

FACTORS CONTRIBUTING TO LOW ATTENDANCE AT MWAMI

FAMILY PLANNING CLINIC

BY

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DEDICATION

This study is passionately dedicated to my  
beloved husband Physiwell Munsanka Sikatoyo.  
May God bless you.

STATEMENT

I hereby certify that this study is entirely the result of my own independent investigation. The various sources to whom I am indebted are clearly indicated in the paper and in the references.

Signed

T. C. Chivaya

CANDIDATE

DECLARATION

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

Signed

T.C. Chiofalo

CANDIDATE

Approved by

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SUPERVISOR

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ABSTRACT

The Government of Zambia realised the rapid population growth of this country and so adopted the population policy in 1989 as a way of slowing the population rate. Family Planning is an essential health service which benefits the individual, family, community and nation as a whole. Attendance and utilisation of Family Planning services may slow population growth rates, prevent unnecessary deaths among infants and mothers and also prevent unwanted and unplanned for pregnancies. However, inspite of the government's efforts to adopt and encourage mothers to use family planning methods, attendance in most family planning clinics in Zambia is still very low. In Mwami, out of 649 women who delivered in the hospital, only 64 women attended the family planning clinic in 1990. It is known that several factors could have contributed to this low attendance in the family planning clinic.

The objective of the study is to determine the factors contributing to low attendance at Mwami Family Planning Clinic, in order to find solutions to the problem.

Literature survey show that the problems of low attendance at Family Planning Clinics seem to be similar in most countries. A few problems cited in the literature include; traditional values, misconception about Family Planning in terms of side effects and emphasis in urban than rural areas.

A randomly selected sample of 50 women of child bearing age was selected from clinics - antenatal, family planning and children's. Data was collected in April 1991 using an interview schedule since most of the respondents were of low educational level.

In the study information from women about number of children they had, who decided on how many children to have, their knowledge about family planning, and reasons for not practicing family planning was established.

Some of the major findings in this study were: majority of women were not practicing family planning, and the main reason for not practicing being that they still wanted to have children. The study also found out that these women were using other forms of traditional methods of family planning.

Majority of the women were of low educational level and so most of the respondents did not know what family planning is. The number of children to have was decided by husbands in most cases. The respondents were dominated by Roman Catholics.

The findings of the study thus support the assumption that family planning services in Zambia are reaching the educated rather than those without education. It is therefore important for women in the rural areas to be given education on the importance of family planning in order to motivate them practice family planning methods.

TABLE OF CONTENTS		Pages
Dedication		i
Statement		ii
Declaration		iii
Acknowledgement		iv
Abstract		v
CHAPTER 1	: INTRODUCTION	1
1.1	- Background information	1
1.2	- Statement of the problem	1
1.3	- Operational Definitions	
1.4	- Literature Review	
CHAPTER 2	: OBJECTIVES OF THE STUDY	10
2.1	- General Objectives	
2.2	- Specific Objectives	
CHAPTER 3	: METHODOLOGY	11
	- Sample characteristics	
	- Research design	
	- Limitations of the study	
	- Research Variables and Indicators for cut off points	
CHAPTER 4	: PRESENTATION OF FINDINGS AND DATA ANALYSIS	14
CHAPTER 5	: DISCUSSION OF FINDINGS	24
	CONCLUSION	27
	RECOMMENDATIONS	28



ANNEXES	Pages
Annex 1 : References	29
Annex 2 : Letter Requesting for Permission to collect data from Mwami Adventist Hospital	31
Annex 3 : Letter granting permission to collect data at Mwami Adventist Hospital	32
Annex 4 : Instrument used to collect data	33

## 1. INTRODUCTION

### 1.1 Background Information

Mwami Hospital is found in Chipata District in the Eastern Province of Zambia. It serves a population of 244,440 out of which 2,444 (22%) are women in the child bearing age group.<sup>(1, 2)</sup> The hospital provides both curative and preventive health services to the community. Under preventive health services, the hospital has taken an upper hand in providing maternal and child health (MCH) services including Family Planning (FP).

Family Planning is an essential health service which if used effectively does benefit the individual, family community and the nation as a whole by helping to slow down rates of population growth. In Zambia, the rate of population growth has been increasing overtime from 2.6% per year in the 1963 - 1969 period to 3.6% per year at present. This is among the highest population growth rates in Africa and indeed the whole world.<sup>(3)</sup> The government of Zambia realized the rapid population growth and adopted the population policy in 1989 as a way of slowing the population growth.

