THE UNIVERSITY OF ZAMBIA

SCHOOL OF MEDICINE

DEPARTMENT OF POST-BASIC NURSING

FACTORS CONTRIBUTING TO FAILURE OF NORPLANT CLIENTS TO RETURN FOR SCHEDULED REMOVAL AT THE UNIVERSITY TEACHING HOSPITAL (U.T.H.) LUSAKA ZAMBIA

A STUDY SUBMITTED TO THE DEPARTMENT OF POST BASIC NURSING SCHOOL OF MEDICINE, UNIVERSITY OF ZAMBIA, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE BACHELOR OF SCIENCE IN NURSING

BY

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Many persons have rendered valuable assistance in making this study a reality.

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DECLARATION

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

Signed: .....
Candidate

Signed: .....
Supervising Lecturer

DECLARATION

I hereby certify that I have wholly, in entirely the result of my own independent investigation.

The various persons and sources to which I am indebted are clearly indicated in the references.

Signed: .....

Candidate

DEDICATION

This study is [illegible] to my [illegible], Linety, [illegible], [illegible], Rubica, [illegible] and my Husband for their support and encouragement throughout this one year of study. Also to my [illegible] for her tireless effort in look[illegible] after the baby during my year of study.

ABSTRACT

The aim of the study was to identify factors contributing to delay in returning for scheduled removal by norplant clients at the University teaching hospital.

In this study all subjects available were used for the study since they were in a clinical trial, these were the only subjects that had reached five years of use. The sample consisted of twenty (20) norplant users. A semi-structured Interview Schedule was used to collect data.

Data was collected between 30th January, 1991 and 28th February, 1992 and were analysed manually, by the researcher. The findings of the study revealed that most of the subjects had lack of knowledge on the specific date when they were supposed to remove their norplants. Some subjects indicated not having any problem during use of norplant. Others did not know when to come back, did not suspected that they were coming to the clinic but there was no doctor to attend to them.

Effective utilisation of the family planning clinic for removal of norplant could be attained through initial health education on the importance of returning for removal of norplant at five years. The health workers, through the team approach, should involve the community in making norplant users report to the clinic on schedule.

CHAPTER I

1.0. INTRODUCTION

1.1. Background

Family planning is an essential component of any broad-based development strategy that seeks to improve the quality of life for both individuals and communities

Family Planning prevents many unnecessary deaths among women and children and consequently enable them to have smaller manageable families.

The success of the Family Planning programmes depends on the programme's ability to meet individual need of the clients. The performance of family planning programmes relies on the cooperation and satisfaction of the clients. There is need for the programmes to be flexible and acceptable to clients.

The concept of family planning is not new in Zambia, traditional methods were used such as strict unquestionable rules, abstinence, taboos, polygamy and abortion. These traditional methods were eventually eroded by Western values, thus paving way for contemporary, scientific and Western oriented methods of contraception. In 1972, Zambia began offering institutional family planning services and dissemination of population and family planning related information through the planned Parenthood Association of Zambia.

Zambians reacted with scepticism and rejection to a family planning programme supported by foreign aid.

Politicians voiced the strongest resistance and based their argument, on the fact that Zambia had vast uncultivated land and wealth of natural resources and they called on the Zambian people to multiply and fill the empty land.

Religious forums attached family planning activities as unethical and murderous. Traditionalists interpreted the programme as a direct attack on socio-economic security for elderly people, since it is these children that cared for their elderly parents. Other groups feared that Family Planning would erode the cultural morals for Zambia by encouraging prostitution among teenagers and unmarried girls. This resistance from influential groups and the general public eliminated open discussions about Family Planning.

As time went by, resistance and hostility towards family planning decreased, more individuals and agencies gradually started engaging themselves into Family Planning activities. In 1971, the family life movement of Zambia (FLOZ) started to educate the public on modern natural contraception methods.

In 1980, the World Fertility Survey demonstrated that about half of all married women in the world currently want no more children, only a relatively small proportion use any modern or traditional form of contraception.

The most widely available methods such as the pill and intra uterine devices are frequently either not selected or are discontinued. These and other methods simply do not meet the needs of many potential users. Barrier methods are methods that are quite related, easy,inconvenient and require genital manipulation and privacy. Natural Family Planning techniques require long periods of abstinence and are frequently difficult action, cause various side effects, and has been associated with health risks. Sterilization is irreversible, and the Intra Uterine Device is convenient, but excessive bleeding cramping and the risk insertion procedure after its use. What is needed is an effective, safe, reversible method that does not interfere with lactation and can be administered by non-physicians in remote areas. The contraceptive implant, levonorgestrel has been found to be convenient.

Experience suggest that a wide choice of contraceptive methods enhance its acceptance and sustained use.(2) Each additional method appears to contribute independently to the overall prevalence of contraception use. These factors underscore a need for further development and distribution of long acting steroidal contraception.

Various types of subdermal implants releasing a Contraceptive agent are currently being developed such as Norplant a levonorgestrel - containing silastic implants.

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The six capsules containing Norplant are placed beneath the skin of the forearm or upper arm and provide 5 or more years protection against pregnancy. The capsules are not biodegradable and require removal under local anesthesia after 5 years use. (3)

In 1987, as part of an overall programme for the world wide introduction of Norplant Population Council initiated a series of pre-[illegible] clinical trials of Norplant in developed and developing countries, Zambia being one of them. Clinical trials commenced in March 1988 to December 1990. Two hundred and four women were recruited. The clinic followed the principal selection criteria used by population council's international committee for contraception research.

The Criteria was:

- Age between 25 - 40 years
- Sexually active
- of demonstrative fertility at least 3 children and above.
- Have none of the standard contra-indication to use of oral pills.
- They should also have no other contraceptive use during study.

Only women residing in Lusaka were recruited. Women who met the above criteria were informed about the purpose of the study and the risks and benefits associated with the use of Norplant. Thereafter gave informed consent by signing a Volunteer agreement form. Complete medical examination was done before insertion. Follow up of clients was scheduled

at 1,3, 6, and 12 months thereafter, then yearly. However women were encouraged to return to the clinic for any problems at any time regardless of the next scheduled follow up visit.

On completion of 5 years, a report on the experience of the team on clinical trials, a short book was written and submitted to the Ministry of Health for approval of the method.

1.2. LITERATURE REVIEW

INTRODUCTION

Governments in developing and developed countries are concerned with the rapid population growth. It means they are compelled to support family planning services as a way of controlling the population growth.(4) Family Planning aims, include control of birth, rate in line with family, community's economic capability of caring, upbringing and offering education, job opportunities and not merely the amount of arable land.(5) Therefore, family planning means having children at the time when the family wants them. It is generally agreed by many Governments that all couples and individuals have basic human rights to decide freely and responsibly on the number of children they are to have and the education and the means to do so.(6)

HISTORICAL ASPECTIVE OF BIRTH CONTROL

Contraception as only one form of population control is a social practice of much greater historical antiquity, greater cultural and geographical universality. Contraception has existed in some form throughout the entire range of social evolution for several thousand years.(7)

The concept of family planning is an old one. It has been used in traditional society through traditional methods. The methods used include coitus interruptus, rythm, polygamy, abstinence where a woman who has just given birth went away to live with her parents for as long as two years and breast feeding.(8)

.....

