



UNIVERSITY OF MALAWI

KAMUZU COLLEGE OF NURSING

**FACTORS THAT CONTRIBUTE TO HIGH
PREVALENCE OF SECONDARY INFERTILITY
AMONG MEN AND WOMEN
OF CHILD BEARING AGE AT KAMUZU
CENTRAL HOSPITAL**

BY

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**RESEARCH PROPOSAL SUBMITTED IN PARTIAL FULFILMENT
OF THE REQUIREMENT FOR THE AWARD OF
BACHELOR OF SCIENCE IN NURSING**

SUPERVISED BY: MRS F.MGAWADERE

DATE: 14 JULY 2010

DECLARATION

I declare that this proposal is solely out of my own work. It has not been presented anywhere for any degree and is not currently been submitted elsewhere for academic purposes.

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LIST OF ABBRIVIATIONS

HIV	Human immunodeficiency virus.
ICPD	International Conference on Population Development.
KCH	Kamuzu Central Hospital.
MOH	Ministry of Health.
QECH	Queen Elizabeth Central Hospital.
WHO	World Health Organization.

SUMMARY OF THE STUDY

Secondary infertility affects most of the people in developing countries. It accounts for 35% globally, while in Central African Republic, it ranges from 5-35%. In Malawi, it affects 17% of people at their reproductive ages. Kamuzu Central hospital as one of the tertiary hospital provides infertility services at a higher level. Statistically from 2008 to 2009, the rate of secondary infertility at Kamuzu Central Hospital increased from 36% to 55%. However, studies on factors that contribute to high prevalence at this hospital are limited so the need to conduct the study. The purpose of this study is to find out factors that contribute to high prevalence of secondary infertility among men and women of childbearing age at Kamuzu Central Hospital. Specifically this study will focus on knowledge of the clients on secondary infertility, factors that cause secondary infertility, treatment-seeking behavior for the clients with secondary infertility and misconceptions that people have on secondary infertility.

This descriptive quantitative study will be conducted at Kamuzu Central Hospital at Infertility clinic. Random sampling method will be used to select 15 men and 15 women with secondary infertility. A structured questionnaire will be used with close-ended questions for data collection. Data will be analyzed manually using descriptive statistics and will be presented as mode, mean in the forms of graphs, tables and pie chart. Oral consent will be obtained from the participants for data collection. The permission to conduct this study will be sought from Kamuzu College of Nursing Research and publications Committee, Ministry of Health, the director for Kamuzu Central Hospital. This will help the participants to be ethically protected from this study.

The findings will be used by the hospital administration at Kamuzu Central Hospital to come up with ways of reducing secondary infertility and to be used as a base line data for future research.

CHAPTER ONE

1.0 INTRODUCTION

Infertility is the inability to achieve a pregnancy after at least one year of regular intercourse without contraception (Lewis, 2004). There are two types of infertility; primary and secondary (Brunner & Suddarth, 2008). Primary infertility means that a couple has never had a child. Secondary infertility is defined as the inability to become pregnant, or to carry a pregnancy to term following the birth of one or more biological children after a couple has had one year of unprotected, well-timed sexual intercourse (The National Infertility Association, 2005). This study is aiming at finding out factors that contribute to high prevalence of secondary infertility at Kamuzu Central Hospital (KCH).

Most people believe that once you have had a child, you have proven yourself fertile and therefore will have no problems conceiving again in the future. Unfortunately, this is not true, secondary infertility is a very common problem. In fact, it is so much common that it accounts for as much as 60% of infertility cases worldwide and 10-33% in developing countries. (Centre for Research on Families and Relationship, 2008) In Malawi, secondary infertility reaches at 17 % (Barden, 2005). According to World Health Organization (1998), infertility becomes a public health concern when its frequency exceeds 15% and Malawi is on the high side. Lack of acknowledgement of secondary infertility as a social concern continues the condition to the realm of private, usually feminine suffering. These attitudes, as well as pervasive vertical approaches to family planning provision and sexual transmitted diseases management ultimately disconnect the goals of reproductive health care with infertility services inevitably falling behind (Evens, 2004).

The 2002 Reproductive Health Policy of Malawi acknowledged the seriousness of infertility, the growing demand and need for infertile services and the importance of preventing and treating this health problem (Person Communication, Len Verhoeven, 2003 in De Kok, 2006). An overview of infertility shows that secondary infertility is much higher (17 %) than primary infertility (2%). The researcher seeks to find out the factors that contribute to this higher prevalence of secondary infertility at Kamuzu Central Hospital.