### 1.2 Statement of the Problem

The world fertility survey revealed that more than 75% of women in the countries surveyed wanted to avoid pregnancy for at least a year.<sup>(4)</sup> However, in Africa, between 1986 - 89, eight out of eleven countries surveyed had prevalence rates of under 10% for modern family planning methods. One of the major reasons for the discrepancy between knowledge and the

use of contraception is attributed to poor access to the service, lack of information about methods and sources of supply and concern about side effects.<sup>(4)</sup>

In Zambia, the overall contraceptive prevalence rate is 9.2%.<sup>(5)</sup> This is very low and may be related to the fact that the government did not take a deliberate step to encourage people to utilise family planning services until recently when the population policy was adopted. Unfortunately, family planning clinics are still poorly attended in most parts of Zambia despite the adoption of the population policy. It is said that Mwami Hospital recorded nine hundred and ninety six antenatal clinic attenders in 1990 with only 649 hospital deliveries in the same year.<sup>(6)</sup> Following delivery, these mothers are expected to attend post-natal clinic during which family planning would be emphasised. Unfortunately only a handful of mothers attend post-natal clinic and on the average about four mothers attend the family planning clinic on each clinic day.<sup>(7)</sup> In 1990, only sixty two women attended the Family Planning Clinic. Of these twenty seven were old clients and thirty five were new acceptors.<sup>(6)</sup>

A number of problems may arise if women are not attending the Family Planning Clinics. For example, a family may have many children and children born into a large family have to compete with others siblings for food. As a result, children may develop marasmus and kwarshiorkor. In U.T.H. 30% of all paediatric admissions is due to malnutrition.<sup>8</sup>

Low attendance in Family Planning Clinic would also result in a number of unwanted pregnancies and might eventually lead to death. In Lusaka, it is reported that eleven adolescent

maternal deaths at U.T.H. in 1983 were associated with unwanted pregnancies.<sup>(9)</sup> Unwanted pregnancies result in a number of illegal abortions. A survey done in Zambia showed that the incidence of illegal abortions ranged between 52% and 70%.<sup>(9)</sup>

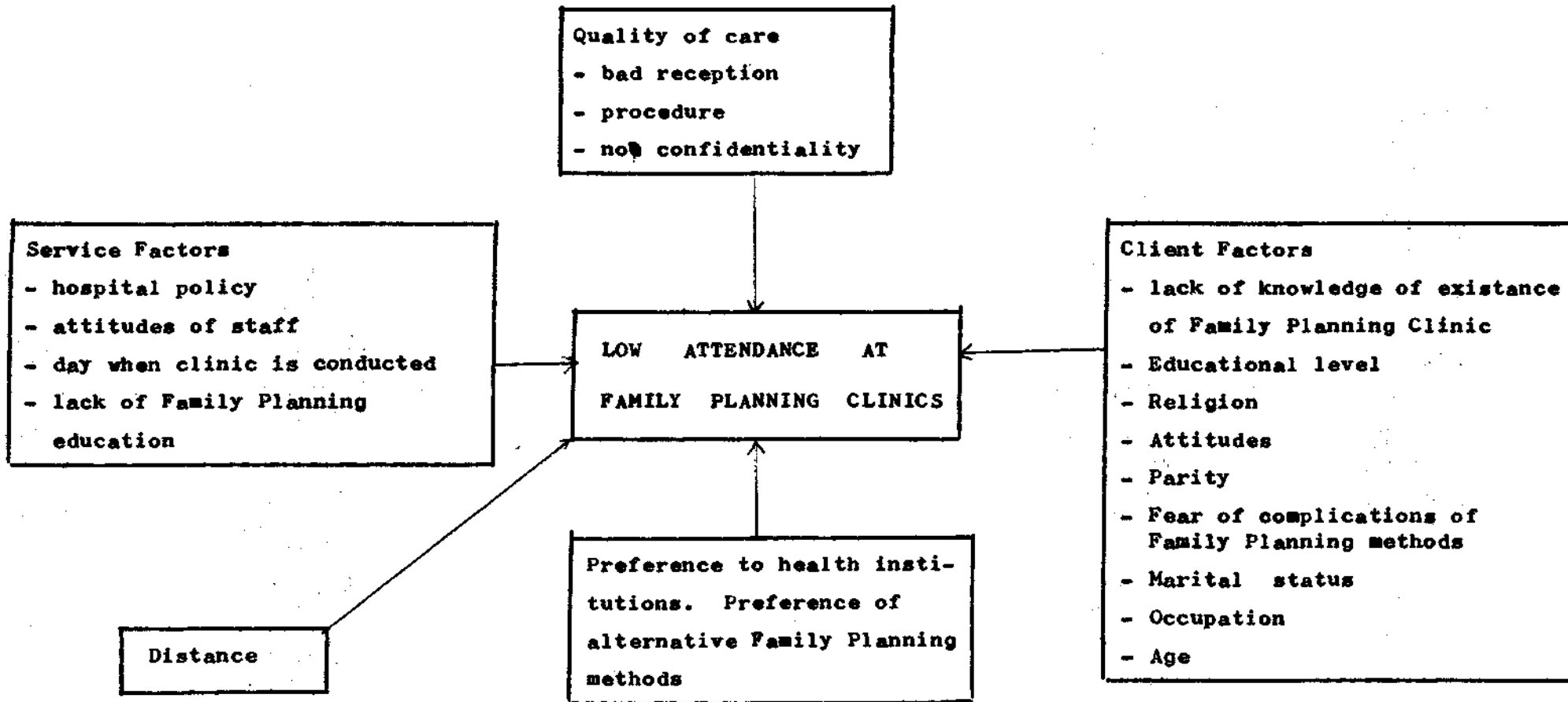
However, there are a number of factors which contribute to low attendance in Family Planning Clinics. These factors include: clients knowledge about family planning, attitudes of the health staff, clients cultural and religious beliefs, long distances to the health centre and lack of adequate family planning education. Other factors contributing to low attendance in family planning clinics are listed in Table 1 (page 4).

