

AN

*INVESTIGATION OF THE ATTITUDE OF  
STUDENTS AT THE UNIVERSITY OF ZAMBIA  
TOWARDS THE USE OF CONTRACEPTIVE*

*BY*

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## DEDICATION

*This work is dedicated to my beloved family Dad and Mum (Mr. and Mrs Makunka, ( Mwape, Katye, Kaluba, Chungu, Kaimba) for their support during my research and for sponsoring the whole research.*

*Dad and mum, at least your plans and efforts are beginning to bear good fruits.*

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All said and done, any errors remain my sole responsibility and not of the above mentioned individuals.

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## 1.1 CHAPTER 1: INTRODUCTION

The University of Zambia administration actually had made it clear concerning decisions whether students can have sex or not is entirely in the hands of the students. The students have been given the freedom to choose whether to use contraceptives or not. There were a lot of factors which led to the opening up of the University of Zambia Clinic and counselling centre (like students needed treatment and to be counselled) but family planning (contraception) was one of the reasons why these vital places were opened. At the University of Zambia counselling centre and clinic they offer services to students, they advise students on how to use the available contraceptives provided which are actually condoms, pills, injectables and their main emphasis is actually abstinence. The services offered at the University of Zambia clinic and counselling centre are for free. Even though these family planning services are for free, students are not actually responding to the contraceptives available at the University of Zambia counselling centre and clinic.

The problem of students not making use of contraceptives is actually evidenced by traces of pregnancies that are actually on the increase among students. At least among 10 ladies one meets on the streets of the University of Zambia campus 2 ladies are pregnant. This problem is so widespread such that it affects students at all levels (educational level, economic status, social and all ages are falling pre to this problem. It is not that students want to fall pregnant with all this pressure from school, it is just that students find themselves in such situations. The severity of the problem of pregnancies is

such that a number of students have withdrawn from students, others actually miss exams and tests, others are forced to write differed exams and others their performance actually goes down due to the fact that they spend more of the time nursing the pregnancies. There is also actually evidence at the counselling centre and the clinic about abortions among students of which just a few abortions are reported and a hand full are not reported. The questions everyone is asking and keeps on asking is where is their emanating from? Is it that contraceptives are not available at the University of Zambia Clinic and counselling centre? Is the counselling centre and clinic performing its task or are the students expressing ignorance about contraceptive use?

The solution to this major problem around campus has to be found without fail, thus this investigation report tabulates the actual situation concerning this case.

## **1.2 STATEMENT OF THE PROBLEM**

Although the University of Zambia counselling centre and clinic provide contraceptives at no cost at all, the real attitude of students towards contraceptives is not known. This research seeks to investigate the attitude of students towards the use contraceptives.

### **1.3 PURPOSE OF THE STUDY**

This study's gist actually sought to investigate the attitude of students at the University of Zambia towards contraceptive use. This study therefore had the following objectives:-

- i) To establish the attitude students actually have towards contraceptive use.
- ii) To determine the number of students using contraceptives.
- iii) To identify the reasons why students do not make use of contraceptives.

### **1.4 RATIONALE**

The importance of the study was predicted on the urgency meant to arrest the seriousness and the extent of the problem of not fully responding to contraceptives at the University of Zambia. Indeed it is evident from the discussion reports and other reports that the University of Zambia students are not making use of contraceptives to the fullest. Therefore, the outcome of this research would be valuable to the community at campus, major health centres and the counselling centre, curriculum designers (the University of Zambia Senate) interested parties the actual facts why students have got such an attitude towards contraceptive use.

The findings will also help to see if at all the University of Zambia Clinic and counselling centre are actually performing their duties.

Aside from the aforesaid, this report will provide a basis for further research in this field of study by those who would want to. And it will also show whether the objective alluded to in this study can be founded or not.

## **1.5 ASSUMPTIONS OF THE STUDY**

It was assumed but there was a lot of factors hindering contraceptive use which had unproven answers. Firstly, it was assumed that students have a very negative attitude towards contraceptives, it was actually further assumed that very few students make use of contraceptives and the other assumption was that one would like to know why students do not make use of contraceptives.

## **1.6 LIMITATIONS OF THE STUDY**

The University of Zambia main campus consists of about 6000 students and these students have been put into various schools. Due to limited resources and time, the study was restricted to a certain number of students. Also due to limited resources and time the researcher visited the University of Zambia and Copperbelt University, Society for Family Health and Central Board of Health to see how the students, youth and the public are responding to contraceptive use. Also at the time of Data collection students had gone for vacation, hence the data collection had to wait until school opened and that prolonged the time

frame for the completion of the exercise. Even though they were these limitations, the researcher felt that the results brought out a true representation.

## 1.7 DEFINITION OF TERMS

The definitions below were used, in the study and were defined according to the context of this study, but in other fields the terms may be applied differently and convey different meanings.

i) Attitude

The way that one thinks and feels strongly towards something. (Oxford dictionary, 2000).

ii) Contraceptives

A drug, rather a device used to prevent a woman from becoming pregnant (Researcher's definition)

iii) Ignorant

This is a situation where students lack knowledge, information or they are not educated about something (Researcher's Definition).

This Chapter was centred on there view of the study on the attitude of students at the University of Zambia towards contraceptive use, has

discussed the statement of the problem, purpose of the study, rationale, assumptions, limitations of the study and definition of terms. In the succeeding chapter, the researcher discusses the literature review.

## CHAPTER 2

### LITERATURE REVIEW

The idea of the people not making use of contraceptives or making use of contraceptives has been a continuous controversy. Seminars and conferences have been held world over, researchers, have done awareness campaigns and advertisements have been conducted among groups, institutions and nations at large. Basically, contraceptive use has been a matter of interest to almost everybody. Technology has created new and more effective forms of contraceptives, yet no method of contraception has been wholly satisfactory. Personal and aesthetic objectives to various methods of contraceptives has still remained. Chilangwa (1995) points out that:

... contraception has been said to be a voluntary way of preventing pregnancies. It can be done by a woman, boy or girl if they don't want to have a baby. Contraceptives have got methods which can be used to prevent pregnancies and these methods can be used by a girl or boy, men and women (p38).

Method of family planning have been grouped as traditional/cultural, modern and others as natural and artificial. Examples of natural methods are fertility awareness – Methods such as mucus, rhythm, withdrawal and breastfeeding methods. Examples of artificial method could be oral and injectable contraceptives, nor plant female and male sterilization, condoms, loop and vaginal methods. Some of these methods are permanent while most of them are temporally.

There are a lot of contraceptives which one can chose from, here are some of the types of methods from which an individual can choose from. Taking note that various contraception methods have got their own advantages and disadvantages.

## **ABSTINENCE METHOD**

Abstinence actually means avoiding having sex completely. Some of the advantages of Abstinence could be, firstly it is a 100 percent effective method of preventing pregnancy, also it is the most natural method of contraception. Again this method can protect one 100 percent against catching sexually transmitted disease through sexual intercourse. Furthermore, it is the most inexpensive form of contraception method, free of the side effects. From a religious points of view, gives one (user) an absolute sense of purity and grace. It frees one from the clutches of guilty feelings of having sex outside marriage.

The disadvantages of such a method could be that it can be extremely impossible for those married couples to practice it, especially if they live together. In addition young people who have boyfriends and girlfriends, abstinence method may not work for them. They might be going “steady” for a long time, but later they may be tired of doing it. However there is nothing wrong to have a friend of the opposite sex. Infact one can remain friends for a long time without having sexual relationships. There are many youths who have succeeded, what is needed is self control.

## **WITHDRAWAL METHOD**

Withdrawal method is the act of withdrawing or pulling out the penis from the vagina during sexual intercourse so as to avoid ejaculating inside the vagina.

The advantage of withdrawal method could be that it can be an inexpensive method of contraception and this method can be said to be free of side effects.

Chilangwe (1995) also adds that withdrawal method has disadvantages.