It is also stated that coitus interruptus, rythm method and breast feeding [illegible] to be unreliable for the couples that [illegible] unwanted pregnancy. (10)

Traditional plants and roots are other methods used for fertility control, but their effectiveness has not been proven scientifically. This is because the traditional values attached [illegible] use are kept secret only known to few individuals who act as consultants.

In an article on plant to control fertility reports on Amazonian women who for many years successfully controlled her fertility with the use of a plant root given to her by an elderly woman. When the woman wanted more children she consulted the same elderly woman who gave her another root after which she [illegible] the children she desired. (11)

It is stated that traditional methods of fertility control are on the increase and attributed this to bad publicity of modern methods of family planning, which has resulted in [illegible] cost in bureaucratic technique in the third world countries. (12)

This therefore means that it is western family planning which is responsible with [illegible] by women and adults in the child bearing age [illegible] has contributed to the population explosion. The problem is compounded by the fact that the therapeutic fertility value of traditonal family planning methods has not been [illegible] scientifically.

POPULATION CHARACTERISTICS

It is stated that there is population explosion in Zambia which was [illegible] 3.1 million compared to 5.7 million in 1980.[13] Population explosion is a world wide problem, drawing the attention of all nations. Too rapid population growth hinders a nation ability to progress and satisfy the growing demand of the people for a better life.

Population growth rates differ from continent to continent, country to country and region to region, and are higher in less developed areas.

It is stated that the average population growth rate for the less developed areas is 3.5 percent, and for more developed areas is 2.1 percent. This comparison shows that growth rates are higher in less developed areas. Africa has a growth rate of 2.9 percent, followed by Latin America with 2.3 percent. Asia and Oceania have growth rates of 1.8 percent and 1.3 percent respectively. Among the more developed countries the annual growth rate is lowest in Europe where 0.4 percent is the average. The average growth rate for North America is 0.7 percent.[9]

These differences in growth rates mainly exist because the characteristics of birth and death differ across the World. Birth rates are usually higher in less developed areas than in more developed ones. Zambia whose growth rate is 3.7 percent is among the highest in the world.[6]

A high population growth rate is due to high level of fertility and declining level of mortality. The crude death rate for more developed areas is 10 per 1000.[14]

Zambia's level of fertility is about 7.2 children, which is higher than the African average of 6.3 children. (5)

Birth is influenced by biological factors and human behaviour. In some areas early marriage at 20 years is a mandate. This has the effect both of lengthening the period of exposure to conception and hence increasing the likely number of pregnancies and also shortening the length of the generation with a consequent acceleration of geometric growth. In contrast to Western Europe where the age at first marriage remains high. (15)

Next to critically important circumstance that puts women at a disadvantage is inferior education. A W.H.O. report states that women receive less formal education than men because women had less obligation to pursue education having absorbed the cultural role that says women's traditional place is in the home. (15)

Illiterate women often find it hard to absorb modern lessons about fertility regulation, child rearing and other matters important to good health. Women with no formal education are more apt to embrace the traditional status quo, less apt to adopt new practices that can improve family health and welfare. (16)

INTRODUCTION OF ... CONTRACEPTIVES

Literature reviewed states that the international family planning target is to increase the number of couples in developing countries using modern family planning methods from 301 to 400 million by the end of the century. This projection will reduce the total fertility from 3.8 to 3.3 by the year 2000.(36) In view of this more convenient and reliable methods of birth control have been developed such as injectibles, vaginal releasing Intra Uterine Devices and Subdermal implants (NORPLANT) compared with the oral contraceptive which required taking a pill daily. The newer methods are long acting.(16)

In 1988, the United Nations urged governments and funding agencies to allocate increased resources for research in human reproduction and fertility regulation.(16) In response to this the population Council initiated a series of pre-introduction trials of Norplant contraceptive method in developed and developing countries.

While long acting vaginal Contraceptive method is in the early phase of introduction in a number of developing countries. Norplant is a low-dose, progestin-only Contraceptive which has been tested in Clinical or pre-introduction trials involving over 4,000 women in 8 countries. As of January 1990 it had been approved for ... in at least 14 countries where over 800,000 women have used used it.(16)

UTILISATION OF FAMILY PLANNING SERVICES

Apparently modern family planning services have not been readily accepted by most people and have been faced with apathy among

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unbooked cases. This has led to poor utilisation of the service among women at risk of pregnancy. At the university teaching hospital in Lagos, a study found that some norplant users delayed to return for scheduled removal of norplant. This puts these women at risk of getting pregnant. WHO recommends that norplant® capsules should be removed after 5 years of use as the effectiveness of the method declines after this time, and the woman is at risk of unplanned pregnancy. (16)

A study in Singapore found 0 women used norplant® implants for five years. Only 2 women returned spontaneously for removal while one woman refused removal despite advice. (18)

There are many factors affecting the utilisation of health facilities in developing countries. It is stated that "we assume that the actual utilisation rates will depend upon a complex of factors relating to the interaction between individuals who perceive a need for services and specific practitioners or facilities which are available to them. (19) Many factors may affect the utilisation of health services, be it in a developed or developing country. "Entry into the medical Care System can be inhibited by a multitude of factors including financial barriers, physical availability of resources, limited provider hours, long waiting times or the absence of service and attitudinal barriers.

Contraceptive behaviour is a high, complex phenomenon influenced by many determinants. ... A two-dimensional theoretical frame work for research on contraceptive behaviour incorporates a social

[illegible] of individual decision making as well as an interpersonal model of factors influencing provider client interaction. This lattie model views contraceptive adoption from the [illegible] perspectives of social [illegible] and social interaction and considers characteristics of the service organization and its personnel.(21)

The authors perceived susceptibility to risks associated with norplant and [illegible] in seeking medical care. In a study [illegible] in Brazil showed that appropriate information of potential clients is crucial to the success of contraceptive [illegible]. (22)

In [illegible] it was also found that norplant is a highly acceptable contraceptive method [illegible] when [illegible] personnel are well trained in counselling about the features of the method. (23)

In a study conducted in Assiut, Egypt on norplant showed that at the end of five (5) years those who had not come to the clinic [illegible] were contacted by letter. Home visits were made to [illegible] who did not respond and had kept the implants through the 5th year. (24)

It was also reported that when a new contraceptive is introduced [illegible] within the population knows about it. Any new acceptor would rely exclusively on the information provided by the clinic. (25)

In a study on knowledge and attitudes of Public Health Nurses on family planning [illegible] in Philadelphia in the United

States of America. It was found that the subjects had knowledge of family planning and that they could give information to the community about family planning. It was also found that personal use of a method contributed to one's knowledge of birth control methods. (20) There are many factors which lead to under utilisation of family planning services by women in general.