Low attendance at Mwami Family Planning may also be attributed to the above factors. Thus the purpose of this study is to identify the factors that are contributing to low attendance at the clinic. It is hoped that the findings of the study will assist in devising ways and means of increasing the number of women attending the Family Planning Clinic.

### 1.3 Definition of terms

- |                |  |
|----------------|--|
| 1) Women       | Females in the reproductive age of<br>15 - 45 years.                                 |
| ii) Attendance | Number of women who can be found seeking<br>Family Planning advice on the clinic day |

TABLE 1 : FACTORS CONTRIBUTING TO LOW ATTENDANCE AT FAMILY PLANNING CLINICS



#### 1.4 Literature Review

A number of research studies have been carried out on Family Planning utilisation, acceptability and effectiveness of individual methods of Family Planning. It is believed that family planning can assist in reducing infant and child mortality through longer birth intervals and prolonged breast-feeding practices in traditional society.<sup>(9)</sup>

Studies done on contraceptive usage in developing countries show that non-use of contraceptives is a result of widespread perceptions and beliefs about potential health hazards based on ethnic concepts of anatomy and physiology of the human body. This was earlier found to be true among Phillipino women.<sup>(10)</sup>

This is because information on effects, is in most cases, not disseminated to contracepting mothers while attending Family Planning Clinics.

A study was conducted in rural Bangladesh to determine the contraceptive prevalence. Results showed that acceptance was dominated by those who had had five or more children, one or more of those children being sons. Acceptance was also high in those who did not desire to have any more children. The age pattern of acceptance by estimation showed a gradual adoption of family planning by the younger women. It was also stated that use of contraceptives in society was governed by the number of living children a woman has. Prevalence was low in women with no children and high in women with five or more children.<sup>(11)</sup>

In Costa Rica a study on contraceptive prevalence among married couples showed that marital status was an important determinant of contraceptive use compared to 30% separated, widowed and 5% never married. In this study, it was reported that use of contraceptives increased with age, education, number of children and the location where one is. (12)

This was confirmed in a study done in Ilorin - Nigeria in 1983-88. In this study, it was found that contraceptive use was higher in women with education compared to those who never went to school. It was also shown that married women use contraceptive more than the unmarried ones. (13)

Another study was done in Nigeria to determine the influence of number of living sons on contraceptive use among female teachers. Results showed that the proportion of women who ever used contraceptives increased as number of children increased from 4.8% with no children to 34.4% women with 3 living children. Women with no sons were least likely to have practiced modern contraception. Use of contraceptives increased linearly as number of sons increased. Use was even higher in women who had only sons and no daughters than among women with only daughters and no sons. The study revealed that women who have achieved their desired family size are more likely to be acceptors of family planning than women who have not. (14)

An analytic study was done by Jain, K. A review of existing literature and analysis suggested that improvements in quality of family planning services by enhancing the choice of contraceptive

methods available in a country would increase the overall practices of contraception and thus result in fertility reduction.<sup>(15)</sup> In this study, it was also suggested that information given to users about contraceptive risks, benefits of a method and the way the provider expresses her skills or experience will determine contraceptive use. A good provider/client relationship, and follow up care ensures continuity and use of contraceptives.

Westyla writes about the teaching of the Catholic Church about artificial family planning. It is said that couples who practice contraception "manupilate and degrade human sexuality and with it themselves and their married partners by altering its value of 'total' self giving". Contraception alters the sexual act and makes it something other than a self surrender. For the contracepting couple, the sexual act is a lie because the spouses refuse to give themselves to one another as potential mothers and fathers. When couples contracept, sexuality is reduced to a merely biological function.<sup>(16)</sup>

A number of studies in family planning have been done here in Zambia. These studies show that, family planning in Zambia is characterized by low female and male participation rates. In comparative terms, acceptor rates are very low in rural areas compared to urban areas. Results from 1988 survey showed that only 8.5% of the 5392 women sampled in the child bearing ages 15 - 49 years were practicing some form of contraception. The prevalence rates for rural areas is 8.6%.<sup>(9)</sup>

One study was done in Lusaka by the Planned Parenthood Association of Zambia (PPAZ) on 'who attends Family Planning Clinics in Lusaka



