be avoided at Nabbanda clinic.

1.4 Objectives

1.4.1 General objectives

1. To investigate factors that influence utilization of Female Condom as a birth control method among women at Nabbanda clinic Chirundu, Zambia.

1.4.2 Specific objectives

1. To determine if service delivery has an effect on utilization of female condom as a method of family planning.
2. To determine socio cultural factors associated with utilization of female condom as a family planning method in Nabbanda.
3. To investigate if socio-economic factors have influence on client's utilization of female Condom as a family planning method in Nabbanda
4. To examine the level of knowledge of female condom by women of child bearing age in Chirundu.

1.5 research questions

1. What are the myths and misconceptions associated with female condom use?
2. What is the level of knowledge of Nabbanda residents on female condoms and their use?
3. What is the level of utilization of female condoms by Nabbanda residents?
4. How is the delivery service by the health personnel at Nabbanda health center?

1.6 significance of the study

There may be no immediate or direct benefits for you upon conducting the research. But later, because it will be from the collected information which will help the government to put up measures of enhancing utilisation of female condoms use among women 15-49 years, this is important as it will help in preventing unintended pregnancies.

1.7 conceptual frameworks

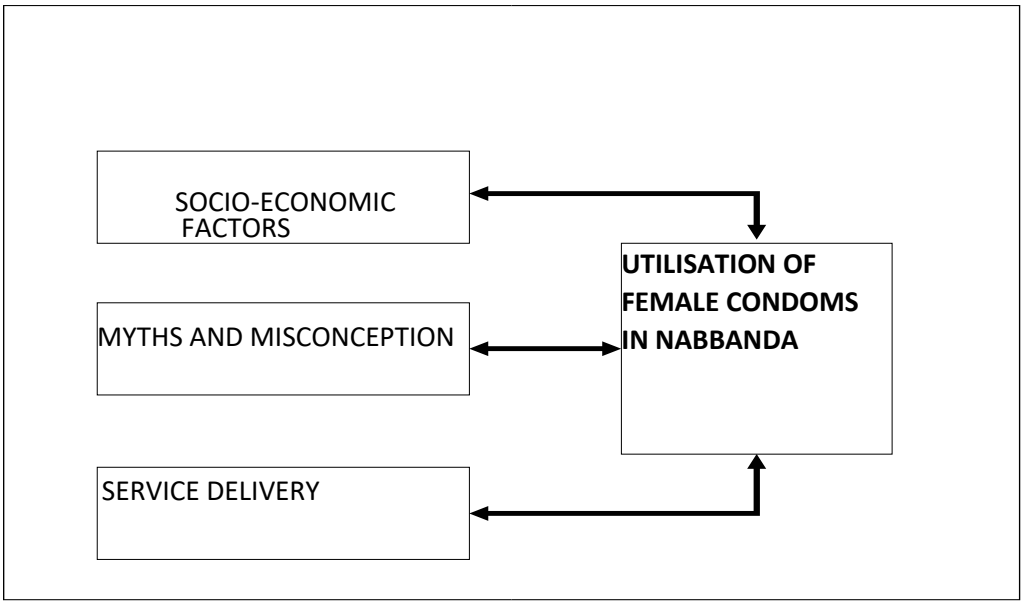

Table 2.1: Conceptual frameworks

Conceptual framework showing the dependent and independent variables of the study of utilization of female condoms (Isaac Kabwela, 2021

Figure 2.1 above clearly illustrates various factors influencing the utilization of Female Condom use as drawn from findings of different studies globally. More specific to the application of the conceptual framework above in this study, the dependent variable picked out is the utilization of Female Condom use. In view of the aforementioned, the conceptual framework brings to light independent variables such as Social economic status, Myths and misconceptions and knowledge level, the conceptual frame work above clearly indicates that the study seeks to address issues patterning to the low utilization of female condoms among the residents of Nabbanda, chirundu, Zambia. And further more independent variables mentioned above have been used to formulate objectives and questions on female condom utilization.

1.8 Scope of the study

The research study is aimed at finding factors that contribute to low utilisation of female condom as birth control method in Nabbanda village among women aged 15-49 who attends clinic at nabbanda clinic in Nabbanda village of chirundu town, All women aged 15-49 who attend clinic

at Nabbanda are all invited to participate in the study and Its the choice of the participant whether to participate or not therefore participation in this study is entirely voluntary. Whether the participant chooses to participate or not, services at the clinic will continue. There are no risks attached to this study as there will be no direct contact with other than the use of questionnaires, therefore, you may decline to answer any or all questions and you may terminate your involvement at any time you choose and the duration for this study is one year.

a) Definition of variables

Utilization of female condom will be rated according to how many questions one answers on utilization.

Variables and the cut-off point

VARIABLES: An attribute or characteristic that can have more than one value. (Basavanthappa, 2007)

Independent Variable- The variable that is purposely manipulated or changed by the researcher (Basavanthappa, 2007)

Dependent Variable – The variable that changes as the independent variable is manipulated by the researcher (Basavanthappa, 2007).

Table 3.1: Variables and Cut- Off Point

Dependent Variable	**Indicators**	**Cut off points**	**Question No.**
Utilisation of female condom	High	Score above 4 out of 6 questions on utilisation	7-12
	Moderate	Score between 2 and 4 out of 6 questions on utilisation	7-12

	Low	Score below 2 out of 6 questions on utilisation.	7-12
Independent variable			
Knowledge	High	Score above 5 out of 6 questions on knowledge.	13-18
	Moderate	Score between 3 and 5 out of 6 questions on knowledge	13-18
	Low	Score below 2 out of 6 questions on knowledge.	13-18
Myths and misconceptions		Score above 5 out of 6 questions on myths and misconception.	
	High		19-24
	Moderate	Score between 3 and 5 out of 6 questions on myths and misconception.	19-24

	Low	Score below 2 out of 6 questions on myths and misconception.	19-24
Service Delivery	High	Score above 3 out of 4 questions on Service delivery.	**25-28**
	Moderate	Score between 2 and 1 out of 4 questions on Service delivery.	**25-28**
	Low	Score below 2 out of 4 questions on Service delivery.	**25-28**

1.9 Summary of chapter one

This chapter covered the background of the study, the statement of the problem, the purpose of the study, the objectives of the study, research questions, and significance of the study, the limitation and finally the definition of key terms.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter has provide and discuss the literature review which is related to the study, and will be reviewed by the researchers on the utilization of female condoms on women of child bearing age, the overall purpose of a literature review "is to develop a knowledge base for the conduct of research" (Haber, 2002). More efforts are being done to improve the low perception exhibited towards the use of female condoms and the low perceived confidence to its utilization. This would help to transfer the decision making and control to women thus contributing to their empowerment and increased protection from unplanned pregnancies and sexually transmitted diseases (obembe et al, 2017). The researcher will therefore, in this chapter, use the following themes to search for relevant literature: the utilization of female condom use by women of child bearing age (15-49 years).