A study which was done on the effects of contraception and family planning stated that nature's main concern is the continued survival of the species, which form the most fundamental forces of life of survival and reproduction. He further states that control of reproduction is contrary to this natural instinct; hence the concept of family planning will meet with resistance among the intended users of the service. (1)

It was also reported that customs and beliefs influence decision-making on fertility of the couple. For example, in [illegible], in a matrilineal society, the wife's brothers have the greatest influence while in patrilineal society the husband's father and brothers are the most influential. This [illegible] East Zambia [illegible] has both patrilineal and matrilineal lines and many [illegible] are part of those families. Literature reviewed states that "No one is realistic about family planning". It further states that "A doctor in a developing country is kept busy throughout his working hours with disease conditions and has not time to see women needing family planning."(21)

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This, therefore, calls for the reorganization of health services to give clients something to attend such services which is the right of everyone. (27)

Religious denomination influences the practice of family planning particularly catholics. This is reflected in a study conducted at Infant Jesus Hospital on the feelings of Roman Catholic doctors and Nursing personnel on artificial contraception as a method of family planning. The study revealed that Catholic nursing personnel had a negative attitude towards artificial family planning which adversely affected client teaching. It is further stated that this group favours natural family planning methods which demand a lot of self discipline. However another study done revealed that religious beliefs has little effect on the use of family planning. (29)

In some study, it was found out that the death of a child was associated with lack of family spacing.

Similarly, in a survey conducted in rural Morocco, it was found that high fertility was associated with high infant mortality rate. (30).

CONCLUSION

In conclusion health workers should try to identify factors contributing to failure in returning for schedule removal of norplant. Norplant is a long term contraceptive method.

[illegible] method of encouraging mothers need to be devised so that mothers can appreciate and properly utilize the contraceptive.

1.5. [illegible]

Norplant pre-introductory trials have been carried out in both developed and developing countries. It has been approved as safe and effective method of contraception in 23 countries. Efforts are underway for the formal approval of Norplant in Zambia.

Norplant clients need to be followed up so that they can be monitored during the five years of use of norplant. This is necessary so that at the end of five years, those who do not come back for removal can be contacted by either letter or home visits.

A study done in Egypt on five year experience with Norplant, the study revealed that, the first five years of use of norplant, clients were bound to a scheme of follow up.

In Zambia Family Planning Services are still under utilized despite the acceptance of the concept of Family Planning in Zambia and its integration in the maternal and child health services. Lusaka Planned Parenthood Association of Zambia (PPAZ) (1988) pointed out that there are 182,000 females in 15 - 44 years in Lusaka Province and only 10,700 are acceptors of family planning. This represents 5.9% of the total women population in the province. The report continues to say that of the 10,700 acceptors only 25% were active and 75% dropped out within one year of enrollment.

This contraceptive behaviour is also observed in the Clinical trial study which was done at University Teaching in 1990. Records reviewed at Family Planning Clinic, showed that there were fifty-three (53) women who had norplant inserted.

In March 1991 the device was due for removal. Only 19 out of 53 women, who were fully informed on how the norplant works returned for removal. In view of this anomaly the researcher would like to investigate this problem why these women failed to return for removal. It is hoped that the findings of this study will be used to develop strategies that will be used by the health care providers, to monitor the norplant clients.

1.8. Operational Definitions

For the purpose of this study the following terms are operationally defined as :-

Contraceptive

A drug, object, material or practice used to prevent conception.

Woman

Female in the reproductive age of 14 - 49 years old.

[illegible]

A woman with norplant insertion.

[illegible] Removal

Removal of [illegible] at five years.

High Knowledge

Refers to a client who knows all of the following:-

- Side effects of norplant
- Time for removal of norplant
- Service times
- Consequencies of not having norplant removed.

[illegible] Knowledge

If client knows [illegible] of the [illegible] points above

Low knowledge

If client knows one point of the mentioned above.

No Knowledge

Refers to the client who does not know any of the above points.

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CHAPTER 2

OBJECTIVES

2.1. General Objective

To determine factors contributing to failure of norplant clients to return for removal.

2.2. Specific

2.1.1 Establish clients knowledge on norplant, how it influenced returning back for removal.

2.2.2 Determine the number of times clients attended review in relation to residential area.

2.2.3 Establish length of time users stayed after 5 years use.

2.2.4 Establish reasons for not returning for removal after 5 years of use.

2.2.5 Establish alternative methods of family planning used after exceeding five years.

2.2.6 Use the research findings in planning strategies for implementation of norplant to other hospitals in Zambia.

CHAPTER 3

3.0. METHODOLOGY

3.1. Research Design

The descriptive [illegible] exploratory non-experimental research [illegible] was used to investigate the factors contributing to failure of norplant users to return spontaneously for scheduled removal.

This method [illegible] was thought to be most appropriate for the following reasons. Firstly, it was used to explore and assemble information regarding this phenomenon because the issue has not been investigated before in Zambia. Secondly, since Norplant is a new contraceptive there is need to study factors which may hinder or promote introduction of norplant® in other hospitals in Zambia.

Even though this research design was regarded as the most appropriate one, some limitations were envisaged. These include the validity of the clients' account of their experience during use in some instances because they relate to past events. As such, much information might have been forgotten by the clients.

Research Setting

The study was conducted in Lusaka which has a population of 1.2 million. Lusaka is subdivided into 59 compounds, and 25 were used in the study (see Annex 10). This setting was selected rather than other towns for the following reasons. Firstly all respondents who were recruited in the study were Lusaka residents.

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Secondly, norplant® has only been tried at University Teaching Hospital in Lusaka.

[illegible] Compounds was selected since this is where the norplant clients are provided.

Sample Selection and Approach

The target population for this study was a group of norplant clients who were due for removal. The sample comprised of forty-three (43) clients who had completed five (5) years of norplant use. There were very few subjects, therefore all subjects that were available were used for the study. There were [illegible] group of norplant users from the clinical trial, that had completed five years.

3.2. Data Collection Technique

Instruments and Data Collection

Data were collected by use of a semi-structured interview schedule (Annex 8). This was considered to be more appropriate primarily because the researcher wanted to probe a little deeper by asking both the closed and open ended questions. In addition the advantages of the semi-structured interview schedule were also taken into consideration. These were, firstly, it was more economic in terms of both the material and time as every schedule was completely filled. Secondly, the researcher was able to establish rapport with the respondents for any reactions that may have been demonstrated by non-verbal communication. Thirdly, this method broke the barrier of confidentiality the study on a particular group of

/[illegible]...

respondents as it was used for both the literate as well as illiterate. Fourthly, it allowed the researcher to [illegible] that all the intended were the intended participants. It [illegible] the common practise of individuals who receive the questionnaire passing them on to a friend, relative, secretary, and so forth.

[illegible], it gave the researcher opportunity to ask [illegible] questions that might have taken time to answer if a questionnaire was used.

The disadvantage of this method was that, it was time consuming to the researcher because she conducted the interviews alone. Due to limited time in which the study had to be conducted the interviewers might not have been provided with [illegible] of when the interview was to be [illegible]ted.

To minimize the limitations of the semi structured interview schedule method, anonymity and confidentiality were partially maintained by not [illegible]ing the respondent their names.

Rapport with the respondents was established by greeting them. The researcher further on gave the respondents an explanation [illegible] purpose of the study and how they were selected to participate in the study. They were further assured that they were not going to be affected adversely in anyway by the outcome of the study.