Province'. This study was done in phases. In the first phase, they looked at records of contraceptive acceptors in 1984. The results of the study indicated that contraceptive use was high among women aged between 20 - 24 and lowest in the age group 40 and over. It was also low in age group 15 - 19. This was associated with the fact that, at this age, most of the young girls are still attending school and are not yet sexually active and so would not be able to attend Family Planning Clinics. (17)

It was also observed that most of the women who attended Family Planning Clinics have at least one to two children. Attendance was low amongst those with no children and those with 5 - 6 children. This was concluded that those with no children would like to have children, so would not use family planning methods. Those with 5 - 6 children would prefer permanent methods of family planning like sterilisation. In the same study it was indicated that mostly married women are the ones attending clinics. This was attributed to the fact that most of our clinics in Zambia serve only married women. Before a woman can be attended to in family planning clinics the health workers request for a consent from the husband which is in form of a letter.

It was also realised that education of women increases the use of contraceptives. Mostly, nurses and teachers are the ones who were identified to be using the clinics. Nurses take the advantage of their profession and so benefit more from these services.

Other studies done in Ndola and Mansa showed that the majority of acceptors (42%) had had at least one or two children, at least secondary education and were married. (9)

From studies done in each province of Zambia, it was found that pills are well known among women and the commonest sources of their knowledge are health centres followed by relatives and friends. Nearly all the provinces recorded more women as having known the existence of traditional methods of family planning. It was also discovered that breast-feeding is common in all provinces. Studies have indicated that women who breast-feed their children longer and on demand have slightly better chances of not getting pregnant up to 18 months.<sup>(9)</sup>

A study on utilisation of Family Planning services was done in Chipata District but the researcher was unable to get the results of this study from the people who were involved.

2.0 OBJECTIVES

2.1 General

To determine factors contributing to low attendance at Mvami Family Planning Clinic.

2.2 Specific

2.2.1 To establish the number of women attending Family Planning Clinic.

2.2.2 To determine the characteristics of Family Planning Clinic clients with respect to:

- level of education
- marital status
- age
- religion
- parity
- distance from home to the nearest Family Planning Clinic and
- who decides on number of children to have.

2.2.3 To determine client's knowledge about Family Planning

2.2.4 To utilise the study results in making recommendations for action.

### 3. METHODOLOGY

This was a non intervention descriptive study involving the identification of factors contributing to low attendance at Mwami Family Planning Clinic. The study was concerned with the opinion of women on their perception of quality of Family Planning services offered at the hospital. This was facilitated by the administration of an interview schedule to women and analysis of attendance records at the clinic.

A sample of 50 women in the child bearing age was drawn using simple random sampling. These women were among those who attended either antenatal clinic, children's clinic or Family Planning Clinic, at the hospital. Each day of interview, the numbers were drawn on paper, with some papers blank. Each respondent was then asked to pick a paper. Those who picked papers that had numbers written on them were selected as sample subjects. This was done on all the days until the sample size of 50 was reached.

The dependent variable for the study was 'low attendance at Mwami Family Planning clinic'. Based on Figure 1 (page 4) several independent variables were identified. Some of these like age and distance were measurable but others like acceptability and attitudes were not. Therefore indicators for measurement of variables that were not measurable were prepared. The details of variables as well as their indicators are in Table 2 (page 13 ).

The respondents interviewed were assured that the information provided would be treated as confidential. To achieve anonymity, names were not written on the interview schedule paper.

### 3.1 Limitations of the study

The main limitation of this study is the small sample size vis-a-vis the number of women in the community served by Mwami Hospital this making generalisation of findings to the whole population unrealistic.

All data was analysed manually with the aid of a pocket calculator. Raw data was edited for completeness, accuracy and then tabled in worksheets thus putting together all the data from the study subjects.

TABLE 2: INDICATORS AND CUT OFF POINTS FOR VARIABLES

VARIABLES	INDICATORS AND CUT OFF POINTS
<p>A <u>Dependent</u></p> <p>Low attendance at Kwami Family Planning Clinic</p>	<p>Number of women attending Family Planning &gt; number of women not attending Family Planning Clinic.</p>
<p>B <u>Independent</u></p> <p>1. Age</p> <p>2. Educational level</p> <p>3. Marital status</p> <p>4. Religion</p> <p>5. Accessibility</p> <p>6. Acceptability</p> <p>7. Awareness</p>	<p>Women aged 15 - 44 years</p> <p>Primary education</p> <p>Secondary education</p> <p>Colledge education</p> <p>Never attended school</p> <p>Married</p> <p>Single</p> <p>Widowed</p> <p>Divorced</p> <p>Catholic</p> <p>Protestants</p> <p>≤ 5 kilometers</p> <p>&gt; 5 kilometers</p> <p>-Women accepting modern Family Planning methods.</p> <p>-Women not accepting modern Family Planning methods</p> <p>Women have knowledge about Family Planning clinic.</p> <p>Women do not know about Family Planning clinic.</p>

4.0 FINDINGS

4.1 Sample characteristics

A total of 50 women in the child bearing age group were interviewed for the study. Table 1 shows that their ages ranged from 15 to 43 with the majority (38) in the 15 - 29 age group. Forty five were married, 39 were Roman Catholics and the majority (37) had completed their primary school education. Table 1 also shows that the majority (39) live more than 5 kilometres from the nearest Family Planning Clinic. Forty one had a parity of four children or less while only 9 had more than 4 children.