2.1 Overview of female condoms

The Female Condom first proposed by Lasse Hessel in mid-80s, is certified to guard against unwanted pregnancies and sexually transmitted diseases during vaginal intercourse. The distribution and availability of Female Condoms worldwide have doubled from 25 million to 50 million and 60 million units in 2007, 2010 and 2012 respectively (Kaiser, 2009). Advocacy of the Female Condom emerged in the context of growing evidence that sexual intercourse was placing women at increased risk of child bearing and sexually transmitted infections and that the nature of women's intimate relationship often rendered it difficult for them to request male condom use. For example, a study done in Malawi on the utilization of Female Condoms by women shows that Malawian women appreciate the use and utilization of the Female Condom in that it provides protection, and reduces the risk of unintended pregnancies as a core of the study (Hongyun, 2011).

2.2 Need for Utilisation

The female condom plays a significant role in family planning and fight against HIV. There has been a growing demand from women for the female condom but surprisingly the usage is still on the low side, that is, less than 40% (Adhanom, 2015). Those women privileged to receive information and counselling and also those who learn to use the female condom can protect themselves even when their partners refuse to use a male condom (peter, 2006). The female condom when used properly and consistently is associated with 94-97% reduction in the risk of HIV transmission. This is supported by the fact that its use is controlled by the woman and that it can be inserted several hours before intercourse (Beksinska, 2006).

Most of these deaths and some disabilities can be prevented with cost-effective health care services such as the use of female condom. Family planning has become increasingly important on the agenda of developing countries, including Zambia. It is a key component of reproductive health and one of the most effective interventions for the attainment of the high level of reproductive health. It plays a major role in the reduction of maternal and infant mortality. In Zambia, family planning activities were started as early as the 1960s. Therefore for Zambia and other developing countries to fully reduce maternal and neonatal deaths needs to fully utilise the use of female condom.

2.3 Utilization towards female condoms

National survey data from the United States of America supported a handful of cross-sectional studies that demonstrated low or current use of Female Condoms in the general population. Additionally, Female Condom use among Female Sex Workers was more common, with ever-use prevalence ranging from 5% in the United States of America to 33% in Mexico. Notably, trends in uptake based on demographic variables were inconsistent between countries, and no strong association was apparent between awareness and ever use for 10 22 countries where both national datasets were available, although no formal statistical tests of associations were undertaken. An analysis of Jamaica national survey data identified significant associations only with older age and living in a particular province. Interestingly, many variables were associated with high knowledge prevalence but low use, or vice versa (Teitelman, 2012). And this study tends to investigate factors that influence to low uptake of female condoms.

(Bowling et al 2018) Female condom acceptability in urban India: Examining the role of sexual pleasure. The qualitative study examined the acceptability of female condoms in urban India, with a focus on sexual pleasure. Focus group discussions were conducted with 50 women and 19 men, as well as a small number of individual interviews with women (n=3), in Chennai and New Delhi. Perceived benefits of female condoms included protection against unintended pregnancy and sexually transmitted infections, increased sense of empowerment for women, and simple clean up. The most common drawback was reduced sensation. Participants suggested structural changes to the female condom to ease insertion and use. Consent and privacy were discussed as increasing sexual pleasure. Pleasure should be acknowledged in design and education efforts to increase female condom use. The study focused more on sexual pleasure and did not focus on other factors such as the socio-economic, cultural factors that this study will focus on.

A randomized controlled trial of 409 women, recruited from family planning clinics in northern California, who were randomly assigned to the experimental 4-session female condom skills training intervention or the comparison 4-session women's general health promotion intervention and in which participants received condom use instructions at baseline and male and female condoms during the study established that at 3 and 6 months, women in the experimental group were more likely than those in the comparison group to have used the female condom at least once in the prior 3 months. The increase in the percentage of sexual acts protected by female condoms from baseline to the 6-month follow-up was greater for the experimental group. The percentage of sexual acts during which any condom was employed was higher in the experimental group at 6 months. There were no group differences in male condom use. Outcomes suggest that skills training can increase female condom use and protected sexual acts without reducing male condom use among women (Kyung-Hee *et al,* 2008). There is a difference in this study with the current one, since for the previous study they were trying to assess practices using Randomized controlled trial but this study is focused on factors which influences low utilisation of female condoms using the cross-sectional design.

A study associated with Acceptability of the Female Condom by Sub-Saharan Africa Women (Peters et al 2014). Through a literature review we analyzed empirical studies done between 2003 and 2013 and compared the extent to which female condoms were acceptable among women in sub-Saharan Africa. We found that acceptability was defined in different ways, along the line of

two types of studies: intervention and non-intervention studies. The intervention studies defined acceptability as women who agreed to use the female condom several times. The non-intervention studies which were not linked to specific interventions, operationalized acceptability in terms of women who liked the female condom, not necessarily based on practical experience or use. Intervention studies led to a high proportion of women using the technology, rating the experiences as satisfactory, although recommending technical improvements. In contrast, non-intervention studies showed low use due to non-acceptability mixed with reasons of unfamiliarity, unavailability or unaffordability. We concluded that women in sub-Saharan Africa accepted the use of the female condom when potential users were given access to the device, and exposed to interventions which supported the use of a female condom (Afr J Reprod Health 2014; 18[4]: 34-44). There is a gap in this study in that, it talked about the region as a whole and not Zambia only, therefore, due to differences in statistics and culture the outcome may differ to that of a Zambian setup. Hence, the current study looks at the prevailing situation in Zambia.

A study associated with Female condom acceptability among young women in Botswana (Mokgetse et al 2015), Correct and consistent use of female condom is an effective strategy for the reduction of unintended pregnancy and sexually transmitted infections including HIV/AIDS. The researcher used a non-experimental descriptive quantitative research design to explore the acceptability of female condom among young women aged between 15 and 34 years of age in Jwaneng Township, Botswana. Simple random sampling was used to recruit the respondents. Data were collected using self-administered structured questionnaires from women accessing health care services in the three health facilities in Jwaneng Township. Data was analyzed using the SPSS statistical program version 23 for windows. The findings show low utilization of the female condom. The study highlights the significant challenges regarding availability, shape, material and lack of information about female condom in Jwaneng. Based on the study results, various strategies need to be developed, there might be a need to package health promotion differently for different age groups to effectively promote the female condom. The study above looked at the acceptability of female condoms use among young women and in its findings, the study highlights the challenges such as availability of condoms and knowledge gap which the researcher feels might have different findings in Zambia, the other difference is that they used a quantitative design but this study will use the qualitative design.