...

DATA COLLECTION

The data was collected between 20th December, 1991 and 24th January, 1992. The researcher personally conducted the interviews.

The researcher interviewed 0-2 clients per day in their own homes sometimes the researcher couldnot interview any client at all. This was due to the fact that clients were not found at the addresses given at the clinic, in some cases addresses were wrongly recorded, or clients had moved residences. To facilitate communication, the researcher had the interview schedule written in English, but the actual interviews were carried out either in English or Nyanja, Tonga, Bemba or Lozi.

The data collected from 20 respondents were sorted out according to marital status residential area, level of education. Data was to closed ended questions were entered on a data master sheet.

Responses from open ended questions were categorised, coded and entered on the data master sheet.

The data collected were analysed manually, tallied, counted and subcategorised according to responses given for each variable. Suitable ordinal scale was used

Ethical Considerations

1. In order to reach the sample a letter requesting permission to administer the unstructured interview schedule to the respondents in their homes was written, to the Executive Director

of the University Teaching Hospital (see Annex V) Head of Department of Gynaecology in Zambia (see Annex VII). Translation was granted. Clearance (see Appendix III and IV) letters of request for participation in the study were sent to all forty-three clients.

3.3. Limitations of the Study

1. The time which the study had to be submitted to the Department of Post Basic Nursing was too short.

2. The sample was too small, so generalisation of the findings beyond the sample could not be made.

3. Lack of literature in addition factors contributing to failure of norplant clients fail to return for removal, since there has been no other study done in Zambia on norplant.

4. The study involved travelling to different residential areas, where in some cases residents had shifted to some other unknown place, hence making it difficult to get them.

5. Small sample size was due to the following reasons. Out of the forty-three (43) respondents 1 died with devastating. 12 not found at address given 30 responded out of which:-

   (a) One had no norplant inserted as recorded at the clinic.

   (b) Nine had norplant already removed but was recorded on Family planning clinic record.

   (c) Twenty had the norplant still in situ.

3.4. Pilot Study

The pilot study was conducted to pre-test the research instrument that was to use, and corrections were made. The pilot study was aimed at detecting problems that must be solved before the major study is done. It also helps in the formulation of the research problem, development of objectives and the establishment of priorities for further research.

Focus group discussions with family planning clients, were done. [illegible] tions were carried out in Nyanja which was appropriate to the group.

The interview schedule was pre- tested on twenty-plant users at the Clinic. [illegible] further adjustments were made on the interview schedule.

CHAPTER 4

PRESENTATION AND INTERPRETATION OF DATA

Analysis of data involves reducing all individual observations into some manageable form. This was done by counting the numbers of times a variable occured.

The researcher scrutinized the interview schedules done each day in order to check for completeness, accuracy and uniformity. Any mistakes noted were corrected immediately.

The data collected from twenty (20) respondents were organised manually, numbered and categorised according to the responses given for each variable. Descriptive Statistics using frequency distributions and percentages have been used in tabulating the data. It is stated that tables conserve space, by presenting data in such a way that the narrative may be reduced.(31) In addition the tabulated data are easier to remember.

TABLE 1: AGE DISTRIBUTION OF RESPONDENTS IN RELATION TO PROBLEM EXPERIENCED DURING USE OF IMPLANT

Age Range (Years)	Problems Experienced			Total
	No Side Effects	Menstrual Alteration	Health Problems	
30-34	1 (5%	1 (5%	-	2 (10%)
35-39	2 (10%)	5 (25%)	1 (5%)	8 (40%)
40-44	1 (5%)	5 (25%)	1 (5%)	7 (35%)
45-49	-	3 (15%)	-	3 (15%)
Total	4 (20%)	14 (70%)	2 (10%)	20 (100)

This table shows that the majority of the clients fourteen (70%) experienced menstrual alteration whereas four (20%) did not experience any problem. The clients aged between thirty-five (35) and thirty-nine, five (25%) experienced menstrual problems, the same applies to those who were aged between fourty-five (45) and fourty nine (49) five these (15%) had menstrual alteration.

TABLE 2: EDUCATIONAL [illegible] IN RELATION TO VIEWS OF [illegible] EFFECTIVENESS OF NORPLANT AFTER FIVE YEARS.

EDUCATIONAL LEVEL	VIEWS OF RESPONDENTS ON EFFECTIVENESS			TOTAL
	[illegible]	Ineffective	Dont Know	
No Schooling	-	1 (5%)	-	1 (5%)
Primary	[illegible]	3 (15%)	3 (15%)	7 (30%)
Secondary	-	3 (15%)	6 (30%)	9 (45%)
College	-	1 (5%)	-	1 (5%)
University	-	1 (5%)	1 (5%)	2 (10%)
TOTAL	[illegible]	9 (45%)	10 (50%)	20 (100%)

Table 2 shows the breakdown of the respondents educational level in relation to their views on the effectiveness of norplant after five years of use. The majority of the respondents ten (50%) did not know whether norplant was still working or not. One (5%) respondent with Primary education reported that norplant was still working.

[illegible]

TABLE 3. SHOWING EDUCATIONAL LEVELS OF RESPONDENTS WITH REGARD OF PROBLEMS OF NOT HAVING NORPLANT REMOVED AT FIVE YEARS.

EDUCATIONAL LEVEL	PROBLEMS			TOTAL
	Don't Know	Pregnancy	Ectopic Pregnancy	
No School	2 (10%)	-	-	2 (10%)
Primary	6 (30%)	1 (5%)	-	7 (35%)
Secondary	8 (40%)	-	-	8 (40%)
College	1 (5%)	-	-	1 (5%)
University	2 (10%)	-	-	2 (10%)
TOTAL	19 (95%)	1 (5%)	0	20 (100)

The above table indicate that 19 (95%) of the respondents did not know that there could be some side effects if norplant is not removed at five years of use. The majority of the respondents eight of those who [illegible] Secondary School level of education followed by six (30%) who were at Primary level of education did not know whether norplant can create problems if not removed at 5 years. One (5%) of the 20 (100%) respondents knew that she could get pregnant if norplant was in situ after five years.

/2)....

TABLE 4: RESPONDENTS EDUCATIONAL LEVEL IN RELATION TO NUMBER OF TIMES ATTENDED REVIEW DURING USE.

EDUCATIONAL LEVEL	RESPONDENTS NUMBER OF TIMES ATTENDED REVIEW				TOTAL
	3	2	1	NONE	
No Schooling	-	-	1 (5%)	-	1 (5%)
Primary	5 (25%)	2 (10%)	-	-	7 (35%)
Secondary	4 (20%)	5 (25%)	-	-	9 (45%)
College	-	1 (5%)	-	-	1 (5%)
University	-	-	1 (5%)	1 (5%)	2 (10%)
TOTAL	9(45%)	8(40%)	2 (10%)	1(5%)	20 (100)

Table 4 shows that the majority of the respondents attended review, maximum of 3 times out of these 5 (25%) had Primary education while 4 (20%) had Secondary education. Eight (40%) of the respondents attended review twice. Out of the eight (40%) respondents five (25%) has secondary education, while two had primary education. However, one (5%) respondent who had reached University educational level never attended revi..