TABLE 1: GENERAL CHARACTERISTICS OF THE WOMEN USED IN THE STUDY

		ATTENDING n = 7	NOT ATTENDING n = 43
Age	15 - 29	5	33
	30 - 43	2	10
Marital Status	Single	0	5
	Married	7	38
Religion	Roman Catholic	4	35
	Protestant	3	8
Education	Never	0	6
	Primary	5	32
	Secondary	2	5
Distance from Family Planning Clinic	≤ 5 km	2	9
	> 5 km	5	34
Parity	≤ 4	5	36
	> 4	2	7

4.2 Of the 50 respondents, 7 were attending/practicing family planning thus giving a prevalence of 14% in the survey community. Of the 14% practicing family planning methods, 8% were Roman Catholics and 6% protestants. Majority (86%) of those who were not attending the family planning clinic 64% had primary school 10% had college education and 12% had never been to school (Table 2).

TABLE 2: ATTENDANCE AT FAMILY PLANNING CLINIC BY RELIGION AND EDUCATION LEVEL.

ATTENDANCE	RELIGION		TOTAL	EDUCATION			
	ROMAN CATHOLIC	PROTESTANT		PRIMARY	SECONDARY	NEVER	TOTAL
YES	4 (8%)	3 (6%)	7 (14%)	5 (10%)	2 (4%)	0	7 (14%)
NO	35(70%)	8(16%)	43(86%)	32(64%)	5(10%)	6(12%)	43(86%)
TOTAL	39(78%)	11 (22%)	50(100%)	37(74%)	7(14%)	6(12%)	50(100%)



4.3 Table 3 shows that all the 7 (14%) respondents practising Family Planning were married. Of the 43 (86%) not practicing Family Planning, 38 (76%) were married and 5 (10%) single. Table 3 also illustrates that 10% of those practicing family planning are aged between 15 and 29 years while 2 (4%) are aged between 30 - 43 years. Sixty six percent of non attendance was observed in the age group 15 - 39, as opposed to 20% of those in the age group 30 - 43.

TABLE 3 : ATTENDANCE AT FAMILY PLANNING CLINIC BY AGE AND MARITAL STATUS.

ATTENDANCE	AGE GROUP		TOTAL	MARITAL STATUS		
	15-29	30-43		SINGLE	MARRIED	TOTAL
YES	5(10%)	2(4%)	7(14%)	0	7(14%)	7(14%)
NO	33(66%)	10(20%)	43(86%)	5(10%)	38(76%)	43(86%)
TOTAL	38(76%)	12(24%)	50(100%)	5(10%)	45(90%)	50(100%)

4.4 In Table 4, it was observed that a higher percentage of those attending the family planning clinic are those with 4 or less children compared to those with more than 4 children. Of the 86% who are not practicing family planning, 72% have 4 or less children while 14% have more than 4 children.

TABLE 4: ATTENDANCE OF FAMILY PLANNING CLINIC BY PARITY

ATTENDANCE	PARITY		TOTAL
	$\leq 4$ CHILDREN	$> 4$ CHILDREN	
YES	5 (10%)	2 (4%)	7 (14%)
NO	36 (72%)	7 (14%)	43 (86%)
TOTAL	41 (82%)	9 (18%)	50 (100%)

4.5 There seems to be a difference in attendance between those who live close to and those who live far from the Family Planning Clinic (4% against 10%). Those who live far from the clinic seem to be attending more than those who live close to the clinic (Table 5).

TABLE 5: ATTENDANCE AT FAMILY PLANNING CLINIC BY DISTANCE TO CLINIC

ATTENDANCE	DISTANCE		TOTAL
	$\leq 5$ KM	$> 5$ KM	
YES	2 (4%)	5 (10%)	7 (14%)
NO	9 (18%)	34 (68%)	43 (86%)
TOTAL	11 (22%)	39 (78%)	50 (100%)

4.6 When husbands alone decide on the number of children to have, attendance was higher 5 (10%) than when both husband and wife decide 2 (4%). Of those who are not practicing family planning, the decision was in favour of the husband alone 21 (42%) than both. The woman's opinion does not seem to matter in either cases (Table 6).

TABLE 6: ATTENDANCE AT FAMILY PLANNING CLINIC BY DECISION ON NUMBER OF CHILDREN.