(Ananga et al. 2017) a cross sectional survey was done in Ghana on knowledge of female condom use among women and the perceptions and attitudes towards condom use can contribute to its uptake as an important public health strategy for HIV prevention in Ghana. However, there is a dearth of empirical evidence in this area of public health research to inform interventions. This study seeks to examine women's knowledge, acceptance and utilization of the female condom and factors that influence its acceptance and utilization, A descriptive cross-sectional survey design was used and a total of 380 females between the ages of 15 and 49 years were sampled from the Hohoe Municipality of the Volta Region, Ghana. A self-administered structured questionnaire measuring the study variables was used, and frequencies, percentages and Chi Square tests were used to analyse the data the findings showed that there is low level of female condom use among the women as less than half (48.4%) of the sample were aware of the female condom. It was further observed that 21.1, 21.8 and 11.1% of the sample reported friends, media and a public lecture as their sources of knowledge of the female condom respectively. It was also observed that there is a low level of female condom acceptance and utilization, and also limited access to the female condom from nearby shops/pharmacies (1.8%) and health centers (7.4%). According to the research findings there is a generally low level of female condom awareness, knowledge, acceptance and utilization and therefore, there is the need for increased public education on the female condom and its benefits to women in preventing unwanted pregnancies and sexually transmitted diseases (STDs), on the other hand the research didn't consider the socio-economic status and cultural factor which this study will focus on.

Chipfuwa et al (2014) found among Zimbabwean women of reproductive age, that knowledge of the female condom was low (36.3%). Evidence suggests that there is generally a low level of knowledge about the female condom, as the same study further revealed that unavailability of the female condom and partner refusal were the key determinants of use. These results are supported by findings from a review of studies on female condom knowledge, acceptance and usage that male partner objection was the most commonly cited factor preventing initial and continued use of the female condom (Van Dijk MG at el 2013), this study has never been done in Zambia and I feel the findings might be different for Zambia because the female condoms are readily available in Zambia but still the uptake is low hence needs to do this research in Zambia.

A study was done which included 255 women and 220 men who were sexually active, HIV-positive, and attending HIV care visits in Lilongwe, Malawi to determine factors associated with condom use among men and women, and the findings demonstrate ongoing low condom utilization among HIV-positive individuals, and highlight that ART and contraceptive use do not deter condom use. Efforts to increase condom utilization must recognize individual-level factors that influence use and should focus on relationship dynamics and promotion of empowerment and self-efficacy (Haddad LB, Tang JH, Krashin J, *et al, 2017*).

According to the National Health Strategic plan (NHSP, 2017 to 2021) the Contraceptive Prevalence Rate (CPR) for modern methods is 42% (urban) and 28% (rural). The Total Fertility Rate (TFR) in Zambia stands at 5.3 births per woman of reproductive age, which is a higher rate than most countries in the east and southern African region Zambia is also characterized by a high unmet need for family planning. 27% of all married women report having an unmet need of family planning, meaning that the woman is not using contraceptives and is at risk of having unwanted pregnancy.

The united states agency for international development (USAID) representatives, the Zambian ministry of health, PSI, partner non-governmental organizations and leading health practitioners attended the product launch event of female condom (maximum diva) held march 19, at East park Mall in Lusaka, Zambia. It was aimed at promoting the female condom as a new option in Zambia of protecting against unintended pregnancies and sexually infections (Cooley, 2014).According to the Zambia demographic health survey (ZDHS, 2018) Injectables (26%) are the most common method of contraception among currently married women in Zambia, followed by implants and the pill (8% each) and male condoms (3%). Among sexually active unmarried women, the most popular methods are Injectables (21%), implants (9%), and male condoms (7%) this shows that the uptake of female condoms in Zambia is zero and this study tends to find out why.

2.4 Summary of chapter two

Female condoms have a potential to offer women an important option for fertility control and the literature review has shown that studies which have been done at global level, sub–Saharan Africa region and at national level has shown that there is low utilization of female condoms despite an increase in the availability of female condoms in the past which when utilized can prevent

unplanned pregnancies as well as HIV transmission, Therefore, there is need to carry out this study to explore factors that limit uptake of female condoms, which can eventually improve uptake of female condoms hence reducing unplanned pregnancies, unsafe abortions and reduce transmission of HIV in Nabbanda.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

Schwardt (2007:195) defines research methodology as a theory of how an inquiry should proceed. It involves analysis of the assumptions, principles and procedures in a particular approach to inquiry. This chapter contains the research design, study site, study population, study sample, sampling techniques, data collection instrument, data analysis instrument and procedure, ethical consideration and limitation. Finally a summary is given at the end.

3.1 Research design

The study used is a qualitative design to help in data analysis from a population of women aged 15-49 years attending clinic at Nabbanda health center as a representative subset of Nabbanda compound, this design was used because it allowed the respondents to express themselves and use of any language they were comfortable with, without any restriction.

3.2 Study site and target population

The study was conducted in Nabbanda Compound located 45 km South West of Chirundu district of the republic of Zambia. The study involved women aged 15-49 years representing 55% of Nabbanda population attending clinic at Nabbanda clinic in Nabbanda compound. The study area is located along bottom Road on the south west of Chirundu town; the major sources of livelihood in Nabbanda include cattle keeping, charcoal burning and farming. The key infrastructure includes at least a government health post and one government primary school, will focus on this site because people are crusted around this features.

Nabbanda clinic has a catchment population of 1200 according to (head count, 2020).the main target for this study are the women of reproductive age between 15 and 49 years who attend clinic at Nabbanda rural health post and are residents of Nabbanda village.

3.3 Study sample

The sample size typically refers to the number of sample units or individuals selected for data collection (Lavraskas, P.J. 2008). However, in this study the size of population is 1200 according to (head count, 2020) but the study is interested in women of reproductive age which is 22% (264) of 1200.