TABLE 4: RESPONDENTS EDUCATIONAL LEVEL IN RELATION TO NUMBER OF TIMES ATTENDED REVIEW DURING USE.

EDUCATIONAL LEVEL	RESPONDENTS NUMBER OF TIMES ATTENDED REVIEW				TOTAL
	3	2	1	NONE	
No Schooling	-	-	1 (5%)	-	1 (5%)
Primary	5 (25%)	2 (10%)	-	-	7 (35%)
Secondary	4 (20%)	5 (25%)	-	-	9 (45%)
College	-	1 (5%)	-	-	1 (5%)
University	-	-	1 (5%)	1 (5%)	2 (10%)
TOTAL	9(45%)	8(40%)	2 (10%)	1(5%)	20 (100)

Table 4 shows that the majority of the respondents attended review, maximum of 3 times out of these 5 (25%) had Primary education while 4 (20%) had Secondary education. Eight (40%) of the respondents attended review twice. Out of the eight (40%) respondents five (25%) has Secondary education, while two had primary education. However, one (5%) respondent who had reached University educational level never attended revi...

TABLE 5: RESPONDENTS OCCUPATION IN RELATION TO LENGTH OF TIME USED WORKPLANT AFTER FIVE YEARS.

OCCUPATION	LENGTHS PERIOD OF USE										TOTAL
	1	2	3	4	5	6	7	8	9	10	
Housewife			3(15%)			2(10%)					5 (25%)
Secretary		1(5%)	1(5%)			2(10%)		1(5%)			6 (30%)
Professional					1(5%)	1(5%)		2(10%)			4 (20%)
Engineers	1(5%)			1(5%)							2(10%)
Cleaner				1(5%)						1(5%)	3 (15%)
TOTAL	1(5%)	1(5%)	4(20%)	2(10%)	1(5%)	5(25%)	-	3(15%)		1(5%)	20 (100).

Table 5 shows the breakdown of the respondent's occupation in relation to length of time used workplant after five years. It shows that one (5%) respondent a cleaner overstayed for ten months after five years of use. Followed by 2 (10%) professionals and one (5%) secretary who stayed for eight months. It further on shows that five respondents stayed for 6 months, 2 (10%) Housewives, 2 (10%) secretaries and one 5% professional. The rest of the respondents stayed awa[illegible] 5 months or less than 5 months.

Table 4: RESPONDENT'S OCCUPATION IN RELATION TO REASONS GIVEN FOR NOT RETURNING FOR REMOVAL OF NORPLANT.

OCCUPATION	RESPONDENTS REASONS							TOTAL
	No problem	No doctor at clinic	Busy at work	Social problem	Fear of getting pregnant	No special date given	Told to leave Norplant in site until office about 5 years.	
House wife	2(10%)			1 (5%)	1(5%)	1(5%)		5 (25%)
Secretary	1(5%)	3(15%)				1(5%)	1(5%)	6 (30%)
[illegible]	2(10%)	1(5%)	1(5%)					4 (20%)
Business				1 (5%)	1(5%)			2 (10%)
Cleaner		1(5%)		2(10%)				3 (15%)
TOTAL	5(25%)	5(25%)	1(5%)	4(20%)	2(10%)	2(10%)	1(5%)	20 (100)

The above table indicates that 5 (25%) of the respondents did not return for removal because they did not experience any pressure during use, 5 (25%) reported to the clinic but there was no doctor to remove the norplant. Four (20%) were busy, and had social problems. Two of the respondents thought that if norplant was removed they would get pregnant.

TABLE 7: RESPONDENTS [illegible] OF USE OF [illegible] IN RELATION TO ALTERNATIVE METHOD OF CONTRACEPTION USED

PERIOD OF USE	ALTERNATIVE METHODS OF CONTRACEPTION			TOTAL
IN MONTHS	NONE	PILL	TRADITIONAL MEDICINE	
1 - 4	9(45%)	-	1 (5%)	10 (50%)
5 - 8	8(40%)	1 (5%)	-	9 (45%)
9 - 12	1 (5%)	-	-	1 (5%)
TOTAL	18 (90%)	1 (5%)	1 (5%)	20 (100).

This distribution shows that only two respondent had started using other methods of contraception 18 (90%) were not using any [illegible].

TABLE 6: RESPONDENTS RESIDENTIAL AREA IN RELATION TO NUMBER OF TIMES ATTENDED REVIEW

Residential Area	Respondents Number of times attended Review				TOTAL
	3	2	1	NONE	
Low Density	4(20%)	4(20%)		1 (5%)	9 (45%)
Medium density	1 (5%)	4(20%)	-	-	5 (25%)
High density	3 (15%)	1 (5%)	2(10%)	-	6 (30%)
TOTAL	8(40%)	9 (45%)	2 (10%)	1(5%)	20 (100)

This table shows that nine (45%) respondents from low density area attended review. Out of this, four (20%) attended three times whereas the other four attended two times, only one (5%) never attended review. These were followed by those from high density area. Where three (15%) attended review three times, one attended twice and two attended once. The respondents who were from medium density area attended one (5%) three times, whereas four (20%) attended twice.

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Privacy Offered	Secretary n - 6				House wife n - 5				Business n - 2				Cleaner n - 3				Professional n - 4				TOTAL
	None	1	2	3	None	1	2	3	none	1	2	3	0/	1	2	3	None	1	2	3	
1 User with 1 Counselor			1(5%)													1(5%)	1(5%)				3 (15%)
1 User with more than 1 Counselor.				1(5%)											1(5%)	1(5%)			2(10%)		4 (20%)
More than 1 user with 1 Counselor			1(5%)																	1(5%)	2 (10%)
More than 1 user with more than 1 Counselor			2 (10%)	1(5%)		1(5%)	1(5%)	2(10%)		1(5%)		1(5%)							1(5%)		11(55%)
TOTAL			4 (20%)	2 (10%)		1(5%)	2 (10%)	2 (10%)		1(5%)					1(5%)	2 (10%)	1(5%)		2 (10%)	1(5%)	20 (100)

This distribution shows that the majority of the respondents 11 (55%) were counselled by more than one Counsellor and also there were more than one client during the Counselling session. This was followed by four who were counselled by more than one counsellor while there were 3(15%) respondents were counselled by one Counsellor to one respondent.

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CHAPTER 5:

DISCUSSION OF FINDINGS, TEST OF HYPOTHESIS, CONCLUSION, RECOMMENDATION AND LIMITATION OF THE STUDY.

5.1. Discussion of Findings

The study was conducted for the purpose of establishing reasons for not returning for scheduled removal of norplant contraceptive at Family Planning Clinic at University Teaching Hospital.

Knowledge On Norplant

The researcher wished to establish whether knowledge on norplant has influenced clients return for removal of norplant. The mean age of respondents was 31.8 years. Norplant users were knowledgeable of the problems that they experienced with norplant use. Problems encountered during use can have an influence on their return. If clients observe many problems they would be obliged to seek medical advice, whereas if they have less problems or no problems at all this might make them stay at home. The problems that were experienced by norplant clients were menstrual alteration such as amenorrhoea, menorrhagia, spotting between menstrual cycles. Clients also experienced health problems such as headaches in the mornings, painful breasts and backache. All these problems were experienced during the first three months of use. This study revealed that age had no influence on problems experienced, since the problems were evenly distributed among all age groups. This is shown in (Table 1).