... “This method can actually be termed to be unreliable as a few manage to withdraw their penis before they ejaculate and most youths are not experienced to withdraw in time. During intercourse, and before ejaculation, the Cowper’s gland releases a fluid, which carries sperm. If such a fluid enters the vagina, pregnancy takes place. This method cannot protect one against contracting STDs, including HIV” (pp 53).

## **RHYTHM METHOD OR NATURAL FAMILY PLANNING METHOD**

This method is based on following or observing natural signs in a woman (like infertile days or safe days, body or basal temperature and vaginal or cervical mucus inspection), which can help in determining when it would be safe to have sexual intercourse without getting pregnant. Currently this method is known as scientific natural family planning. Under this method, their methods like the calendar method

and Basal body temperature method, which helps the woman to know the right days to have sex (Werner 1999).

The advantages of such methods would be if one is married and wishes to have a baby one would have sexual intercourse during the unsafe period. During this period, pregnancy is likely to take place. This method is also useful for married couples who want to space their children but who would not consider it a disaster if the woman got pregnant. In addition, such a method does not cause health problems to the users, always available, cheap and most religious organisations actually have approved this method.

The disadvantages of this method could be actually argued that it does not protect one against STD including AIDS, furthermore, it would be difficult for one to easily tell the characteristics of the vagina mucus or the cervix. Lastly, such a method cannot be reliable for the fact that women's menstrual cycles do not follow a regular pattern hence some of the women have been known to get pregnant.

**SPERMICIDE METHOD:** Chilangwa (1995) defines spermicide as : a chemical which is available in form of jelly, foam, cream or tablets. It is used to kill sperm and prevent pregnancy. A woman places spermicides into the vagina shortly before sex. The tablet or jelly dissolves into the vagina and is effective for only 20 minutes. For repeated sex the woman inserts another tablet (p:60).

The merits of this method could be that it helps reduce the risk of contracting certain types of venereal diseases such as gonorrhoea. These tablets, form or jelly have been proved easy to carry around and use. The spermicides have been said to be inexpensive and one can bought without the doctor's prescription.

The demerits of spermicides could be that if too much of jelly, foam, or cream is used it may run out as the user walks, the other one could be that most people have complained that they had developed rash or minor allergies or irritation on their genitals after using spermicides. In addition such a method has never provided 100% protection against STD infection, especially HIV and it has only 80% protection against pregnancy.

## **THE CONDOM METHOD**

A condom is made from a thin but strong natural/or artificial rubber substance. There are male and female condoms. Condoms help prevent both pregnancy and sexually transmitted diseases (STDs). They keep sperm and any disease organisms in sperm out of the Vagina (Hatcher, etal 1997). The female condom, the inner ring covers the cervix and a male condom should always be worn on an erect penis.

One would be encouraged to use condoms because they are easy to use and carry, easy to buy and cheap, has a greater chance of preventing an unwanted pregnancy and if properly used it gives one good protection against STD infection including HIV/AIDS.

Also one would be discouraged to use condoms because very occasionally a defective condom breaks during sexual/intercourse and it is not 100% protection against HIV infection. In some occasions, some men would not love their partners to have a condom during sexual intercourse because they fail to have an erection.

## **INTRAUTERINE DEVICE (IUD) METHOD**

MOH 1997 States that intrauterine is:

... A way of protecting pregnancy by use of a loop. The loops have got names such as copper 7, copper T and lipen loop. The loop is inserted into the womb, it prevents any fertilized eggs from planting it self in the uterine lining. It makes it hard for sperm to move through the woman's reproductive tract and it reduces the ability of sperm is fertilize an egg. Loops are widely available and lasts 10 years in the womb when inserted (pp:3)

The advantages of the IUD method could be if properly fitted, the IUD gets to be a very reliable method of contraception, it also gets to be effective for a period of 5 years and if one decides to remove it, one would not face problems in getting pregnant.

On the other hand the IUD method has disadvantages. A woman gets to have painful monthly periods and heavy bleeding during the few months after the IUD has been inserted, one gets to have chances of Ectopic pregnancies (pregnancy in the fallopian

tube). And an IUD user experience continuous bleeding for a long time, say two months or misses their monthly periods.

## **DIAPHRAGM METHOD**

A diaphragm is made of very thin soft rubber. It is shaped like a shallow cup. It's opening is attached to light, flexible circular plastic or metal spring. It acts as a barrier that prevents sperms from entering the uterus. The diaphragm gets to be inserted several hours before sex and must stay in place six hours after sex (Chilangwa 1995).

The pros of using such a method would be easy to use, once a doctor has shown the user how to insert it, the spermicide smeared around the diaphragm helps to reduce the risk of infection of vaginal canal with certain types of STDs, such as gonorrhoea or trichomoniasis and the diaphragm is easily to carry.

The cons of such a method would be that although the spermicide may help in reducing the risk of STD infection, sometimes it might not work affectively. This method could not be available for women who suffer from problems like prolapsed uterus and protrusion of the bladder into the vagina. It could also not be suitable for women who do not like their genitals being touched.

## **STERILIZATION METHOD**

Sterilization as a contraceptive method means one thing. If one is a man (vasectomy or male sterilization) the vas deferens would be cut so that one could not impregnate a

woman. If one is a woman (female sterilization) the fallopian tubes are cut so that one can never get pregnant again. If the operation is done, it is permanent. It is good for men and woman who would not want to bear children anymore (MOB, 1999).

The merits of such a method could be it has less risks or side effects, the operation is very simple and one tends to stop to bother anymore about continuously using contraceptives and worrying about getting pregnant.

The demerits of such a method could be that usually vasectomy cannot be reversed, such operations might be very expensive to carry out and these operations do not protect one against HIV/STD infection.

## **ORAL CONTRACEPTIVE PILL**

There are two types of pills, the combined pill and mini pill. There are two types of hormones in the pills, oestrogen and progesterone. The oral contraceptive pill prevents pregnancy. They're a lot of types of contraceptives in Zambia such as Micogynon, Engynon, Ovrite, Microlut and Norminest (CBH, 1999).

Oral contraceptive pill prevents ovulation, makes uterine lining unsuitable for a fertilized egg to implant itself and grow into a baby, also turns the cervical mucus into a thick, sticky substance which blocks the cervix entrance. Also when one is using oral contraceptive monthly periods are regular and no heavy bleeding.

On the other hand, oral contraceptive pill could not be suitable for woman how smoke and those who are over 35 years. The pill also does not protect one against STD/HIV

infection and not suitable for women who have been having problems like heart disease, liver disease, cancer, mental disease and varicose veins.

Apart from the contraceptives mentioned above, there are other contraceptives like injectable contraceptive, Norplant contraceptive, implants method, doughing method, lactation or breastfeeding method.

### **TRADITIONAL METHODS OF FAMILY PLANNING**

With family planning, the methods are many though they differ depending on cultural beliefs, tribe and place where one comes from different parts of the country.

People from Luvale land, a woman collects some fibre from a Mporga tree and makes a string, she makes either 2 or 3 notes, even more and ties it on her waist. The number of notes will determine the numbers of years one will stay without becoming pregnant. Source informant, Mrs. Kapale Luvale land.

From the eastern Province, they have the following. A woman gets some blood clots from the first blood and last blood of her menstrual period on a piece of cloth and makes a string, then ties on her waist. As long as the string remains on her waist a woman cannot conceive.

The other method practiced by people from Northern province, a woman gets an exposed root which crosses the road or a small path. She cuts that root and makes small pieces of roots called "impimpi" in Bemba and "mponvia" in Nsnga. Then she makes small holes in the middle of the small roots and pushes a string through them.

The number of impimp put on a string will determine the number years of family planning. After that, the woman ties string around her waist.

With this other method, a woman gets a certain root known as Mkanda – chembele. She makes 4 impimpi and pushes in the string. She gets that string and puts it in a pot with water, then uses the same water to make porridge and drink. After drinking, she gets the string, wipe off the porridge and tie in the waist. If the string breaks a woman can conceive but if it does not break, a woman can stay without conceiving. When the string and impimpi become weak, one can replace them with new ones.