Computing using slovin's formula. n= N/1+Ne^2Where n is the sample size, N is the population size and e is the margin of error to be decided by the researcher.

n= sample size been calculated

N= 264

e= 0.05

n= N/1+Ne^2

n=264 /1+264(0.05) ^2

n= 264/1.66

n= 159

3.4 Sampling techniques

This is the section that constitutes factors that determines the eligibility of participants to take part in the study. The study included respondents that are between the age of 15 and 49, who are sexually active, and living in Nabbanda village and excludes the following: did not consent, not sexually active, below 15, above 49, not residents of Nabbanda village, additionally only female residents will participate in the study with the exclusion of Health care workers.

3.5 Data collection instrument

In this study, data collection focused on primary and secondary data, questionnaire was used to collect primary data as its simple effective to use.to collect secondary data the questionnaire had both open and closed questions which enabled the researcher to collect secondary data properly.

In this study; interview method was also be used to collect data which enabled us consistence in data collection.

3.6 Data analysis instrument and procedure

Qualitative data was analyzed thematically (manually).

3.7 Ethical consideration

Before the research is carried out, Permission from Chirundu District Health Office and Nabbanda Clinic will be obtained, then a written consent will be produced which will then be distributed to each respondent after which the rationale of the study had been explained to them. Those respondents, who want to pull out of the study even after consenting, will be allowed to do so. Respondents are assured of anonymity and confidentiality such that after data collection, the questionnaires will be kept under lock and key for security and confidentiality by ensuring that codes are used instead of names.

3.8 Limitation

The researcher faces resistance on the willingness of the respondents to give out information, for some of the questions border on culture and religion. Since the project is only for academic purpose, and not funded by anybody but funded by myself, I faced some challenges of finances.

3.9 Summary of Chapter Three

This chapter talked about the research design, population, and the sample population, sampling procedures, data collection procedure, data analysis and ethical issues. In the chapter it was identified that the research has used a qualitative design, which interviews, observation and open ended questionnaires have been used because they are best fitted with the type of research undertaken. The population was in southern province in Nabbanda and the participants were the resident women of nabbanda who are between 15-49 years of age. The researcher went on to assure the participants of the confidentiality clause and ensure that all participants were willing participants and the researcher acquired a permit to do all this as per law in Zambia.

CHAPTER FOUR

PRESENTATION OF RESEARCH FINDINGS

4.0 Introduction

This chapter presents the findings and discussions on the research results as per information collected from the Nabbanda respondents. This thesis presents the results from the qualitative study using four (4) main themes which include knowledge, utilization, service delivery and myths and misconceptions and finally a conclusion drawn from the findings.

4.1 Demographic Information

According to the study results, it was found that 78% of the participants were aged between 15 to 38 years while 22% were aged 39 to 49 years. Of the 256 total number of participants majority indicated that they had children in the range of 1 to 3 which represented 59% while the other participants represented 41% with children in the range of 4 and above. The study also looked at the education levels of the research respondents and the results were such that, 60.5% represented primary education level, 19.5% represented secondary level and the remaining 20% represented those who have never gone to school. While 82% represented those married and 18% represented those single. Finally 84% represented Christianity while 16% African traditional believers.

4.2 Knowledge

4.2.1 Adequate information on the female condom and its use is not readily available

To assess the knowledge, the participants were asked if they had ever seen or heard of the female condom, and the sources of first information regarding the female condom. According to the responds they felt there is inadequate information on the female condoms and how it can be used. Majority of the respondents felt that unlike male condoms, information on female condoms is not really available and many had difficulties in providing much information about the female condom.

Additionally majority of the respondents heard of the female condoms from their friends while the rest the respondents heard of it from health care workers. When asked to explain what they understand by the term female condoms the popular and common answer is given below:

"I think it's a condom for females, that females are the ones that wear it"

Consequently when asked of how best the information on female condoms can be offered the respondents felt that is need for promotion of female condoms. This just showed that the level of knowledge of the Nabbanda residents on the female condom is low.

4.2.2 Lack of proper female condom promotion

From the findings it was found that the respondents felt that there is lack of proper promotion of female condoms unlike the male condoms. Majority of the respondents felt that it hinders them from trying to use it and even knowing how to use it. This can be seen in the response given by responds when asked oh how affordable the female condoms are in their area, the common responses are given below:

"I don't know",

"Am not sure"

"Do they even sell those here in our area?"

4.3 Utilization

4.3.1 Unavailability

When asked if there are female condoms in Chirundu, the majority of respondents were not sure if they were any but many felt there might be some at the clinic. The common answer was "Am not sure maybe yes at the clinic though they are not found in shops around here" while a few others said they got them from the clinic in the area but where not sure if they were still available.

4.3.2 Preference of male condom use

According to the research result, it was learnt by the researcher that many of the respondents prefer using male condoms as compared to female condoms. They felt that male condoms are easily available and can be given to them for free.

4.3.3 Power play between men and women in a relationship

It was reported by many respondents that they don't use a female condom because they often have little control over whether a man uses a traditional condom or not. In many situations, having sex without a condom and if they agree to wear a condom then then they prefer the male condom mainly because it is available and majority of men often have one with them at all times while the others prefer either injectable contraceptive because they prefer having sex without a condom. Often at times women are reluctant or unable to say no to sex if the man refuses to wear a condom.

4.3.4 Insertion of the female condom is a hassle and it looks weird

According to the respondents, wearing a female condom involve s a lot of work and they think it looks unattractive and it usually takes them time to put on and there is a general fear that it might slip out and risk them getting pregnant hence why they prefer injectable contraceptives and male condoms.

A few of the respondents said they found it difficult to insert the condom especially having to squeeze the inner ring of the condom and being able to hold it firmly in order to insert it properly.

4.4 Service Delivery

4.4.1 Inability to open up to health care workers

From the respondents it was noted that many are not free enough to ask the health care workers for female condoms especially since many don't know much about them, they are not sure if they available and they prefer offer methods of contraception.

When asked if there were any practices at the health facility that hindered the respondents from accessing female condoms the general answer was no.

4.4.2 Lack of places that offer or sell female condoms

Respondents did not know if there were any other places that sold female condoms apart from the when asked if there are other facilities that provide female condoms the common answer was “no”. The other respondents tried of think of places but still came up with nothing hence some giving answers like “maybe” and “I don’t know”.

4.5 Myths and Misconceptions

4.5.1 Belief that using a condom reduces intimacy with their partner

From the research a common myth and misconception was that many respondents believed that using condoms reduce intimacy with their partner. Some respondents referred using injectable or other means of contraception instead of a condom.