A similar study conducted in Asyut Egypt on norplant, Clients experienced problems of menstrual alteration and health problems during the first three months of use of norplant. (3)

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Problems experienced during use of norplant influenced the returning for review of respondents. Respondents in this study attended review sessions only up to three times for the time they used norplant. According to the findings of this research, visits made for review by respondents were made in the first year of use, while they were experiencing menstrual problems and health problems. Respondents felt that they could only use the facility when they felt it necessary. The majority nine (45%) of the respondents made three visits for review, whereas the remainder eleven (55%) made two or less visits. This data also show that respondents only used the Clinic when they had a problem, thereafter they never went back for review (see table 7).

The behaviour of using health facility only when one had a problem was also observed in a study done in Kenya, where it was found that mother's perceived susceptibility to risks associated with norplant dictated their compliance in seeking medical care, or if they had problems want to seek medical care.

The researcher also wanted to establish whether place of residence affects patient's attendance for review. The findings of this research showed that more respondents from low density 8 (40%) attended review up to three times (see table 8). These respondents could have been closer to the institution.

[illegible] thought that norplant could still be effective after five years of use. This knowledge was necessary, since depending on [illegible] they viewed effectiveness of norplant, this could have had an [illegible] on their return for removal. The majority 10(50%) of the respondents (see table 2) did not know whether norplant was still working after five years of use. This showed that those women did not come back for removal because of ignorance. This ignorance can be attributed to the fact that adequate information was not given to respondents. The other nine (45%) of respondents knew that norplant was no longer effective. Despite the fact that respondents knew that the contraceptive was no longer working, they still did not come voluntary for removal. Contraceptive behaviour is a highly complex phenomenon influenced by many determinants. [illegible] dimensional theoretical frame work for research on Contraceptive behaviour incorporates a Socio-Psychological model of individual decision making as well as an interpersonal model of factors influencing provider client interaction.(21) These factors could be at individual level or service [illegible]

The researcher also wanted to find out whether norplant clients knew that there could be problems if norplant was not removed after five years. This was so because if respondents knew that they should have come back for removal of norplant. Nineteen (95%) did not know that there could be some problems if norplant is not removed at 5 years of use. The problems that can arise

[illegible] Norplant in vain, sometimes a woman can get [illegible] pregnancy. Respondents reported that the problems of not having norplant removed was not discussed by the health personnel at the family planning clinic. Only one (5%) client knew that one can get pregnant with norplant still in situ. Education did not have an influence on the type of information remembered by respondents. Even those who had attained tertiary education did not know of any risks involved. If people do not know the risk involved in not having norplant removed, Compliance would be difficult. Compliance is associated with more information being given to clients. Provision of information can be a significant factor in reinforcing contraceptive use.

The researcher also looked into the privacy being offered at Family Planning clinic, whether it could have some influence on failure of norplant clients [illegible] time for removal. The ideal situation for counselling is one client to one counsellor ratio. But this study revealed that the majority 11(55%) of the respondents were (see table 9) Counselled in a room where there were more than one client and more than one Counsellor (see table 9). Occupation of respondents did not affect privacy that was offered at the clinic. In view of this it shows that lack of privacy could have influenced [illegible] returning back at clinic for removal of norplant.

UTILISATION OF FAMILY PLANNING SERVICES

Respondents in the study exceeded five years of use of norplant. Therefore the researcher wanted to find out the length of time

The respondents were supposed to have five years in relation to their occupation. One Cleaner (5%) stayed for ten (10) months (see table 5). which was the longest period. The rest of the occupation stayed away for months ranging between 1 to 8 months. Respondents knew that this was a foreign body, after five years it is supposed to be removed. But they still decided to stay. Respondents were asked, why they did not return to the clinic for scheduled removal. Various responses were given. Five (25%) respondents did not come for removal because they did not experience any problem since norplant was inserted. (see table 6). This shows that these respondents did not get adequate information on use of norplant. It does not mean that when one has no problem they should remain with the norplant in situ. This shows that appropriate information was not given. The other five (25%) reported that each time they went to the clinic the doctor was not there. They were told he was busy somewhere. This was due to the fact that norplant is still a new Contraceptive, and there are only three Doctors trained in insertion and removal of norplant. It implies there is need to train more health care providers on insertion and removal of norplant, so that clients will be attended to on time.

The other reason that was given by four (20%) of the respondents had social problems like nursing sick relatives or had gone for a funeral on the appointment date given. So when that day was over, they were afraid to come back to the clinic to make another appointment. Two (10%) feared that if norplant was removed they would get pregnant. Clients need to be given

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full information on use of norplant. Two (10%) reported that there were no specific dates given for removal. They were just told to go after five years. This is not specific enough for the Client to follow. There is need by the staff at Family Planning Clinic to give a specific date, written on a card so that the client can remember. One (5%) was instructed by the doctor to leave norplant in situ until after she had sterilization done. One (5%) respondent reported that she was very busy at work so she did not find time to come to the Clinic.

Institutional factors of not finding the doctor, can be solved if the institution can train more health care providers, so that Clients do not return home unattended to. This frustrates them. Thereafter they stop using the health facilities.

These respondents attended the same kind of Counselling prior Insertion Session given by same counsellors during the same period. Consequently they should have recieved similar information. The fact that respondents were fully informed but did not return for removal. There is need to follow up clients in their homes, to remind them of dates to return for review and removal. This is also due to existing attitudes towards family planning where clients do not feel it is an obligation to visit the family planning clinic once they are enrolled. There is need to evaluate the information given to clients at the clinic.

Literature reviewed states that a doctor in a developing country is kept busy throughout his working hours with [illegible] condition and has no time to women needing family planning.(37)

Since these women did not return for removal of norplant, the researcher also [illegible] to find out alternative methods of family planning used by respondents after five years. The majority eighteen (90%) of the respondents were not using any other Contraceptive. Two (10%) used other types of contraceptive, one (5%) used traditional medicine, the other one (5%) bought [illegible] from the chemist. Among eighteen (90%) respondents [illegible] were not using alternative contraceptive. Out of eighteen (90%) respondents, ten (50%) were having sexual relationship with their partners. None of them reported [illegible] pregnancy.

The literature examining provider patient interaction in medical care has indicated that greater compliance is associated with [illegible] information being given.

Literature indicates that time spent with the patient and amount of information imparted by providers are important factors in patient satisfaction.

The fact that respondents were informed fully about what was expected of them this behaviour of not returning for review and removal indicate that information given should be specific

be specific and clear for respondents to follow. There is need to have this information documented on review cards. If client does not follow appointment, home visits should be done. Review of clients is necessary to evaluate the safety of the method.

A study done on utilization of Health Services in Developing Countries revealed that Attitude Utilisation rates will depend upon a complex of factors between individuals who perceive a need for services and specific practitioners of facilities that are available to them.