ATTENDANCE	DECISION ON NUMBER OF CHILDREN			TOTAL
	HUSBAND	WIFE	BOTH	
YES	5 (10%)	0	2 (4%)	7 (14%)
NO	21 (42%)	3 (6%)	19 (38%)	43 (86%)
TOTAL	26 (52%)	3 (6%)	21 (42%)	50 (100%)

**4.7 Clients knowledge about Family Planning**

Respondents were asked to say what they understood by family planning. Forty two percent defined it correctly while the others did not. Of those who did not define it correctly, 4% said it was stopping a couple from having any more children, 32% said it was limiting the number of children for any couple attending family planning clinic while 22% thought it was a service offered to women so that they could control the number of pregnancies (Table 7).

**TABLE 7: RESPONDENTS KNOWLEDGE ABOUT DEFINITION OF FAMILY PLANNING.**

DEFINITION OF FAMILY PLANNING	FREQUENCY	%
Having children at time convenient to the couple	21	42
Stopping couple from having any more children	2	4
Limiting the number of children for any couple attending family planning clinic	16	32
A service offered to women so that they could control the number of pregnancies	11	22
TOTAL	50	100

4.8 In comparing knowledge that respondents have on Family Planning with attendance at the clinic, it was observed that only 4% of those who defined it correctly were practicing family planning as opposed to 38% who defined it correctly but were not practicing it. Ten percent of those attending are among those who did not define it correctly. They represent the majority of those practicing family planning (Table 8).

TABLE 8: ATTENDANCE AT FAMILY PLANNING CLINIC BY KNOWLEDGE OF THE DEFINITION OF FAMILY PLANNING.

ATTENDANCE	DEFINITION OF FAMILY PLANNING		TOTAL
	DEFINED CORRECTLY	DEFINED INCORRECTLY	
YES	2 (4%)	5 (10%)	7 (14%)
NO	19 (38%)	24 (48%)	43 (86%)
TOTAL	21 (42%)	29 (58%)	50(100%)

4.9 Respondents' reasons for not practicing family planning

Respondents who were not practicing family planning (43 out of 50) were asked to give three reasons why they were not practicing family planning. The most prominent reason given was that they had not reached the desired number of children. This represented 38% of all the reasons given. Twenty four percent of the reasons given were that women were practicing traditional methods of spacing children. In the same table it was also observed that 20% of the reasons were that women did not know about the family planning clinic and the procedure of obtaining assistance for contraceptives. The remaining 18% of the reasons were that women feared that if they practiced modern family planning, it would result into a number of complications one of them being sterility (Table 9).

TABLE 9: FREQUENCY DISTRIBUTION OF REASONS FOR NOT PRACTICING FAMILY PLANNING.

REASONS	FREQUENCY	%
Not reached desired number of children	30	38%
Using traditional methods	19	24%
Did not know about Family Planning Clinic and procedure	16	20%
Family Planning misconceptions	14	18%
TOTAL	79	100%

**4.10 Other methods of Family Planning Practiced by Respondents**

The respondents who were not practicing family planning were asked what alternative methods of traditional family planning they were using in order to prevent unwanted pregnancies. Table 10 summarizes their responses.

**TABLE 10: FREQUENCY DISTRIBUTION OF ALTERNATIVE METHODS OF FAMILY PLANNING PRACTICED BY RESPONDENTS.**

ALTERNATIVE METHODS	FREQUENCY	%
Abstinence	25	58%
None	10	23%
Traditional Herbs	3	7%
Withdrawal	3	7%
Breast feeding	2	5%
TOTAL	43	100%



## 5.0 DISCUSSION OF FINDING

The religious affiliation of the respondents was observed to be dominated by Roman Catholics thus the likelihood of them attending more than the protestants churches. However, despite the large number of Catholic respondents very few of them were practicing Family Planning methods. It could be associated to be fact that the Roman Catholic church is one of those churches that are against the practice of modern Family Planning methods.<sup>(15)</sup> It may also be associated to the fact that since the community is dominated by Catholics and Catholics worship on Sunday, thus the low attendance in the clinic.

Education was also found to be a contributing factor to low attendance at the Family Planning Clinic. Majority of the respondents had only attained primary education and were not practicing family planning. Among those who never went to school, none was recorded to be practicing family planning. Studies done in other countries and also in Zambia show that education of women increased the use of contraceptives.<sup>(9, 11, 12)</sup>

The age distribution of respondents show that the majority were in their early adulthood and most likely the beginning of their motherhood and thus might not be very keen to practice family planning. This was contrary to what was discovered in a study done by PPAZ in Lusaka where contraceptive use was high among women aged 20 - 24.<sup>(16)</sup>

Marital status of the respondents showed majority of the respondents to be married. Marriage may contribute to attendance at family planning clinics. This could be associated to the fact that most clinics in Zambia request for consent from husbands before one could

be registered as a family planning client. Thus most clinics only serve married women. This was also found to be true in a number of studies done in Zambia, Costa Rica, Paraguay and Nigeria. (9, 11, 14, 12)

The number of children one had may be associated with attendance at family planning clinics. Most of the women who had not reached the desired number of children may not be attending family planning clinics because they would still want to have more children. With the feeling most women had that once on family planning methods, they may develop complications, this may be associated to the low attendance. This assumption was strengthened by the results of the study in Nigeria and Zambia. In these studies it was observed that traditional society, favoured big number of children as it was seen as an investment, a support in old age. Majority of the women who wanted more children felt fertility should be regulated by God, thus never felt the need to practice modern family planning methods.