When asked whether female condoms cause cervical cancer majority said they don’t know while others said no. When asked if it makes noise during sex the answers was I don’t know while others said maybe and a few said no it does not. When asked if female condom used is a taboo the general answer was no.

CHAPTER FIVE

DICUSSION OF FINDINGS

5.0 Introduction

This chapter will discuss the finding of the research. The major findings are discussed under the headings derived from the research questions. This is meant to provide adequate answers to the objectives and realize the purpose of this study.

5.1 Demographic Information

The study includes a sample size of 256 female participants. According to the study results, it was found that 78% of the participants were aged between 15 to 38 years while 22% were aged 39 to 49 years. Of the 256 total number of participants majority indicated that they had children in the range of 1 to 3 which represented 59% while the other participants represented 41% with children in the range of 4 and above. The study also looked at the education levels of the research respondents and the results were such that, 60.5% represented primary education level, 19.5% represented secondary level and the remaining 20% represented those who have never gone to school. While 82% represented those married and 18% represented those single. Finally 84% represented Christianity while 16% African traditional believers.

5.2 Knowledge

5.2.1 Adequate information on the female condom and its use is not readily available

According to the responds they felt there is inadequate information on the female condoms and how it can be used. Majority of the respondents felt that unlike male condoms, information on female condoms is not really available and many had difficulties in providing much information about the female condom. The respondents heard of the female condoms from their friends while the rest the respondents heard of it from health care workers.

The fact that the respondents heard the information from their friends who in turn also lack proper information about the female condom makes it quiet difficult for them to use it adequately. They say education and information is power and without which much cannot be done which in this case

has proven true from how lacking the residents are in information on female condom and its use. If proper information on the female condom is given and readily available this can motivate the women to use it as they will know its advantages and how if used proper can actually give them more power to make decisions involving their sexual and reproductive life. This can be seen and proven from a research from Bankole (2000) using data from the 2004 National adolescent Survey among 12-19 year old females in Burkina Faso, Ghana, Malawi and Uganda, that shows being exposed to condom use exhibition, age, sex education, exposure to mass media and education were found to be important in the decision to use condoms.

5.2.2 Lack of proper female condom promotion

Just like the first point on lack of proper information on the female condom, the respondents felt that there is lack of proper promotion of female condoms unlike the male condoms. Majority of the respondents felt that it hinders them from trying to use it and even knowing how to use it.

Though there is some level of knowledge on the information given by the respondents on what they think a female condom shows that is theoretical knowledge among most of the women who have knowledge or have heard of the female condom. Most of the women had no practical experience of the female condom. It is very important to ensure that adequate information on female is given and for the residents of Nabbanda to know how to use them if they are to be well utilized. It cannot be over emphasized that those women privileged to receive information and counselling and also those who learn to use the female condom can protect themselves even when their partners refuse to use a male condom (peter, 2006).

The fact that these residents are not even sure of where to find one just proves how their level of knowledge on female condoms is and justifies there need to advocate for proper promotion of female condoms. For example, a study done in Malawi on the utilization of Female Condoms by women shows that Malawian women appreciate the use and utilization of the Female Condom in that it provides protection, and reduces the risk of unintended pregnancies as a core of the study (Hongyun, 2011).

5.3 Utilization

5.3.1 Unavailability

When asked if there are female condoms in Chirundu, the majority of respondents were not sure if they were any but many felt there might be some at the clinic. The common answer was “Am not sure maybe yes at the clinic though they are not found in shops around here”.

How can the residents utilize a product that is not available? That is the question here, unlike the male condom and other forms of contraception the female condom is not only unpopular but unavailable. The unpopularity of the female condom makes it impossible for the shop keepers to have them in their shops to sell, hence them being unavailable. There are some residents that prefer going to buy condoms from shops instead of clinics due to either them living far from the clinic or just not being uncomfortable enough to ask for one. Chipfuwa et al (2014) in a study on Zimbabwean women of reproductive age found that among others unavailability of the female condom is one of the reasons why it is not well utilized.

5.3.2 Preference of male condom use

According to the research result, it was learnt by the researcher that many of the respondents prefer using male condoms as compared to female condoms. They felt that male condoms are easily available and can be given to them for free.

Unlike female condoms, male condoms have been around for decades and have been promoted and subsidized by governments since the 1980s. People are aware of male condoms and look for them online. For female condoms to become as successful as male condoms via e-commerce, product awareness must increase significantly. Additionally there is a belief that it is the best cause it is wrapped around the penis and has a better chance of preventing pregnancy.

The preference of male condoms has been a factor that hinders female condom use as can be seen from research done by Lusaka District Health Office Action Plan (2012-2015), where the actual usage of the male condom use is above 5% while usage for female condoms is less than 1%.

5.3.3 Power play between men and women in a relationship

It was reported by many respondents that they don't use a female condom because they often have little control over whether a man uses a traditional condom or not. In many situations, having sex without a condom and if they agree to wear a condom then then they prefer the male condom mainly because it is available and majority of men often have one with them at all times while the others prefer either injectable contraceptive because they prefer having sex without a condom. Often at times women are reluctant or unable to say no to sex if the man refuses to wear a condom.

Agha et al (2006) points out in their multi-country study in eight countries in sub-Saharan Africa that, trusting among partners influenced the decision to use Female Condoms during sexual intercourse. The study stressed the need to incorporate behaviour change campaigns encouraging sexually active men and women to adequately address their personal risk of acquiring HIV (Makuyana, 2014).

Additionally, the research also asked having pointed out that male dominance had negatively influenced women's participation therein and further reduced women's decision-making influence and capacity to choose the method of contraception used. Reduced the levels and chances of women's participation in the making a choice of whether to use the female condom or a more available and affordable male condom because of the high levels of male influence resulting from their dominance (Van Dijk MG at el 2013). Thus, the results of this study confirmed that argument put by Ogbonna et al., (2014) that, in many societies, women were viewed as subordinate to men and have a lower social status, allowing men control over, and greater decision-making power than women.

5.3.4 Insertion of the female condom is a hassle and it looks weird

According to the respondents, wearing a female condom involve s a lot of work and they think it looks unattractive and it usually takes them time to put on and there is a general fear that it might slip out and risk them getting pregnant hence why they prefer injectable contraceptives and male condoms.