5.2. IMPLICATION FOR THE HEALTH SYSTEM

Family Planning clinics do not seem to have much value attached to them. Even when clients report to family planning clinic, they are given inadequate information regarding when they are expected to report for review. This frustrates the client. This problem demands that health workers determine ways and means of attracting clients to return to family planning clinic. The community health Nurse and other health personnel should teach clients the importance of returning than on a contraceptive.

There is need for health personnel to be oriented on good human relationship so as to equip them with better skills on the proper ways of handling people in order to win their confidence. This will in turn change the clients attitude towards health care.

CHAPTER 6

6.1. CONCLUSION

1. The study was done to establish factors that influenced returning of clients for scheduled removal of norplant at family planning clinic at University Teaching Hospital.

The Researcher found out that returning for review, is dependent upon problems that one experienced during use. Respondents attended review for one (1) to three times. They attended reviews because they experienced menstrual problems and health problems. Those who they never attended any reviews.

2. The findings that revealed that the knowledge of respondents on the effectiveness of norplant is mixed, there were some who stayed away because they did not know whether it was effective. Some knew it was ineffectiveness of norplant varied, there some stayed away because they did not know whether it was effective. Some knew it was ineffective, but still stayed away. The majority of the respondents did not know that they could get adequate pregnancy if norplant was left in situ after five years. This is so because the population level in the Kitwe is low.

There was inadequate privacy provided to clients at the Clinic. The ideal counselling ratio is one client to one counsellor so that privacy is maintained.

3. A lot of variable information was gathered from this study on factors that influenced returning back for removal of

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[illegible] gave the following responses.

[illegible] (25%) experienced no problems.

Five (25%) there was no [illegible] to attend to them.

Four (20%) had [illegible] problems.

Two (10%) feared that if norplant was removed they would get pregnant.

Two (10%) reported that there was no specific date given.

One (5%) was busy at work.

One (5%) told by Doctor to leave implant in situ until after sterilization.

The findings revealed that two respondents had started using substitutive methods. Both started using the pill and traditional methods.

Focus group discussion done did not yield any results, since the audience did not have any knowledge of Norplant. This could have been due to the fact that Norplant is new in Zambia.

6.2. RECOMMENDATIONS.

1. There is need to intensify health education on the importance of seeking medical care early by norplant clients. This should be done at health centre level and at community levels.

2. The health personnel at Family Planning Clinic should periodically undergo inservice orientation programmes especially on the need for giving clearly stated specific advice to norplant clients so that clients can know when to seek medical attention or when to come for removal.

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3. The health personnel ... to ensure that clients' addresses and next of kin is recorded correctly. Enquire about neighbourhood and recording the following:-

- Section of residence
- Type of house occupying whether it belongs to National Housing Authority, City Council or renting.

This information is vital when following up clients. There is need to explain to clients on the importance of giving correct address. Health personnel should ask whether the house is near a ... landmark.

4. ... to need for accurate record ... so that the information in the client's file corresponds with information in the register.

5. Provision of ... is vital so that clients are able to follow what is expected of them and can share information with their spouses and friends. This will reinforce ... messages provided to be adhered to. ... probably each client would be given a printed card with the date for renewal indicated and review times.

6. Clients should be followed up from second year of use, since at this stage, they ... longer experience menstrual alteration problems, hence may not come back for revisit.

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ANNEX 3

FACTORS AND CUT OFF POINTS FOR VARIABLES

DEPENDENT (Failure of effort to return to renewal.	CUT OFF POINTS	
Independent Age	15 - 49 years	
Parity	1 - 12	
Occupation	Housewife	1
	Secretary	2
	Professional	3
	Business	4
	Cleaner	5
Marital Status	Single	1
	Married	2
	Widowed	3
	Divorced	4
Educational Level	No Schooling	1
	Primary	2
	Secondary	3
	College	4
	University	5
Language	English	1
	Kiswahili	2
	Kikuyu	3
Residential Area	Low density	1
	Medium density	2
	High density	3

Fig. No. 4

FACTORS AFFECTING NORPLANTS USERS

Low quality of Service Offered

Lack of Information On the method

Distance to Family Planning Clinic

FAILURE TO RETURN FOR SCHEDULED REMOVAL OF NORPLANT

Limited use of Family Planning Revision.

Level of Motivation of Client

Clients Negative attitude to service offered.

Social Cultural Beliefs of the Client

Clients Perception of providers Attitude

APPENDIX V

School of Medicine,
University of Zambia,
P.O. Box [illegible],
Lusaka.

To [illegible]

[illegible]

[illegible]

[illegible]

Dear Madam,

RE: [illegible]

I am a student at the School of Medicine, Department of Post Basic Nursing, the University of Zambia. In partial fulfilment of the course requirements, I am required to submit a research study. My topic is failure of [illegible] users to come for scheduled reviews. I would very much like to come to your house or your work place to discuss this topic with you.

I should be grateful to receive a favourable reply from you by simply filling and sending the attached slip back to me as soon as possible.

Thank you for your cooperation.

Yours faithfully,

Margaret C. Mbewe

REPLY SLIP

Yes, I will be pleased to discuss complaint with you.

Signature: [illegible]

Full address: [illegible]

[illegible]
P.O. Box 50110, Lusaka, Zambia
Telephone: 2[illegible] (Switch Office)
[illegible] ([illegible])
[illegible] ([illegible]) [illegible] Groups
Telegrams: [illegible], Lusaka
Telex ZA [illegible] Fax: +260-1-253972

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

Our Ref:

Your Ref:

27 December 19[illegible]

Mrs U C Mulaboliw[illegible]
Dept. of P B H
U T H

Dear Mrs. Mulaboliw[illegible]

Re: [illegible] STUDY

Thank you for your letter dated [illegible]th December 19[illegible] regarding the above study.

Permission to carry out the above study in the Dept. of Obs/Gynae. is granted.

I wish you success.

Yours sincerely

N C Sikazwe BSc [illegible] MRCOG
HEAD OF DEPARTMENT

cc [illegible] [illegible]

APPENDIX A

SELF-SPONSORED EXTENSION COURSE

Sheet No. 1/ _

INSTRUCTIONS TO INTERVIEWER

1. No name should appear on this questionnaire

2. Information given will be treated as strictly confidential

3. Write the appropriate number of the response in the boxes provided.

4. For responses with alternatives write the response on the space given.

5. Ask all questions.

BACKGROUND INFORMATION OF RESPONDENT

1. Residential address .. ..

.....

2. Age: ... .

3. What is your marital status

1.	Single	1
2.	Married	2
3.	Widow	3
4.	Divorced	4

/3A.....

4. [illegible]

5. [illegible]

1. [illegible] 1
2. [illegible] 2
3. [illegible] 3
4. College 4
5. University 5

6. [illegible]

.....

7. [illegible]

1. [illegible] 1
2. Secretary 2
3. [illegible] 3
4. Fashion 4
5. Cleaner 5

[illegible]

8. [illegible]

.....

9. [illegible]

1. Yes 1
2. No 2

10. If yes, do you know the date when norplant was inserted?

1. Yes ☐ 1
2. No ☐ 2

11. If yes, What was the date?

.....