The Okapi method: it is done by a woman who buys a new okapi knife and takes it to the medicine man, who puts it in the medicine and leaves it to stay there for a number of days required. The number of days the knife will stay in the medicine determines the number of years a woman will stay without getting pregnant. After that the medicine man , gives it to the woman who should close it and take it home. At home a woman puts the knife on top of the bedroom door and nobody should see it, or else they would take it. When a woman is ready for a child, she removes the knife from the door and opens it. Source: informant, Mrs. J. Mwanza.

### **Advantages of Traditional methods**

It is actually inexpensive, one gets the resources from the natural resources such as tree roots and leaves at no cost at all. The resources to use are readily available. The instructions are not complicated to follow.

## Disadvantages of traditional methods

Sometimes these contraception methods are not 100% effective; some ladies fall pregnant even when they are not supposed to fall pregnant. These methods do not actually protect against HIV and STDS.

Apart from myths about contraceptives there are also a lot of views which have been expressed as to whether youths (students) should use contraceptives or not. The following are some of the factors which have been raised against the youths using contraceptives.

### **1. UNWANTED PREGNANCIES**

Girls can lose that fear of having unwanted pregnancies. Boys can too lose that fear of being responsible for making their girlfriends pregnant. This loss of the fear of being pregnant or causing a pregnancy could lead many youths to live very loose sexual lives. Loose sexual way of life can lead to many social problems such as the spread of sexually transmitted diseases, including AIDS.

### **2. MORALITY**

Many religious organisations such as Islam and the Roman Catholic church prohibit their followers from using contraceptives. They consider contraceptives use as an act which is against the will of God. The will of God requires people to multiply the numbers of their children and not to avoid them through the use of contraception.

### 3. HEALTH PROBLEMS

Some contraceptives may cause health problems (harmful side effects). This is especially so if the youths continue using them even longer after one becomes an adult.

### 4. POLITICS

In some countries the use of contraceptives especially in less developed countries, contraceptives are considered as a plan encouraged by the rich developed countries to weaken the poor countries by reducing their population.

There are also views expressed in favour of youths using contraceptives and these are:

#### 1. UNWANTED PREGNANCIES

Today there are more and more adolescents who experience sexual intercourse once or more times. Some of them become sexually active even though they are not married. As a result of the reality of this new situation, youths who opt to become sexually active should be allowed to use contraceptive in order to avoid unwanted pregnancy. This is because a pregnant youth, who may still be in school, college or university, could be expelled from college.

The consequences of being expelled are the following

- Permanent loss of education opportunities
- Wastage of time and money parents and educational institutions may have Spent on education for such expelled students.
- Expelled pregnant youths failing to contribute meaningfully to their own and

to national development.

- Many adolescents live in poverty in their adults lives because they cannot get good jobs to earn sufficient money to support themselves. They cannot get good jobs because they got pregnant before they could acquire useful skills needed to get gainful employment.
- Psychological consequences of being expelled from school or have an unwanted pregnancy.

## **2. SEXUALLY TRANSMITTED DISEASES**

More adolescents are suffering from sexually transmitted diseases like AIDS, syphilis, gonorrhoea, herpes. If youths are allowed to use contraceptives such as condoms, they can be protected against infection from sexually transmitted diseases.

## **3. ECONOMIC FACTORS**

Many adolescents who marry early cannot afford to have many children. They may not have good jobs to earn themselves enough money to feed, cloth and educate their children properly. Therefore, they need contraceptives to avoid having too many children whom they may not feed, cloth or educate properly (Bruce Shearer 1983).

In Zambia also, a research was done by Ali in which various attitudes towards contraceptives were observed, 300 people were randomly sampled. When asked about their opinions with regards to family planning 60% approved of it, while 19.7% said they did not approve it.

The reasons for approval included:

1. It helps spacing births (49.8%)
2. It helps for proper support for the family (14.7%)
3. Cost of living is high

Those who disapproved family planning offered the following reasons:

1. It is against religion (12.7%)
2. They want more children (4.3%) (Ali 1996)

In an African context, it was also observed that the attitude towards the use of contraceptives also depends on how sensitised people are, inclusive the providers of contraceptive services. Research was done in Kenya whereby it was observed that only a few of a sample of nurses and nursing students knew the emergency contraception, although more than nine in ten could name at least one regular contraceptive. This study was done in one private hospital and one Municipal Hospital in Nairobi city in September 1998 included 167 nurses and 63 nursing students. The nurses were slightly able than the nursing students to name at least one regular method of contraceptive (97% Vs 92%), but most students said they have heard of emergency pill (66% Vs 46%). Health workers were the most frequently mentioned source of knowledge of about emergency contraceptive (58%) followed by published materials (57%) school (21%) TV and radio (13%). Knowledge of time of use was poor only about half the respondents know the method should be used within 72 hours of unprotected sex. The investigation recommended incorporating emergency contraceptive, training curricular, family courses and continuing medical education (international planning perspectives, 1999).

This research is very important because it brings to our attention the fact that even the providers of contraceptives require a very wide knowledge of contraception methods. It also shows that the level of knowledge on the part of the contraceptive providers could influence the attitudes that people might have towards contraceptives negatively or positively.

On an African content, a research in Nigeria found that a man made decisions as to use

And decision to have a child was made by the husband alone, in 17% of cases and 30% of couples did not discuss whether to have another child (International Family Perceptive, 1996).

Research on contraceptives has been done world over. The movement of birth control started in Britain where the writing of Malthus steered interest in the problem of over population. Birth control leader Marie Stopes opened the first control clinic in Britain in 1921. On international level, birth control is led by the international Planned Parenthood Association founded in 1952. And in some countries like Sweden and many communist nations, the government provided birth control assistance to its people in order to limit population growth. The Roman Catholic Church has proved to be the main opposition to birth control movement, approving only the so-called rhythm method or abstinence from intercourse around the time of ovulation (Longman Encyclopaedia, 1989).

According to a research done in Italy on the attitudes towards contraceptive it was observed that most of the attitudes people have towards contraceptives spring from

social, economic, religious traditional and psychological aspects of life (Donald Lunde 1989).

An interview was held among the Jews, it was found that due to Christian religion most referred to the book of Genesis which says, after creation of man and women God blessed and declared “be fruitful and multiply, and replenish the earth and subdue it. And have dominion over the fish, the fowl of the air and over every living thing that moves upon this earth (Genesis chapter 1 verses 28).

Another reproductive health research conducted in Biennial in 1996 reviewed that much-unmet needs for family planning persists even in settings where knowledge of contraceptive methods is high. Many potential users choose not to use more reliable method due to misperceptions and concerns about health related risks. For example, a study in the Maldives found that knowledge of family planning was universal, but other 30% couples were using a contraceptive method.

Several studies including one from Malaysia found that non use of contraceptives was linked to fears about side effects (NFHS 1992 – 1993).

Also a research was done in Turkey about women. It says that unsafe abortion may persist even when Family Planning Services are available, many women tried to self-induce abortion before seeking legal abortion services, recourse to abortion remained high due to non-use of contraception and the failure of the widely practised traditional method of withdrawal (Biennial Highlight 1996 – 1997).

In India studies carried out on women who have discontinued a method and those who do not intend to use one in the future. They cited method related problems. The study indicates that 38% of currently married are non-sterilised women aged 13 – 49 cited this reason while 39% said they wanted a child. Almost 60% of women who were not using this method at the time of survey said they do not intend to use this method. Although more than half of these women (52% cited a desire for children, 15% specified method related problems such as lack of knowledge, dislike of existing methods, fear of sterilisation and worry about side effects and 9% cited opposition of family planning (Family Perspectives, 1999).

This research is vital to us because it brings out the attitudes of people who are influenced by method related problems. Also it focussed on those whose stand is such that they do not intend to use contraceptives in future.

Studies have also found that despite health education campaigns and counselling, condom use among married couples remain stigmatised because of its association with infertility. Also a research on vasectomy demonstrated that concerns and misperception about the procedures impact on health and virility are important reasons why many men do not choose this method. Furthermore, research in Mexico among men who underwent vasectomy found that some believed that vasectomy would protect them against HIV infection (Biennial report of 1996 – 1997).