The fact that the male condom is easily put on while a female involves one trying to find a good position to try and insert it and that too there is a possibility it might not be well inserted has made

it be underutilized as compared to male condoms and injectable contraceptives which is the most used form of contraceptive in Nabbanda. This can be attested to by looking at research done by Zambia demographic health survey (ZDHS, 2018) that reviewed that the most common method of contraception currently among married women in Zambia is injectable at (26%). Additionally not only is the packet too big as stated by the respondents that have used it but also looks weird once you are trying to insert it.

5.4 Service Delivery

5.4.1 Inability to open up to health care workers

From the respondents it was noted that many are not free enough to ask the health care workers for female condoms especially since many don't know much about them, they are not sure if they available and they prefer other methods of contraception.

Furthermore, when asked if there were any practices at the health facility that hindered the respondents from accessing female condoms the general answer was no. So this study answered the question of whether there were any practices be it cultural or otherwise that hindered the residents from accessing and using female condoms.

According to Schuster et al (1988).Good healthcare quality means "providing patients with appropriate services in a technically competent manner, with good communication, shared decision making and cultural sensitivity". If the female condoms are to utilized these is need for a healthy relationship between the health personnel and the patients, if the patients are not free to talk to the health personnel then this an cause major setbacks as they will not be able to ask for services like accessing these condoms, or asking where else they can be found, how they work and their importance.

5.4.2 Lack of places that offer or sell female condoms

Respondents did not know if there were any other places that sold female condoms apart from the when asked if there are other facilities that provide female condoms the common answer was "no". It is important to note that not knowing where to get these products hinders the residents from

using them. There is need to provide more ways of accessing these products not just from the local clinic but also other places like saloons.

5.5 Myths and Misconceptions

5.5.1 Belief that using a condom reduces intimacy with their partner

From the research a common myth and misconception was that many respondents believed that using condoms reduce intimacy with their partner. Some respondents referred using injectable or other means of contraception instead of a condom.

When asked whether female condoms cause cervical cancer majority said they don't know while others said no. When asked if it makes noise during sex the answers was I don't know while others said maybe and a few said no it does not. When asked if female condom used is a taboo the general answer was no.

CHAPTER SIX

RECOMMENDATIONS AND CONCLUSION

6.0 Introduction

This chapter presents the conclusion of the research and further gives recommendations to the study. It will thus be broken into two sections; one indicating the conclusion and the other recommendations.

6.1 Conclusion

In conclusion, this study aimed at exploring the factors associated with low utilization of female condoms as a birth control method among women of reproductive age (15 – 49 years) in Nabbanda, Chirundu district, Zambia. The report established that there is very low level knowledge of female condoms in Nabbanda, most of the residents do not know much about female condoms and this has led to another factor which is low utilization. Due to lack of knowledge of female condoms and its use it has led to people not using them and not even knowing where to get them hence, there is lack of proper communication between the patients and the health care workers in that the patient are not comfortable enough to ask about these products and others are not even sure if they are available that their local clinics.

Additionally the report revealed that there are no cultural practices that hindered the residents from accessing the female condoms. But it must be said that there is a general myth and misconception that female condoms can reduce intimacy with their partners and many prefer using injectable contraceptives. The respondents also do not have a clear understanding on whether female condoms cause cervical cancer and if it makes noise during sex. While when asked if female condom used is a taboo the general answer was no.It must be said that if they female condoms are to be well utilized it is very cardinal that much work is done to correct and fix these hindrances.

6.2 Recommendations

In order to promote high utilization of the female condom, there is need to instill the following recommendations. There is need to:

- Provide female condom education and promote it through awareness programmes that will show the importance of using it and how it can be used. The promotion of this product can help counter the myths and misconceptions about the female condoms. This can be done through television, radio as well as community educational programs and offering free classes that involve demonstrations at health centers. Demonstration of how to insert and use female condoms correctly is essential for uptake and sustained use. Results from female condom programming around the world show that interpersonal communication is essential for good uptake. Hence the need for these classes that offers face to face interactions that leave room for any question or clarity where it is needed especially for the residents of Nabbanda that have little in terms of technology.
- Involve men in female condom awareness programs. When both partners are involved the likeliness of them using it is high. Due to that fact that men in our society still have major power in decision making as shown in the findings of this report for there to be equal power play in decision making it is vital that both partners are made to understand that injectable and male condoms are not the only forms of contraception but that the female condom is one of them too and its benefits are many and this could be game changer for their sexual lives. Once this is done it helps in expanding women's capacity to encourage their male partners of the benefits of using it and to facilitate its proper use as both partners are working to reduce any risks of slip offs.
- Make female condoms affordable by ensuring that pharmacies, chemists, shops and all interested stakeholders involved in the buying and selling of female condoms get those products at an affordable price and hence sell them at a low market price to encourage other people that live far from the health centers to afford to buy them at any nearby shop which can increase the possibility of it being used.
- Ensure availability and access to female condoms in Chirundu. This can be done through government programs where free female condoms are delivered or distributed in public toilet, bars, shops and any place that usually draws a crowd of people like saloons or bars.
- Further studies need to be conducted in order to determine whether the packaging of the female condom can be refashioned to a small packet much like the male condom were a lady is able to carry it with her without drawing attention to herself due to the packet being too big to fit in a pocket.

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APPENDICES

Appendix 1: Ghent Chart – Schedule of activities

TASK PERFORMED	RESPONSIBLE PERSON	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
Background										
Literature review										
Finalizing research proposal										
Clearance from Ethical committee										
Pilot study										
Data collection (Actual study)										
Data analysis										
Report writing										
Submission of draft research reports to DNS										
Finalizing of report										
Dissemination of results										
Monitoring and evaluation										

Appendix 2: Research budget

No.	ITEM	QUANTITY	UNITY COST (K)	TOTAL COST (K)
1.	Ream of paper	2	100	200
2.	Ball pens	2	5	10
3.	Pencils	2	2	4
4.	Rulers	2	5	10
5.	Rubber	2	5	10
6.	Tipex	1	20	20
7.	Note books	1	15	15
8.	Stapler	1	50	50
9.	Staples	1	15	215
10.	Scientific calculator	1	250	250
11.	Perforator	1	60	60
12.	Transport		500	500
13.	Talk time	2	50	100
14.	Printing and binding of Research proposal	2	100	200
15.	Printing of questionnaires	60	6	360
16.	Printing and binding of final document	500	3	1500
17.	Refreshments and snacks	4	10	40
TOTAL				**3544**

Budget justification

This research proposal budget has taken into consideration the aspects of stationary, human resource expenses, secretarial services and contingency.