12. For how long have you been using this method?

.....

13. When you had norplant inserted were you given a specific date to return for it to be removed?

1. Yes ☐ 1
2. No ☐ 2

14. If yes, what was the date?

.....

15. Have you experienced any problems for using this method?

1. Yes ☐ 1
2. No ☐ 2

16. If yes, What problems did you experience?

.....

.....

.....

17. Apart from the problems you experienced, what other problems were mentioned by the Counsellor at the Clinic.

.....

.....

.....

18. Have you had norplant removed?

1. Yes
2. No

19. If no, why had you not returned to this clinic to have it removed?

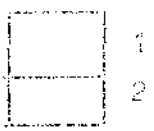
.....

.....

.....

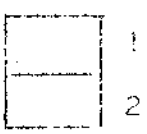
20. Do you think it is still working?

1. Yes
2. No.



21. If yes, have you ever used any other method to prevent pregnancy?

1. Yes.
2. No.



22. If [illegible] have you been having sex with your [illegible]?

1. Yes

2. No.

23. If [illegible] what did you [illegible]

....

....

24. [illegible] the [illegible] implant removal [illegible] year?

1. Yes

2. No.

25. If [illegible], what are they?

....

....

COUNSELLING PERFORMANCE

26. Did the Counsellor at the Clinic discuss with you which women should use norplant?

1. Yes

2. No.

27. If [illegible] who?

....

28. What language did the Counsellor use at the Clinic?

.....

29. Did you [illegible] discussed at the Clinic?

1. Yes
2. No.

30. If no, is there anything the Counsellor could have done to make the information much simpler for you to remember?

1. Yes
2. No.

31. If yes, what could she have done?

.....

32. Was the discussion held in a room?

1. Yes
2. No.

33. Was the place used for discussion noisy?

1. Yes
2. No.

34. How many clients were there in the room during Counselling?

1. Alone
2. Two
3. More than two

35. How many Counsellors were in the room?

1. One
2. Two
3. More than one

36. Did the Counsellor tell you when to go back for review?

1. Yes
2. No.

37. If yes when did he tell you to go back?

.....

38. How many times have you been to the Clinic for review?

.....

39. Have you missed any appointment date?

1. Yes
2. No.

40. If yes why did you miss them?

.....

[illegible]

[illegible] DISCUSSION GUIDE

Hires
Dated: 7-12-91

INTRODUCTION:

1. R to a greeting
2. Int[illegible] order
3. Int[illegible] Community politely
4. Inform Community purpose of the discussion.

The purpose of the discussion is to help each other learn more about the methods that are used informal planning. We are all mothers with child n and at one time or another we would like to most giving birth. As such I feel that our discussion today will help us learn fr[illegible] other two types of family planning methods [illegible].

There are so many types of Contraceptive devices that we have used, but today I would like [illegible] to discuss only one type called norplant.

We can only help each other by all of us contributing to the discussion sharing of ideas will [illegible] gather information on this type of contraception. P[illegible] everyone here to talk because all your contributions are very important. May I please record this information so that I do not forget?

TOPICS FOR DISCUSSION:

Who among us is currently using norplant Contraceptive? Or knows anybody using this type of Contraceptive?

2. How was it inserted?

3. Do you remember the instructions that Sister gave you at the time of insertion?

4. When is it going to be removed?

5. Are there any problems that might arise if you do not get it removed at that time?

6. Have you told any spouse at times for coming for review?

7. Do you think it is necessary to attend review session?

8. Why do you think it is necessary?

9. When you go to the Clinic does Sister discuss your problems with you alone or in a group?

10. If in a group how many times do I see many clients?

GROUP	RESIDENTIAL AREAS	NUMBER OF RESPONDENTS	INTERVIEW DAYS
A	University of Zambia Hospital [illegible] Lubumba Arakan Barracks	5	2 days
B	Ibex [illegible] Northmead Olympic [illegible] Compound	8	4 days
C	Kalingalinga, University Mtendere, Kalingalinga	8	4 days
D	Ch[illegible] Kaunda Square	6	3 days
E	Kabulo[illegible]a Woodlands extension Woodlands	6	3 days
F	MEPA Matero	2	1 day
G	Kalundu Mana[illegible]	2	1 day
H	Old Mumbwa Road	1	1 day
I	Kafue [illegible] Kafue [illegible]	2	1 day
J	Lusaka South	1	1 day
K	Mtendere	2	1 day
TOTAL	[illegible]	43	22 days

/6[illegible]

UNIVERSITY TEACHING HOSPITAL
(BOARD OF MANAGEMENT)

INTERNAL MEMORANDUM

Ref. UTH/ED004/01

TO: Mrs. Margaret M.[illegible]

FROM: The Executive Director

DATE: 14th December, 1991

SUBJECT: RESEARCH STUDY

Reference is made to the matter of the above subject matter.

Permission is granted for you to undertake the study.

H.N. LIKUMBWA MB ChB FRCP

SCHOOL OF MEDICINE
UNIVERSITY OF ZAMBIA
P.O. Box 50110, LUSAKA, ZAMBIA

Telephones:
[illegible] (Dean's Office)
[illegible] (University Teaching Hospital)
[illegible] (Pre-Clinical)
Telegrams: Unza, Lusaka.

DEPARTMENT OF [illegible]

Date.....

The .....

.....

.....

.....

.....

[illegible]
Lusaka

Dear [illegible],

Re: [illegible]

I am a final year [illegible] at the School of Medicine, University of Zambia, [illegible] required to conduct a research study in the area of my interest [illegible] Zambian people [illegible]. My research topic is.....

.....

.....

I would be very grateful if you could kindly grant me permission to [illegible] conduct interviews in your institution. This will enable me to collect information required for the study. Collection of data will be between .....and.....

Your favourable reply, to my request would be greatly appreciated.

Yours faithfully,

.....

.....

School of Medicine,
University of Zambia
P.O. Box 50110,
LUSAKA.

To Mr. Moses Mukosa,

U.N.F.P.A Country Director,
U.N.D.P.
P.O. Box 31966,
LUSAKA.

u.f.s. Ms. [illegible]lo,
Head of Department

Dear Sir,

RE: RESEARCH STUDY - FAMILY PLANNING STUDY

I am a final year student at the University of Zambia. In partial fulfilment of the course requirements for the MSc. I am required to submit a research study of my choice. As I have worked in the Family Planning Clinic, the research topic I have chosen is:

" Contributing Factors on Failure of Couples to Come back for Scheduled Renewal ".

The duration of the study is estimated to last from December, 1991 to June, 1992. The cost of the study is estimated at K30,000.00. The greatest expenditure is in the area of transport as the nature of the study demands face-to-face indepth interview of client in their homes.

The purpose of this letter is to request your kind assistance in funding the project totally or in part. I will, ofcourse, produce a Financial Report with receipts of expenditures.

Please find attached the Research Proposal together with the details of the budget.

I would be most grateful if my request will meet with your kind approval.

Attached herewith is the proposed and budget for the study.

I shall be very grateful if my request will be considered favourably.

Yours faithfully,

Mrs. Margaret C. Mulumbwa