Lastly, research studies from several countries, including China, Malaysia and Nigeria documented the belief that wider access to contraceptive methods for young people would lead to promiscuity or “moral decay”. Yet many studies have shown that despite of lack of access to family planning services, many unmarried young people

are already sexually experienced. In unmarried (but engaged) in China, young women reported sexually active without access to formal family planning services. Few of these women used contraceptives during the first sexual encounter because they did not know where to obtain a contraceptive method or because they were embarrassed to seek advice from family planning outlets for fear of disclosing their premarital sexual behaviour. Studies from several countries documented that serious consequences of unprotected sex among adolescents, especially for female adolescents. In the Republic of Korea, over 20% of male industrial workers and 10% of male students reported having made their partner pregnant and 67% of these pregnancies had been aborted. Among Nigerian female students, 10% reported abnormal vaginal discharge during the previous year and among male students, 8% reported a history of STDs primarily. Studies among adolescents show that knowledge about sexuality reproduction and contraception does not lead to practice of safer sex. Nor does lack of knowledge result in young people abstaining from sexual intercourse (Ball R. 1987 ).

Programmes targeted to adolescent need to go beyond providing factual information to young people. Effective education programmes for adolescents should include negotiation techniques and life skills.

From the literature consulted above, it is indeed vital to carry out an investigation about the attitude of students at the University of Zambia towards contraceptive use

## **CHAPER THREE**

### **METHODOLOGY**

#### **3.1 Population**

The population that was the focus in this research comprised of about 6000 female and male full time students from first to sixth year of study at the University of Zambia (UNZA) Great road campus. The research targeted (everyone) all schools regardless of what they are studying at the University of Zambia.

#### **3.2 Sample population**

A subset out of the above mentioned population (6000 students) were selected comprising of 60 students. The actual target sample was 50 students of which the researcher managed to tackle 60 because the researcher never experienced non response of questionnaires.

#### **3.3 Design**

The research project employed both descriptive and explaining designs. The descriptive study was vital because the researcher and the concerned parties will be helped to know and report the perceptions and attitudes of the University of Zambia students towards contraceptive use. Explanatory design

was also employed to obtain personal and social facts, beliefs and attitudes towards contraceptive use.

### **3.4 Data Collecting instruments**

In this study, the following instruments were used in data collection:

- a) A questionnaire was designed which had closed ended questions and a few open ended questions. The questionnaire had biographical and substantive questions. The questionnaire was only meant for students.
- b) An interview guide was designed and developed which had 10 questions. These were meant especially for the University of Zambia counselling centres and cline, and a few organisations visited.
- c) Discussions were also held with students at the University of Zambia and Copperbelt University to probe further on the attitude they have got towards contraceptive use.

### **3.5 Data Collection**

A total number of 60 questionnaires were distributed to students and 60 questionnaires were successfully administered and collected back from the students. Interviews were also conducted with two counsellors from the University of Zambia counselling centre and also with nurses from both the

University of Zambia and Copperbelt University clinic. Discussions were also held with students from both universities in Zambia

### **3.6 Data analysis**

Quantitative statistical analysis has been used. Collected data was first tallied, then similar responses on each question have been added in order to come up with total respondents, per response. Frequency tables and percentages have been used to compile and display the findings (data) Then a descriptive discussion of the findings has been done. Finally, recommendations are made based on the findings.

This chapter has explained the methodologies employed in conducting the study starting from selection of population and sample population, design, instruments used, and data collection and data analysis techniques. In the succeeding chapter, the researcher has presented the findings in tabular and descriptive form.

## CHAPTER FOUR

### FINDINGS OF THE STUDY

This chapter presents the findings of the study in descriptive and tabular form. The tables show the frequencies and percentages. Each table is followed by a short description about the findings, in order to relate the figure to the respondents.

**Table 4.1 Distribution of total Respondents**

Target population	Target	Actual	Percentage
Students	60	60	100%

The sample population was 60, the actual number respondents turned out to be 60 also because the researcher did not have situations of non-response. This the percentage turned out to be 100%.

**Table 4.2 Distribution of respondents by sex.**

Sex	Frequency	Percentage %
Female	30	50
Male	30	50
Total	60	100%

The table shows that 50% of the female students were administered the questionnaires and 50% of male students were also administered the questionnaires. Thus both parties were represented equivalently.

**Table 4.3 Distribution of Respondents by age.**

Age group	Frequency	Percentage %
15 – 35	49	82
26 – 35	11	18
46 – 55	-	
56 – above	-	
Total	60	100%

The table shows 82% of the respondents were of 15 – 25 years of age and 18% of the Respondent were between 26 – 35 of age. No one above the age 35 years was a respondent.

**Table 4.4 Distribution of Respondents marital status**

Marital status	Frequency	Percentage
Single	56	96
Widowed		
Divorced		
Separated	1	2
Married	1	2
Total	60	100

The table shows that 96% percent of the Respondents were single, 2% of the Respondents were Divorced and 2% of the Respondents had separated with their partners.

**Table 4.5 Distribution of respondents by Educational levels**

Educational qualification	Frequency	Percentage
Certificate	21	35
Diploma	4	7
Degree and above	4	7
None of the above	28	46
Other specify	3	5
Total	60	100%

The table shows that 35% of the respondents were actually certificate holders, 7% had diplomas, 7% had degrees, 46% had none of the above mentioned qualifications, and 5% of the respondents had other qualification other than the ones mentioned above.

**Table 4.6 Distribution of respondents by year of study at UNZA**

Year of study	Frequency	Percentage
First year	20	33
Second year	15	25
Third year	16	27
Fourth year	6	10
Fifth year	2	3
Sixth year	1	2
Total	60	100%

The table shows that 33% of the respondents were first years. Then 25 of the respondents were second years, 27% were third years, 10% were fourth years, 3% were fifth years and 2% were sixth years.

**Table 4.7 Distribution of Responses regarding students knowledge on contraception methods.**

Contraception methods known	Frequency	Percentage
Rhythm method	2	3
Abstinence	15	25
Withdrawal	3	5
Condoms	15	25
Pills	15	25
Sterilizations	2	3
Spermicidal	3	5
None		
All of the above	5	9
Total	60	100%

The table shows that 3% of the respondents knew the Rhythm method, 25% had an idea about abstinence, 5% knew the withdraw method, 25% actually knew condoms 25% again knew what pills are, 3% knew sterilization method, 5% knew what spermicides are and 9% knew all of the contraception methods mentioned above

**Table 4.8 Distribution of Responses by those currently using contraceptives**

Using contraceptives	Frequency	Percentage
Yes	28	47
No	32	53
Total	60	100%

The table actually shows that 47% of the respondents were currently using contraceptives and 53% of the respondents were not at all using contraceptives at the moment

**Table 4.9 Respondents on the reasons for currently use contraceptives or not**

Reason for using contraceptives	Frequency	Percentage
Currently abstaining from sex	22	37
Protection	9	15
Side effects	6	10
Not useful and not ready	6	10
Prevent pregnancy	17	28
Total	60	100%

The table shows that 37% of the respondents were not using contraceptives because they were abstaining, 10% were scared of side effects, and 10% again were not ready

and found contraceptives not to be useful. 15% used contraceptives for protection and also 28% used to prevent pregnancy

**Table 4.10 Distribution of Respondents on rating contraceptives**

How contraceptives are rated	Frequency	Percentage
Good	27	45
Very good	5	8
Bad	10	17
Average	18	30
Total	60	100%

The table show that 45% of the respondents rated contraceptives to be good, 8% rated to be very good, 17% rated it to bad and 30% of respondents related contraceptives to be average.

**Table 4.11 Distribution of Respondents if at all they used contraceptives sometime back.**

Used contraceptives way back	Frequency	Percentage
Yes	31	52
No	39	48
Total	60	100%

The table shows that 52% of the respondents had used contraceptives before then they stopped and 48% of the respondents had not used contraceptives before.