Stationary

Stationary will be very much needed for us to be able to carry out this research successfully, in that we will need reams of paper for the formulation, amendments and production of pilot study questionnaires which are not included under the costs for the final questionnaires. We will need memory sticks for storage of vital information, documents and as for backup. For storage, confidentiality and safety of information collected, a bag will be used with a zipper.

Secretarial Material

As a researcher to successfully carry out the research, we will need material to be procured such as reams of paper, as well as to have the research findings typed, photocopied and bound at the prevailing rates in the area as captioned in the budget.

Human Resource Expenses

In order to enable the researcher move from point of residence to points where data will be collected during pilot study and final collection of data, expenses for public transport will be incurred to reach those areas. The researcher will also need to have money for his lunch-break at the current government rate of missing lunch, and refreshments for respondents to maintain uniformity in the research process.

Contingency Fund

This is 10 percent of the total budget which has been added to cover for unforeseen extra costs and to cushion inflation that might occur in the due course of the exercise.

Appendix 3: Information sheet for participants

Factors associated with utilization of female condom as a birth control method among women of reproductive age

Introduction

Please read this information sheet carefully and feel free to ask questions.

This research is being conducted by Isaac Kabwela (PI/Researcher), I wish to invite you to take part in a study aimed at determining factors that influence low utilization of female condoms in Nabbanda as a birth control method among women of reproductive age in Zambia.

This information leaflet is providing you with information that will help you to decide if you would like to participate in this study. You should fully understand what is involved before consenting to take part. You should only agree to take part in this study only if you are completely satisfied with all the procedures involved.

What is the study all about?

The purpose of this study is to understand factors that influence low utilization of female condom as a birth control method among women of reproductive age in Nabbanda.

During this study the researchers will be asking you questions relating to your experiences and perceptions in regards to female condom use.

What do you need to do in the study?

To participate in this study, you will firstly be asked to sign a consent/assent form. This form is to show that you have understood what this study is about and have accepted to answer to the questions related to the study being undertaken. The researchers will ask you questions related to female condom use.

This process shall take about 30 minutes**.** This will be done in a very comfortable and relaxed environment with all the privacy provided. In case you have questions do not hesitate to ask the researchers that will be interviewing you.

Procedures

If you allow us to talk to you, we will ask you to take part in an interview that will take about 1 hour. It will be done in a private place. We may also tape record the interview to help us write down exactly what you will say. If you do not want us to record, is it ok for us to write notes on what you are saying? If there is some information you feel should not be recorded, feel free to say so. If you allow us to record, the information from the tape or notes will be typed in full to help us fully understand what you have said. No name will be included in the tape recording and the typed documents.

Potential risks that may come from the study?

We do not expect you to have any problems because of your participation in this study. However, some information we may learn from you may be personal, emotional and may compromise your privacy. In case any issue makes you feel distressed, we will help you cope with situation. We would also like to assure you that the information we will get from you will not be shared with anyone outside the research team

Potential benefits that may come from the study?

Although there may be no direct benefits to you, this study will help the Ministry of Health and all stakeholders involved in maternal and new born health service delivery to reduce maternal and new born mortality. By taking part in this study, you will contribute to the body of knowledge on utilization of female condom as a birth control method, this may help Government and stakeholders to see areas that may need to be worked on to improve implementation of existing strategies and in mitigating maternal death and unsafe Abortion.

How will this data be collected?

Data will be collected using a questionnaire and a digital recorder. Some conversations will be captured by recordings.

Protecting data confidentiality

We have put up steps to protect the information we will get from you. Firstly, only members of the study team will be able to see the information. Secondly, we will not put names on any information collected from you. Instead, we will use numbers for identification. Thirdly, we will

destroy all tapes within 5 years after typing the information. Soft copy data will be stored on a password protected computer in a locked office for a minimum of 5 years.

How will confidentiality and anonymity be ensured for the study?

What you will write or tell us is confidential and only the researchers would be able to have access to the information you will provide. You will not be identified by name in any research data or any reports to come out of the research. No individual information will be reported on. Any data will be reported in an aggregate way. Information will remain as confidential as the law allows.

What happens if you do not want to participate or decide to leave the interview early?

You are free to decide whether you want to take part in this study, and you are free to leave at any point during the interview. You are also free not to answer any questions that you are not comfortable with and this will not bring any problem to you. If you wish to withdraw, data will be deleted at your request. You are free not to answer certain questions they may deem personal or otherwise without penalty.

Thank you for taking time to read the information sheet.

Your willingness to participate in this study is greatly appreciated.

Who to call for questions or problems?

You can the principal investigator

If you have any matter which you feel is not adequately explained in this leaflet, do not hesitate to phone the principal investigators**, Isaac Kabwela.**

Isaac Kabwela

Chirundu District Health Office,

P.O. Box 35,

Southern,

0973156101

They can also call or contact the University of Zambia, Biomedical Research Ethics Committee (UNZABREC) office of the School of Medicine, University of Zambia, if there are questions about your rights. They can contact the UNZABREC if you have not been treated fairly or if you have other concerns. The UNZABREC contact information is:

The Chairperson

Biomedical Research Ethics Committee

School of Medicine

P.O.BOX 50110, Lusaka.

Telephone No: 211256067

Appendix 4: Consent to participate

I…….. (Name) on …… 2023, declare that I understand the purpose of this assessment and I am willing to participate.

Signature

(Respondent)…… Signature (Witness) ……

CONTACT DETAIL:

ISAAC KABWELA 0973156101

THANK YOU

Mebo

..... mu buzuba bwasunu mu ..... Mweezi wa February, 2023, kuti ndauvwisisisya muzeezo wa musunko oyu, alimwi ndayandisya kuti nditole lubazu.

Kusaina

Mwinguzi.....

Kusaina

Kamboni.....

Kuti mwayanda lugwasho Inga mwatuma luwaile ama namba ali ansi awa;

ISAAC KABWELA 0973156101

THANK YOU

Appendix 5: Research questionnaire

THE UNIVERSITY OF ZAMBIA

INSTITUTE OF DISTANCE LEARNING

SCHOOL OF MEDICINE

DEPARTMENT OF PUBLIC HEALTH

TITLE: Factors associated with low utilization of female condoms among women of child bearing age in Nabbanda Chirundu district

Dear respondent

The above research topic is being conducted by Isaac Kabwela (PI/Researcher). In this brief survey, you have been randomly selected to participate as a research respondent and your answers will be helpful in acquiring relevant information for our research. By taking part in this study, you will contribute to the body of knowledge on utilization of female condom as a birth control method, this may help Government and stakeholders to see areas that may need to be worked on to improve implementation of existing strategies and in mitigating maternal death and unsafe Abortion. Please be advised that your response will be treated with maximum confidentiality.