Distance to the nearest family planning clinic in this study was not seen to be related to the low attendance at the Family Planning clinic because those who lived further from the clinic attended more than those who lived nearer. This could be explained in terms of personal conviction as to which health services one seeks from the hospitals, and how beneficial one feels that health service is to her.

Decision on the number of children was seen to be dominated by men. This may be associated to the reason that, we live in a male dominant culture. Decisions taken by men are regarded as superior because men are believed to be heads of homes.

Majority of the respondents knew the definition of family planning though not practicing family planning. However, amongst those who were attending the clinic, majority did not define family planning correctly. It could be said that attendance at Family Planning Clinic may not really be determined by respondents knowledge of what is family planning is. The findings that those who did not know what family planning is but still attended family planning may be associated to the assumption that most of our health staff in the clinics do not spend much time explaining to the clients what the service they are offering to the clients is all about. This was also found true in a study done in Mansa-Zambia where a number of women attending the Family Planning Clinic did not know what family planning meant.

From the reasons given by women as to why they do not practice family planning may be an indication that there's lack of understanding of what family planning is and its benefits by the women. This may be a result of lack of adequate health education on family planning, its benefits, side effects, advantages and the types of methods that could be suitable to different individuals. This helps clear the misconceptions women had about family planning. People may be unaware of the fact that family planning has some advantages rather than the negative aspects that are attributed to the service. This was supported by a study on Phillipino women.<sup>(10)</sup> The study revealed that non-use of contraceptives was a result of widespread perceptions and beliefs about potential health hazards based on ethnic concepts of anatomy and physiology of the human body.

## CONCLUSION

The study sought to determine factors contributing to low practice at Family Planning Clinics in Mwami. The study revealed that the number of children one had, age, marital status, education and religion may be associated with Family Planning practice at Mwami Family Planning Clinic. Understanding of Family Planning is also important. A number of women preferred to use traditional methods than modern methods of Family Planning. A conclusion can be made that there is lack of adequate health education. The women might not have understood that it is the right of all individuals and couples to decide freely and responsibly the number of children they want to have. It can also be concluded that family planning services in Zambia is not adequately catering for adolescents, those who are unmarried and those with low education level. From the results of the study, Zambia will still be faced with high birth rates if mothers' attitudes on Family Planning utilisation do not change.

## RECOMMENDATIONS

1. Family Planning services or products should be well publicised. This could be through the mass media - radio and through the church and women's organisations.
2. Health Education by the health staff in the hospital especially those in MCH Department should be intensified. This can be done when women attend other clinics like antenatal and children's clinic as these are well attended. Women should be educated on family planning, its benefits, side effects and advantages so that they are motivated to actively practice Family Planning.
3. Though it was not established in the research, the hospital management should also try to increase the number of days Family Planning Clinic are conducted as compared to the present one day - Sunday mornings only.
4. Satisfied users of contraceptives should counsel and encourage other women to participate in practice of family planning. The users of contraceptives can even be used to give health education to the other women on their experience as family planning users.
5. Family Planning Clinic should be part of all other clinics like antenatal, children's and not to be conducted on its own. This may help boost the participation in Family Planning services.
6. Considering that decisions on number of children was dominated by men, men should also be involved in Family Planning. They should be educated on the importance of Family Planning services.

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The University of Zambia  
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PO Box 50110  
LUSAKA

13th February 1991

The Medical Director  
Mwami Seventaday Adventist Hospital  
P/B 5  
CHIPATA

u.f.s. The Head *Theresa Chilufya*  
Department of Post Basic Nursing  
School of Medicine  
PO Box 50110  
LUSAKA

Dear Sir,

RE: PERMISSION TO CARRY OUT RESEARCH STUDY

I am a fourth year student at the above mentioned institution enrolled in Bachelor of Science Degree programme.

As part of the requirement to complete the course, I have to carry out a Research study. My study is "To Determine Factors Contributing To Low Attendance At Mwami Family Planning Clinic", and in view of this it is hoped that the results of the study will help make recommendations to programme planners or Family Planning providers to formulate strategies to increase attendance in the clinic.

Thanking you in anticipation.

Yours faithfully,

*T.C. Sikateyo (Mrs)*

Theresa Chilufya Sikateyo (Mrs)

cc The Nursing Officer  
Mwami Adventist Hospital  
P/B 5  
CHIPATA

cc The Family Health Nurse  
Mwami Adventist Hospital  
P/B 5  
CHIPATA.