**Table 4.12 Distribution of Respondents based on which contraception methods they used before.**

Contraceptive used before	Frequency	Percentage
Pills	5	8
Sterilizations	0	
Spermicidal	5	8
Condoms	15	25
Withdrawal	12	20
Nil	23	39
Total	60	100%

The table shows that 8% indicated that they had used pills before, also 8% of the respondents reviewed that they had used spermicides, 25% stated that they had used condoms before. Again 20% agreed to have had practiced withdrawal method and 39% said they had not used any of the contraceptives mentioned above.

**Table 4.13 Distribution of Respondents on the basis of problems using faced other contraceptives**

Problem faced	Frequency	Percentage
Prolonged periods	4	7
Abdominal pains	6	10
Allergies to latex	5	8
No problems faced	38	63
Nausea/dizziness	3	5
Got pregnant	4	
Total	60	100%

The table shows that 7% faced the problem of prolonged periods after using contraceptives, 10% said they had abdominal pains, 8% reviewed they had an allergy to latex condom, 63% otherwise responded that they had no problems, 5% had nausea and 7% got pregnant.

**Table 4.14 Distribution of Respondents according to the attributes held towards contraceptives.**

Attributes held	Frequency	Percentage
Educational	23	38
Religion	13	22
Peer influence	6	10
Fear	18	30
Total	60	100%

The table shows that 38% said they held attributes of Education towards contraceptives, 22% had attributes of their religion, 10% of friends influence and 30% of fear

**Table 4.15 Distribution of respondents if at all they visit UNZA counselling centre and clinic for contraceptives.**

Visited the clinic	Frequency	Percentage
Yes	8	13
No	52	87
Total	60	100%

The table shows that 87% declined not to have had visited the counselling centre and clinic for contraceptives. Then 13% had actually visited the clinic and counselling centre for contraceptives.

**Table 4.16 Distribution of respondents regarding none visitation of Unza counselling centre and clinic.**

Reasons	Frequency	Percentage
Fear	6	10
Not aware	22	36
Lack of confidence	11	19
Friends influence	5	8
Go to buy	5	8
None of above	11	19
Total	60	100%

The table shows that 10% of the Respondents said they had an element of fear to visit the counselling centre and clinic, 36% reviewed they were not aware of the provision of such services at the clinic and counselling centre. Then 8% the respondents could not pay a visit due to influence from friends and 19% of none of the above mentioned reasons

**Table 4. 17 Distribution of Reponses on how students fund contraceptives to be.**

Responses	Frequency	Percentage
Cumbersome	15	25
Makes one infertile	5	8
Helpful	29	48
Scaring	11	19
Other	0	
Total	60	100%

The table shows that 25% of the Respondents reviewed they found contraceptives to be cumbersome, 8% said it makes one infertile, 48% respondent that they found contraceptives to be helpful and 19% of the Respondents found contraceptives to be scaring.

**Table 4.18 Distribution of respondents regarding if contraceptives have side effects.**

Do contraceptives have side effects	Frequency	Percentage
Yes	32	53
No	28	47
Total	60	100%

The table shows that 53% of the Respondents had side effects after using contraceptives and 47% rejected that they never had side effects after using contraceptives.

**Table 4. 19 Distribution of Responses regarding the known side effects.**

Known side effects	Frequency	Percentage
Abdominal pains	18	30
Cancer/continuous periods	12	20
Makes one infertile	10	17
Gaining weight by ladies	20	33
Total	60	100%

The table shows that 30% of the respondents incanted that they knew about abdominal pains as a side effects, 20% knew about cancer and continuous periods, 17% said they knew about contraceptives making one infertile, 33% actually reviewed that they had gained weight after using contraceptives.

**Table 4.20 Distribution of Responses if at all contraceptives affects one's fertility.**

Fertility affected	Frequency	Percentage
Yes	3	55
No	27	45
Total	60	100%

The table shows that 55% agreed that contraceptives affects one's fertility and 45% disagreed that contraceptives do not affect one's fertility.

**Table 4.21 Distribution of Respondents according to the justification given to the answer in 20.**

Justification	Frequency	Percentage
Chemicals in pills	10	17
Infertility/barreness	20	33
Affect fallopian tube	20	33
Disturbs hormonal system	10	17
Total	60	100%

The data in the above table shows that 17% of the Respondents said there too many chemicals in the pills, 33% also said they affect the fallopian tube and 17% again reviewed that contraceptives disturb the hormonal system.

**Table 4.22 Distribution of Respondents if they Generally think contraceptives are good**

Response	Frequency	Percentage
Yes	26	44
No	34	40
Total	60	100%

The table above shows that 44% of the respondents accepted that contraceptives on the general overview are good and 46% of the respondents declined that contraceptives on the general over view are not good at all.

**Table 4.23 Distribution of Respondents on the best contraceptive**

The best contraceptive	Frequency	Percentage
Pill	20	33
Spermicidal	5	9
Condoms	20	33
Sterilization	-	
Cup shaped rubber device	-	
None	10	16
Others	5	9
Total	60	100%

The data in the above table shows that 33% had said that pills are the best contraceptives one could use, 9% of the contraceptives stated that actually spermicides could be the best contraceptives one could use. Then 33% of the respondents argued that condoms were the best contraceptives, 16% of the respondents said that none of the contraceptives listed above and any other were the best. Lastly, the data in the table also shows that 9% of the respondents preferred the other contraceptives not listed above.

This chapter was meant to present findings in tabular and descriptive form in order to facilitate discussions, conclusion and recommendations, which have been made in the following chapter.

## CHAPTER FIVE

### DISCUSSION OF THE FINDINGS

This chapter interprets the finds, which were discussed under the following sub heading.

- ❖ General information of the study.
- ❖ Awareness of contraceptives/contraception methods.
- ❖ Estimated number of students who use contraceptives and those who don't use and the reasons.
- ❖ How contraceptives are rated by students.
- ❖ Students visitation to the clinic and counselling centre: Reasons why they visit or don't visit the clinic for contraceptives.
- ❖ Attributes held towards contraceptives.
- ❖ General information on how students find contraceptives to be and the best contraceptive, which they would want to use.

From the discussion of finding conclusion and recommendations will be made.

#### 5.1 General information of study

##### i) Distribution of total population

6000 students from all schools at the University of Zambia made the total population from which a sample population of 60 students were targeted. The

researcher estimated that their might be 1 – 10 cases of non response but to the contrary, the researcher managed to retrieve all the questionnaires. This implies that 60 students which were the target population were reached thus giving a percentage of 100% (see Table 4.1)

ii) Distribution of respondents by sex

Table 4.2 reviews that 50% of the respondents were female which actually was in accordance with the research plan. The other 50% of the respondents were male. Thus the respondents were equally divided and represented adequately in the total population.

iii) Age Groups of Respondents

The findings have reviewed that the sample population was mostly composed of student who are in the age group of 15 – 25 and 26 – 35 years. Table 4.3 show that 82% of the respondents were aged between 15 – 35 and 18% of the respondents were aged 26 – 35 years.

iv) Educational Levels

Table 4.5 reviews that 35% of the respondents had certificate in all sorts of courses. The percentage of those who were Diploma holders was 7%, again Degree holders had a percentage of 7. The majority of the respondents had none of the qualifications which were listed. Then 5% had qualifications, which could not be specified.

## 5.2 Awareness of contraception Methods/Contraceptives

In this study it was planned to ascertain, if students at the University of Zambia are aware of the types of Contraceptives and Contraception methods. Apparently from the questionnaires and interviews held by the researcher with the students it was discovered that only a few contraceptives and methods were known.

Table 4.7 reviews that only 3% of the sample population knew about the Rhythm method of contraception. Most of the students said they knew what abstinence was all about, 25% of the sample population reviewed that they learnt, about abstinence through the media; radio, TV, youth papers like trendsetters, brochures from organisations like society for family health). The table also shows that 5% of the sampled students know about the withdrawal method and mostly they said they learnt about it from the friends. The majority of the population reviewed that they know about the condoms, it was discovered that they learnt about the condoms through the media, the adverts which are always on TV and newspapers), from friends and from the Hospitals.