INSTRUCTIONS:

1. Only one response is required for questions that have options.
2. Please answer as objectively and as genuinely as possible.
3. Tick your answer that expresses your view as shown ☑

SECTION A: DEMOGRAPHIC DATA

1. What was your age on your last birthday?
    a. 14-25 years ( )
    b. 26-35 years ( )
    c. 36-45 years ( )
    d. 46- and above ( )
2. What is your marital status?
    a. Single ( )

b. Married ( )
c. Divorced ( )
d. Widowed ( )

3. How many children do you have?
    a. 1 to 3 ( )
    b. 4 to 6 ( )
    c. 7 to 9 ( )
    d. 10 and above ( )
4. Which religion do you belong to?
    a. Christianity ( )
    b. Islamic ( )
    c. Hinduism ( )
    d. Others specify……
5. What is your highest level of education?
    a. Primary ( )
    b. Secondary ( )
    c. College / University ( )
    d. None ( )
6. Are you a resident of Chirundu?

    a. Yes ( )

    b. No ( )

SECTION B: KNOWLEDGE

7. Have you ever heard of a female condom before?

……..

8. If the answer to question 7 is yes, where did you hear about the female condom?

……

9. Explain what you understand by the term female condom?

……
……

10. According to your own understanding, do you have female condoms in Chirundu?

……..

11. How best do you think the knowledge about female condoms can be offered?

……

12. How affordable are female condoms in your area?

……..

SECTION C: UTILIZATION

13. Have you ever used a female condom?

…….....

14. If your answer is yes to the question above, how often do you use it?

……..

15. If your answer to question 13 is no, what are your reasons?

……
……

16. Between you and your partner who decides on the use of female condoms?

……..

17. Would you recommend the use of a female condom to your friend and what are the reasons for your answer?

……

……

……

18. What are your comments regarding female condoms and their use?

……

……

……

SECTION D: MYTHS AND MISCONCEPTIONS

19. Do you think female condoms reduce sexual pleasure?

……

20. Do you think female condoms cause cervical cancer?

……

21. Does a female condom make noise during sex?

……

22. Do you consider use of the female condom as a taboo?

……..

23. Does a female condom make sex more pleasant?

……

24. Does a female condom cause irritation?

……

SECTION E: SERVICE DELIVERY

25. Where can female condoms be found in your area?

……

26. Are there any practices at the health facility that hinder you or someone from accessing female condoms ?

……..

27. Are you comfortable enough to ask health personnel for female condoms and what are the reasons for your answer?

……

……..

28. Are there any other facilities in your community that provide female condoms?

……

END OF THE INTERVIEW

THANK YOU

UNIVERSITY OF ZAMBIA
BIOMEDICAL RESEARCH ETHICS COMMITTEE

Telephone: +260 977925304
Telegrams: UNZA, LUSAKA
Telex: UNZALU ZA 44370
Fax: + 260-1-250753
Ridgeway Campus
P.O. Box 50110
Lusaka, Zambia
E-mail: unzarec@unza.zm

Federal Assurance No. FWA00000338 IRB00001131 of IORG0000774 NHRAR-REC No 2021-05-0002

11th January, 2023

Your REF. No. 3384-2022

Mr. Isaac Polleni Kabwela,
University of Zambia,
School of Public Health,
P.O Box 50110,
Lusaka.

Dear Mr. Kabwela,

RE: FACTORS ASSOCIATED WITH LOW UTILIZATION OF 2 FEMALE CONDOMS AS A CONTROL METHOD AMONG OF REPRODUCTIVE AGE (15-49 YEARS) IN NABBANDA, IN CHIRUNDU DISTRICT, ZAMBIA (REF. NO. 3384-2022)

The above-mentioned research proposal was presented to the Biomedical Research Ethics Committee on 10th January, 2023. The proposal is **approved**. The approval is based on the following documents that were submitted for review:

a) **Study proposal**
b) **Questionnaires**
c) **Participant Consent Form**

APPROVAL NUMBER : REF. 3384-2022

This number should be used on all correspondence, consent forms and documents as appropriate.

- **APPROVAL DATE : 11th January 2023**
- **TYPE OF APPROVAL : Standard**
- **EXPIRATION DATE OF APPROVAL : 10th January 2024**
  After this date, this project may only continue upon renewal. For purposes of renewal, a progress report on a standard form obtainable from the UNZABREC Offices should be submitted one month before the expiration date for continuing review.
- **SERIOUS ADVERSE EVENT REPORTING**: All SAEs and any other serious challenges/problems having to do with participant welfare, participant safety and study integrity must be reported to UNZABREC within 3 working days using standard forms obtainable from UNZABREC.
- **MODIFICATIONS**: Prior UNZABREC approval using standard forms obtainable from the UNZABREC Offices is required before implementing any changes in the Protocol (including changes in the consent documents).

NATIONAL HEALTH RESEARCH AUTHORITY
Lot No. 18961/M, off Kasama Road, Chalala, P.O. Box 30075, LUSAKA
Tell: +260211 250309 | Email: znhrasec@nhra.org.zm | www.nhra.org.zm

Ref No: NHRA00005/08/02/2023 **Date:8th February 2023**

The Principal Investigator,
Mr kabwela, isaac
UNZA SOPH
Lusaka, Zambia.

Dear Mr kabwela,

Re: Request for Authority to Conduct Research

The National Health Research Authority is in receipt of your request for ethical clearance and authority to conduct research titled **"Factors Associated with Utilization of Female Condoms as A Birth Control Method Among Women of Reproductive Age (15 – 49 Years) In Nabbanda, Chirundu District, Zambia."**

I wish to inform you that following submission of your request to the Authority, our review of the same and in view of the ethical clearance, this study has been **approved** on condition that:

1. The relevant Provincial and District Medical Officers where the study is being conducted are fully appraised;
2. Progress updates are provided to NHRA bi-annually from the date of commencement of the study;
3. The final study report is cleared by the NHRA before any publication or dissemination within or outside the country;
4. After clearance for publication or dissemination by the NHRA, the final study report is shared with all relevant Provincial and District Directors of Health where the study was being conducted, University leadership, and all key respondents.

Yours sincerely,

NATIONAL HEALTH RESEARCH AUTHORITY

Ms. Sandra Chilengi-Sakala,
ACTING DIRECTOR/CHIEF EXECUTIVE OFFICER