Seventh-day Adventist Church

# Mwami Adventist Hospital



Private Bag 5, Chipata, Zambia

but to minister"

7th March 1991

Mrs Theresa Chilufya Sikateyo  
The University of Zambia  
Department of Post Basic Nursing  
P.O. Box 50110  
LUSAKA

Dear Madam,

RE: PERMISSION TO CARRYOUT RESEARCH STUDY

Thank you for your letter dated 13th January 1991, in which you were asking for permission to carry out a research study at this Institution

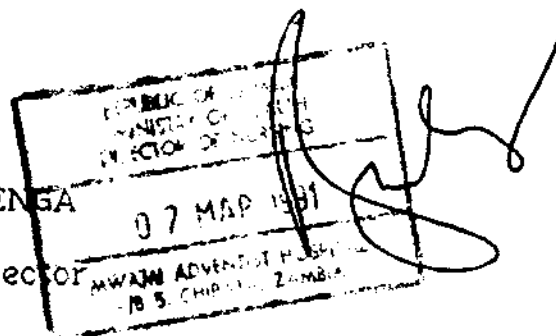
I am hereby to inform you that you have been granted this permission to do so.

Thank you for choosing Mwami Adventist Hospital as a place for your study. I would like to wish you all God's Blessings as you travel to this place. Looking forward to seeing you

Thank you.

MRS BERTHA MULENGA  
NURSING OFFICER

For The Medical Director



cc: The Head  
Department of Post Basic Nursing  
School of Medicine  
P O Box 50110  
LUSAKA

INTERVIEW SCHEDULE

Instructions:

- a) I will ask you a number of questions to which responses will be required.
- b) The information given will be considered confidential.

Number of respondent \_\_\_\_\_

Questions:

For official use

- 1. How old are you?
  - (a) Below 20
  - (b) 20-35
  - (c) 35 and over
- 2. What is your marital status?
  - (a) Single
  - (b) Married
  - (c) Divorced
  - (d) Widowed
- 3. Which religion do you belong to?
  - (a) Catholic
  - (b) Seventh-day Adventist
  - (c) Watchtower
  - (d) Others, specify \_\_\_\_\_
- 4. What grade did you attain in school?
  - (a) Primary Education
  - (b) Junior secondary education
  - (c) Senior secondary school
  - (d) College and University
  - (e) Never attended school
- 5. Where do you live?
- 6. How many children do you have?
- 7. How many children do you intend to?

8. Who decides how many children you have?
- (a) Husband
  - (b) Wife
  - (c) Both
  - (d) Relatives
  - (e) Others specify \_\_\_\_\_
9. What is Family Planning?
- (a) Having children at the time convenient to the couple
  - (b) Stopping the couples for having any more children
  - (c) Limiting the number of children any couple attending F.P. Clinic
  - (d) A service that is only offered to women so that they could control the number of pregnancies
10. Are you practising any F.P. method?
- (a) Yes
  - (b) No
11. If yes to question 10, why do you use Family Planning?
- (a) To space children
  - (b) To limit number of pregnancies
  - (c) For treatment
  - (d) Others specify \_\_\_\_\_
12. Where do you go for Family Planning?
- (a) Hospital
  - (b) Friends
  - (c) Traditional healer
13. How far is your home from where you go for Family Planning?
- (a) Less than 2 kilometres
  - (b) 2-3 kilometres
  - (c) 4-5 Kilometres
  - (d) More than 5 Kilometres
14. What is your husband's view about F.P.?
- (a) Agrees
  - (b) Disagrees

15. When you go to the clinic are you assisted by the staff?
- (a) Yes
  - (b) No
16. If yes to question 15, how long does it take before you are attended to?
- (a) immediately you reach the clinic
  - (b) after a short time
  - (c) after a long time
17. Are you given a chance to choose which method of F.P. you want?
- (a) Yes
  - (b) No
18. If yes to question 17, what other information is explained to you about the method you choose?
- (a) Side effects
  - (b) How to take the drug
  - (c) How long you will take the drug
  - (d) None
19. If you are not practising any form of other F.P. methods, what are your reasons?
- (a) \_\_\_\_\_
  - (b) \_\_\_\_\_
  - (c) \_\_\_\_\_
20. If you are not practising any modern F.P. methods, what methods of contraception are you using?
- (a) Breastfeeding
  - (b) Traditional abstinence
  - (c) Traditional herbs
  - (d) None
  - (e) Withdrawal
21. Are there any traditional beliefs regarding pregnancy and childbearing that prevents you from using modern F.P. methods?
- (a) Yes
  - (b) No

For official use

22. If yes to question 21, what are those beliefs?

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

23. Does breastfeeding have anything to do with prevention of pregnancy?

(a) Yes

(b) No

THE END