Aside from this table 4.7 also shows that most of the sampled students had ideas about the pill. The students narrated that pills were also widely advertised, posters are found all over and the media also plays a role here. Friends also have told them about the pill. In addition 3% had heard about

sterilization, 5% also had an idea about spermicides and 9% of the sampled students knew all the above listed contraceptives and contraceptive methods.

All in all it has actually been investigated that students really need awareness or knowledge about contraceptives. Majority of the students are aware about the contraceptives like condoms and pills and abstinence method of contraception. Only a few students knew about the contraception methods like sterilization, Norplant, cup shaped rubber device, rhythm method and withdrawal before ejaculation.

### **5.3 Estimated number of students who use contraceptives and those who don't use and the reasons given**

It has to be indicated that in this research it was actually planned to investigate the average number of students using or not using contraceptives. It was also planned to investigate the reasons why students use or not use contraceptives.

From the instigation it was observed that that the majority of the students were actually not using contraceptives, 53% of the students were not using contraceptives as table 4.8 has shown. In addition 47% of the students are actually making use of contraceptives.

Furthermore, whilst carrying out the research it was investigated that they're a number of reasons why students do not use contraceptives. Table 4.9 tabulates some of the reasons. The majority of the population actually reviewed that they do not make use of contraceptives because of the fact that at the moment

they are abstaining from sex: The Table shows that 37% of the students are abstaining from sex at the moment. Related to this 10% of the students said that they do not use contraceptives because they have never found them to be useful, the contraceptive were said to be useless and they are not ready to use them. During some of the interviews students reviewed that the other reasons why they don't use contraceptives is that, they are scared of the parents, (because most of the parents do not approve of contraceptives) their culture does not allow, also their religion does not allow (Christianity) and others said they had better things to worry about and do than contraceptives, from the very table it also shows that 10% of the students said they don't use contraceptives because of the known side effects like vomiting, nausea, abdominal pains, cancer, prolonged periods, weight gain by ladies and high blood pressure and heart attack and allergies.

Furthermore, it was also investigated that they're a number of reasons why students use contraceptives. Table 4.9 reviews that 15% of the students were using contraceptives due to the fact that they want to protect themselves against HIV/AIDS and STIs. In addition 28% of the students said that they use contraceptives to prevent unwanted pregnancy.

To sum up, the number of students who were not using contraceptives was more than those who make use of contraceptives. From table 4.8, 47% of students had negative attitudes towards contraceptives and 53% of students had positive attitudes towards contraceptives.

#### **5.4 How contraceptives are rated by students**

Contraceptives have been rated differently by students. Table 4.10 indicates that 45% of the students reviewed that contraceptives were good. Then 8% of the students said that contraceptives were very good, 17% of the students said contraceptives were actually bad, they gave reasons like contraceptives can make one barren, affect the fallopian tubes, disturbs the hormonal system and that pills have too many chemicals and bring heart attack. In addition 30% of the students said that contraceptives were average.

It is clearly reviewed in table 4.10 that the majority of students said that contraceptives are good and seconding these 30% of the students indicated that contraceptives are average.

#### **5.5 Students Visitation to the clinic and counselling centre**

In this research it was planned that, it has to be investigated if at all students visit the counselling centre and the clinic for contraceptives and the reasons why they do or not visit these two places. This prompted the researcher to visit the counselling centre and the clinic at the University of Zambia.

Table 4. 15 shows that only a few numbers of students visit the clinic and counselling centre for contraceptives. Only 13% of the students visit these two places for contraceptives. The majority of the student (87%) do not actually visit these places for services to do with contraceptives. It has to be

noted that the gap between 87% and 13% is too big hence the researcher thought this is too scaring.

Table 4.16 indicated the reasons why students do not visit the counselling centre and clinic for contraceptives. 10% of the students said that they fear these places, the majority of the students in total of 36% said they were not aware of such services, 19% of the students revealed that it was due to lack of confidence, 8% said it was due to friends' influence, 8% of the students reviewed that, they know where to buy contraceptives and they would not like to be counselled before being given contraceptives and lastly 19% had their own other reasons other than the ones listed above.

The researcher had to probe further, thus from the interviews it was discovered that some of the students had been to the clinic and the counselling centre for the services of contraceptives but had a very bad experience. Thus they declined going there. Some of the students actually reviewed that, firstly, the environment is not welcoming, in other words the environment is not friendly, the staff do not know how to counsel thus they are not trained, to add on some of the students said that there is no privacy at all, if one continuously goes to get contraceptives (condoms and pills) the staff will start backbiting in the end the whole university community will know that one goes their for such a service, in short there is no confidentiality. Some of the students were asking especially why the counselling centre is there because it does not perform its functions some students actually suggested that they should bring in new staff may be the situation will improve.

The researcher also probed further and talked to a few who visited the counselling centre and talked to a few who visited the counselling centre and clinic for services of contraceptives. They said they only go their mostly when they have run out of stock of the contraceptives, they bought. When the researcher visited these two places, the following information was obtained:

i) Counselling centre

When the researcher reached the counselling centre, the researcher was actually greeted by the unfriendly environment, no one to attend to the researcher and was told to wait. Firstly, the researcher made an appointment with counsellor 1 but ended up interviewing counsellor 2 because counsellor 1 was not available on the day of interview thus this actually shows a small picture of what really goes on.

From the interview, the counsellor reviewed that they work hand in hand with the UNZA clinic especially when they have complicated cases they cannot handle. It was reviewed that students visit the counselling centre for contraceptives mostly male students. They only offer condoms and pills because the counsellors are not medical personnel, if students need other types of contraceptives they are referred to the UNZA clinic then to the University Teaching Hospital. The researcher was disappointed to find out that the counselling centre does not document the number of the students who visit them for contraceptives.

During the interview the counsellor also indicated that students are free to visit the counselling centre, they're no conditions per say pertaining to obtaining contraceptives. Contraceptives are actually offered at no charge at all. The counselling centre on the other hand carry out sensitisation workshops on other things but they have never thought of holding a sensitisation workshop on contraceptives. Thus they have never sensitised students that contraceptives are available at counselling centre.

The interview also reviewed that their a lot of pregnancies which have been recorded, for instance since April to July, 20 were recorded pregnant and most of the students do not pass through the counselling centre, only those who go to get leave days. Related to this, it was also discovered that, a lot of abortions have been recorded, but even though most of the students do not directly say they aborted, most counsellors just discover that some of the problems originate from abortion. Some of the students do not even go through the counselling centre, they just do it and forget about it.

The counsellor said, one cannot decide the best contraceptive for a student but they leave it upto the student to decide. In conclusion she added that may be it can be better to hold a sensitisation workshop for students, to inform them that contraceptives are available at the counselling centre.

ii) UNZA Clinic

An interview was done at the clinic, the nurse introduced the discussion like this, contraceptive use at campus is 50% - 50%, some use it, some do not even

go to the clinic for contraceptives, that is why one can see a lot of pregnancies around.

The nurse reviewed that mostly the contraceptives available are pills, (macrognon) injections, (Noristerate) condoms, (male/female). The actual percentages of those who visit the clinic for family planning could not be reviewed because the one who keeps the information was on leave (sister-in-charge), but she estimated that not more than 80 students per month visit the clinic for contraceptives out of the 6000 students at campus. She said the expected number does not show up, only a few show up.

The nurse continued and said that, it is everyone's right to go and get contraceptives at no cost at all, be it one is married or not. Previously, they used to ask for consent forms, but not anymore, even if one is an underage they can go their. (as long as they reached maturity stage).

It was also discovered that a lot of pregnancies have been recorded, atleast in a month 10 new students will go and register for Antenatal. Related to this, it was also reviewed that a lot of illegal abortions go on around campus, students only go to the clinic when they start facing problems, after they had done self-induced abortions. But no student has ever gone to the clinic for an abortion, students prefer to go to private clinics.

In concluding the nurse said, there is no such a thing as best contraceptives, all contraceptives are good, for instance pills, some forget to drink so it is better they go for injection. It is better for one to choose contraceptives, which suit

them and convenient. However, she said she could love to see students to practice abstinence. The nurse expressed disappointments for the fact that sensitisation for students is not enough, the last time they held a sensitisation workshop for students over contraceptives was some eight years ago. She said it will be quite appropriate to be holding workshops at least twice a semester when opening and during the semester. She said the problem they face is that the UNZA clinic management is dormant. The junior staff cannot carry out a sensitisation workshop without management's approval. She reviewed that whenever management is approached about sensitisation workshop, management pretends to be very busy with other things hence the juniors feel humiliated.

#### **5.6 Attributors held towards contraceptives**

It was actually discovered that there were various attributes held towards contraceptives. Table 4.14 shows the responses. The majority of the students (38%) said they hold educational values towards contraceptives because of a bit of knowledge they have obtained about contraceptives. 22% said they had Religious Values because they have put their religion at heart. About 10% admitted the factor that pushes them is their friends' influence. Then lastly, about 30% also reviewed that they had an element of fear towards contraceptives.

#### **5.7 General information on how students find contraceptives and the best contraceptive they would want to use.**

Table 4.17 indicates that 25% of the respondents said find contraceptives to be cumbersome, then atleast 8% the respondents reviewed that they have found contraceptives having made people infertile. The researcher was also informed reliably by 48% of the respondents that contraceptives are helpful. Even though 19% of the respondents rejected the fact and said contraceptives are rather scaring

In this study, also an investigation on the best contraceptive, students would like to use was carried out. It was discovered that there were only about 3 types of contraceptives, which students would like to use. Table 4.23 shows 33% of the students suggested that the pill is the contraceptive one can use, 9% actually also suggested that spermicide were the best. Then again 33% disapproved what was said and approved of condoms to be the best contraceptive one can use. But again 16% rebuked the contraceptives, that none of the contraceptives were the best.

It was also clearly reviewed from table 4.23 that 9% of the students indicated that they preferred other methods of contraceptives like rhythm method withdrawal and Norplant.

## 5.8 CONCLUSION

Basically the findings reviewed that generally the majority of students have a negative attitude towards contraceptive use. Only a few number of students make use of contraceptives. The fact that students have a negative attitude towards contraceptives, did not just happen from the blues but their a lot of contributing factors.

Firstly, the blame has to be put on the students themselves. Some students tend to practice ignorance, no students who is at the University Zambia does not know that, if one has sex without using contraceptives, the resultant is pregnancy. The syllabus at secondary level is such that, if one reaches grade nine they start learning about reproduction. Related to this factor is that, the researcher discovered that most students tend to have sex after they're from drinking alcohol with their boyfriends and girlfriends thus they tend to forget about contraception because they are working under alcohol influence. On a sad note some students believe that sex is not interesting at all if they use contraceptives like male or female condoms, (and it is the most common contraceptive at campus) thus they rely on the contraception method known as Rhythm method. Rhythm method is not a reliable contraception method because menstrual cycles (patterns) keep on changing due a lot of factors and it is not easy to detect the mucus from the vagina and also it is not easy to detect the temperature. Hence (momas) ladies tend to get pregnant and not only that both (mojo's) male students and (momas) Female students contract STD's and HIV/AIDS. Again peer pressure plays a major role, for instance

one would tell a friend convincingly that contraceptives are useless try having sex live, (without condom because it is widely used at campus) it will be interesting, thus the friend also falls in the same trap and impregnate or gets pregnant or contracts STDs and HIV/AIDS. The other factor has to do with male students, for instance if a female student was abstaining, then they get into a relationship, the male student forces the female student into sex, saying if we don't have sex then you don't love me, hence the female student without experience ends up pregnant or contracts HIV/AIDS.

Aside from this, some students fail to use contraceptives because they scared that their parents would find out, since most parents are against contraceptive use and their siblings practicing sex hence some students get pregnant. A minor percentage of students do not use contraceptives because their culture does not allow thus they tend to have a negative attitude towards contraceptive use and fall prey to the consequences of not making use of contraceptives. Then the majority of the students do not use contraceptives because of their religion. Biblically God says no sex outside marriage and if one is not married one has to abstain from sex. It so happens that most students who call themselves Christians, enter into relationships with a constitution written that "no sex," but due to what is going on in this generation, they end up having sex with their partners and the resultant is a pregnancy or STDs/AIDS. Because of Christianity religion they develop a negative attitude towards contraceptives.

In addition, some students would not to like to use contraceptives because misleading ideas bout side effects. These students develop a negative attitude

towards contraceptives and rely on Rhythm and Withdrawal contraception methods, which are dangerous. They end up in pregnancies and there is no protection against HIV/AIDS and STDs.

All in all, students develop a negative attitude towards contraceptives because sometimes it is out of ignorance, culture, religion, side effects, parents and peer pressure.

Away the factors discussed above, the researcher would also like to put across the other contributing factors. The major blame actually has to be put on the two contraceptives service providers from the research it was discovered that only 13% of the students actually visit the clinic and the counselling centre at UNZA for contraceptives. Therefore one could ask where does the other 87% of students go? Again one could ask that does the UNZA clinic and counselling centre exist? If at all these two service providers exist, what is the basis for their existence if there are not carrying out their tasks or duties.

The students gave various reasons why they do not visit the counselling centre and clinic for contraceptives. Students said how can they go to get contraceptives when they are not aware of the places where they are provided. Most of the students did not know that contraceptives are actually offered for free at campus. Some of the students said they lack confidence, some reviewed that it is because of fear and some said it was because of the influence from the friends.

The researcher also discovered that some students under rate the staff which, are by UNZA counselling centre and clinic.. The students described the staff to be unprofessional, incompetent and inefficient. Students expressed worry with the situation with at these two places, students do not have access to information, if one goes their to get, contraceptives there is no privacy, no confidentiality, no dignity, no comfort, no opinion and students do not decide freely on which contraceptives to use. The other thing that discourages the students to go there is the unfriendly environment and unfriendly staff found especially by the counselling centre .Due to all these factors listed above students fail to go to these places, some students actually confessed, that they are better counsellors and they would rather counsel themselves on the best contraceptives to use and how to use. Some declined to go there because the staff only worsens students problems, if one goes there for contraceptives they spread the news to all campus students that one went there.

Despite the situation going on at the Unza counselling centre and clinic, ZIHP (2000) pamphlet suggests that:

Every family planning client has the right to: information, access, choice safety, privacy, confidentiality, dignity, comfort, continuity and opinion (p:2)

In addition the other factor is that contributes to the students having negative attitudes or not using contraceptives is that students have little information about contraceptives. The students have not been sensitised about contraceptives. The last time UNZA clinic held a sensitisation workshop for students was some eight years ago. The counselling centre has never held a

sensitisation workshop on contraceptives for students since time in memorial. Therefore, how does one get to know about contraceptives if the service providers need to be reminded about contraceptives and their existence. Still on the service providers, it is so unfortunate that the counselling centre does not put students at heart, the staff forgets that the reason for their existence is because of the students, thus they have decided not to document the number of students who go their for contraceptives, they said it is not important at all. But one would ask, how does the staff get to know on average the number of students who make use of contraceptives. The researcher called this lack of seriousness.

All in all the counselling centre and the clinic at the university of Zambia actually play a major role in students developing negative attitudes towards contraceptives and not making using of contraceptives. This is because they do not take time to evaluate themselves on the services they render and how they carry out their services especially when it comes to contraceptives. The staff does not realise that contraceptives use is cardinal, because the moment students will be fully aware of contraceptives, pregnancies will reduce in number and most lives will be served against HIV/AIDS and STDS.

## 5.9 RECOMMENDATIONS

The essence of this study was to investigate the attitude students have towards contraceptives use. Purposely, this was done in order to come with the solutions to the causes. Aside from the aforesaid, researchers can use the findings from the study in future in the same subject.

Therefore the researcher has made the following recommendations to University of Zambia Clinic, counselling centre and senate, fellow researchers, various non-governmental organisations, policy makers and all interested parties.

### 5.9.1 On the problem of students ignorance, the researcher recommends that:

- i) It is only students who can redeem themselves, students should learn not to take life for granted. They should be serious with their education, it is not that students are not completely aware about contraception but they tend not to use it and apply ignorance. Thus students should try to practice safer sex, practice family planning for them not to affect their studies and for society to have fully baked graduates
- ii) The Students Union (UNZASU) also can play a role by not only concentrating on political factors but also to look into the student's social (lives) affaires as well. UNZASU actually can hold

motivational talks with students, organise qualified personnel who can be able to advise students on contraceptive use. This is because of the increase in number of pregnancies and a number of students who are dieing of HIV/AIDS. Thus, the Students Union can play a major role.

- iii) Non-governmental organisations like Society for Family Health (SFH) and Zambia Integrated Health project (ZIHP). May be also central board of health can intervene in this matter by visiting various higher institutions of learning to give talks on contraceptive use.

#### **5.9.2 On the problem of sensitisation, the researcher recommends that**

- i) The University of Zambia Clinic and counselling centre should by all means start holding sensitisation workshops or seminars on contraceptive use. This will assist students to gain more knowledge about contraceptives. These workshops should atleast be held twice in a semester.
- ii) The University of Zambia Clinic and counselling centre should also use the print media to disseminate information to students about contraceptive use. They can actually make brochures and pamphlet. They can also make use of our very own UNZA radio by making very interesting programmes on contraception.
- iii) To also improve on the number of students visiting the counselling centre and clinic, the staff at these two service providers, should

improve in their skills, act more professional and create a friendly environment. Thus it will encourage a lot of students to be flocking there for sensitisation on contraceptive use.

### **5.9.3 On the of UNZA Management not evaluating their staff.**

To arrest this problem the researcher recommends the University of Zambia management also to evaluate their staff in order to know if they produce accordingly. Thus UNZA management should carry out an evaluation survey on the staff at the clinic and the counselling centre on their performance. Rather it could be that also the staff have old skills thus they need an in-service job training. If this is done staff performance will improve, thus students will benefit. UNZA management should realise that contraceptive use is a cardinal issue because due to none use of contraception, some students contract STDs and HIV/AIDS, some get pregnant and practice self induced abortion in the process they die and some due to pregnancies they stop school or fail to write exams. Hence UNZA management should work out strategies to improve the services being provided at the counselling centre and clinic soonest in relation to contraception.

### **5.9.3 Future Researchers**

The researcher recommends that more research should done on this subject of students attitude towards contraceptive use in order to eliminate the problems associated with students not making using of contraceptives. This can be done

in other higher institutions of learning in the country in order to come up with uniform recommendations, which can apply to the country as a whole.

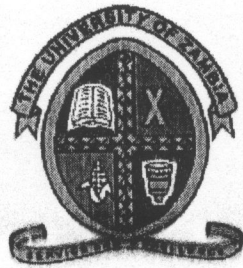
Deliberations in this chapter have been based on the finding so as to obtain facts on which have been based on a conclusion and recommendation of this study.

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- Informants: Mrs. J. Kapale, Kalingalinga  
Mrs. J. Mwanza, Kalingalinga.

## *APPENDIX: INTERVIEW GUIDE*

- 1. What type of contraceptives are available at the UNZA counseling center and clinic?*
- 2. How many students make use of contraceptives, if possible percentages or numbers?*
- 3. What conditions are their for one to get contraceptives?*
- 4. How often do you carry out sensitization workshops on contraceptives to students?*
- 5. How many cases of pregnancies have you recorded?*
- 6. How many cases of abortion have you recorded?*
- 7. Do you think a lot of students make use of contraceptives? if yes or no why?*
- 8. Which contraceptive do you recommend to be used by students?*
- 9. Do put up any adverts to encourage students to come here for contraception?*
- 10. What do think has to be done to encourage both those who come for contraception those who do not come for contraception ?*



**QUESTIONNAIRE**  
**THE UNIVERSITY OF ZAMBIA**  
**SCHOOL OF EDUCATION**  
**DEPARTMENT OF ADULT AND EXTENSION STUDIES**

**RESPONDENTS (STUDENTS) QUESTIONNAIRE ON THE  
ATTITUDE TOWARDS CONTRACEPTIVE USE.**

**GENERAL INSTRUCTIONS:** The purpose of this questionnaire is to collect information which will help the researcher to know the real attitudes of student towards contraceptive use. This research is part of the researchers continuous assessment in their courses. You are kindly requested to answer each question as frankly and truthfully as you can. Your answers will be kept confidential and anonymous. You are asked not to write your name.

**INSTRUCTIONS:**

TICK THE APPROPRIATE ANSWER IN THE SPACE PROVIDED OR WRITE IN THE SPACE PROVIDED.

1 Sex

- a. Male ( )
- b. Female ( )

2. Age

- a. 15-25 ( )
- b. 26-35 ( )
- c. 46-55 ( )
- d. 56- above ( )

3. Marital status

- a. Single ( )
- b. Widowed ( )
- c. Divorced ( )
- d. Separated ( )
- e. Married ( )

4. Highest professional qualification achieved

- a. Certificate ( )
- b. Diploma ( )
- c. Degree and above ( )
- d. None of the above ( )
- e. Other specify ( )

5. What year are you doing?

- a. First ( )
- b. Second-year ( )
- c. Third year ( )
- d. Forth year ( )
- e. Sixth year ( )

6. Are you aware of any of the contraceptives below.

- a. Rhythm method ( )
- b. Abstinence ( )
- c. Withdrawal before ejaculation ( )
- d. Condoms ( )

- e. Sterilizations by vasectomy ( )
- f. Spermicidal vaginal suppositories ( )
- g. Pill ( )
- h. None ( )
- i. All of the above ( )

7. Do you use any contraceptive

- a. Yes ( )
- b. No. ( )

8. If yes or no state the reason why ?

.....  
 .....

9. How do you rate contraceptive

- a. Good ( )
- b. Very good ( )
- c. Bad ( )
- d. Average ( )

10. Have you ever used contraceptives?

- a. Yes ( )
- b. No ( )

11. If yes which one's have you used before

- a. Pills ( )
- b. Sterilizations ( )
- c. Spermicidal vaginal suppositories ( )
- d. Condoms ( )
- e. Others.....

12. The contraceptives you used, did you face problems? If yes which problems did you face

.....  
 .....

13. Which attributes do hold towards contraceptives?

- a. Educational ( )
- b. Religion ( )
- c. Friends influence ( )
- d. Fear ( )

14. Do you at all visit the UNZA counselling centre and clinic?

- a. Yes
- b. No

15. If no why don't you visit the UNZA counselling centre and clinic for contraceptives?

- a. Fear ( )
- b. You not aware ( )
- c. Lack of confidence ( )
- d. Friends influence ( )

16. Do you find contraceptives to be

- a. Cumbersome ( )
- b. Infertility ( )
- c. Helpful ( )
- d. Scaring ( )

17. Do you think contraceptives have side effects

- a. yes ( )
- b. no ( )

18. If yes which side effects do you know

.....

19. Do you think contraceptives affects ones fertility?

- a. Yes ( )
- b. No ( )

20. If yes justify your answer in 19 above

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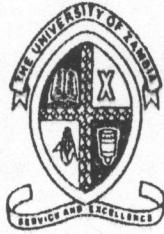
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21. Do you think contraceptives are good

- a. Yes ( )
- b. No ( )

22. If yes which one do you think is the best

- a. Pill ( )
- b. Spermicidal suppositories ( )
- c. Condoms ( )
- d. Sterilization ( )
- e. Cup shaped rubber device ( )
- f. Others.....



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Your Ref:

1<sup>st</sup> July, 2004

**TO WHOM IT MAY CONCERN**

**RE: RESEARCH UNDERTAKING**

The bearer(s) of this letter is a student in the Diploma/Degree in Adult Education. He/she has been requested to undertake research in your organization as part of his/her learning experience. Your help and cooperation in this regard will be highly appreciated by the department, as this will enable the student to link theory work, which is offered in the class, and practical work, which can only be obtained from organizations like yours.

I look forward very much to a favourable response in this regard.

Yours faithfully

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