1.1 BACKGROUND

In 1994, at the United Nations' International Conference on population and Development (ICPD), infertility was put on the international reproductive health agenda for the first time (Van Balen & Inhorn, 2002 in De Kok, 2006). The ICPD's Program of Action acknowledges that infertility is one of the factors affecting reproductive health and calls for an increase in the scope of reproductive health services by incorporating treatment and prevention of infertility (UNFPA, 1994 in De Kok, 2006).

Globally 35% of the people are affected by secondary infertility while in the Central African Republic secondary infertility is ranging from 5-23% (Larsen, 2000).

In Sub-Saharan African countries, including Malawi, secondary infertility has not received the attention from researches and policy makers (the government) which it requires, despite its high prevalence (Upton, 2001 in De Kok, 2006). They are focusing much on other reproductive health issues such as reducing fertility rate and preventing sexual transmitted diseases like HIV/Aids forgetting that these transmitted diseases may remain high in the presence of secondary infertility (De Kok, 2008).

Malawi is a small country in Southern Africa, boarded by Tanzania, Mozambique and Zambia. The population of the country is almost 13.1 million most of whom 85% live in rural areas. (National Statistical Office, 2008)

A study conducted by Barden (2005) on infertility in Mangochi (Malawi) showed the high level of secondary infertility(at 17%) ranging from a level of 7% in women aged 20-44 to 60% in women aged 40-44. These figures put Malawi in the upper-middle range of infertility prevalence as compared to other Sub-Saharan African countries . Until now, examinations of fertility difficulties that move beyond estimating the fertile and sub-fertile women in Malawi have not been made.

Kamuzu Central Hospital is one of the hospitals in Malawi at tertiary level that provides special health care to the people. It is located at Central region of Malawi .One of the condition that needs special health care is secondary infertility, as a result most client with this problem are found there. In 2008, the hospital statistics showed that 36% reported for

secondary infertility treatment and the number increased to 55% in 2009. Studies on contributing factors to this high prevalence at this hospital is limited so the need to conduct a study.

1.2 PROBLEM STATEMENT

In settings where becoming a parent is integral to entering adulthood and where children represent a source of health by assisting in the maintenance and economic production of the household, infertility can have serious negative consequences for those couples affected. Some of the documented consequences of secondary infertility include; marital instability, abuse and social stigma. (Dyer et al, 2002,2004).

In Malawi, secondary infertility is increasing especially with the area of interest being Kamuzu Central Hospital where this problem moves from 36% to 55% within two years. Although this is so, infertility(secondary) problem has not receive much attention and this may pose a challenge to manage clients with infertility problems hence Malawi can still be on upper-middle range of infertility prevalence (Barden,2005). Few studies have been conducted in Malawi on infertility problems but little is known on factors that contribute to high prevalence of secondary infertility, therefore the need for this study.

1.3 SIGNIFICANCE OF THE STUDY

The results of the study will help the Government to evaluate its policies and to include strategies on how to address the problem.

The information generated from this study will help the people in the communities to be aware of the causes hence to prevent secondary infertility.

In nursing the results of this study will guide them to render proper care such as education to people who are not affected (primary prevention) hence reduce the problem.

1.4 OBJECTIVES

1.4.1 Broad objective

The main objective of the study is to find out factors that contribute to an increase of secondary infertility among men and women of childbearing age at Kamuzu Central Hospital.

1.4.2 Specific objectives

The specific objectives of the study are:

1. To assess knowledge on secondary infertility among men and women of childbearing age
2. To explore factors that cause secondary infertility.
3. To determine the treatment seeking behavior for those clients with secondary infertility.
4. To identify the misconception/myths that the clients have regarding to secondary infertility.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 INTRODUCTION

In Malawi, little is known on factors that contribute to an increase of secondary infertility so this chapter will outline literature on related topics from globally, sub-Saharan and African countries.

2.2 Studies on knowledge of secondary infertility among child bearing aged clients

Adashi et al (2000) did a study in six European countries; U.S.A and Australia on Public perception and knowledge on infertility and its treatment. A representative sample of 8194 adults was selected. The result obtained highlighted that the awareness about the definition and incidence of infertility is very low (38%). This reflects that knowledge about secondary infertility in most people was very low as a result secondary infertility may increase since many people may delay to seek medical help.

2.3 Studies on causes of infertility

Tzonou et al (2005) conducted a study in Greece on induced abortions, miscarriages and tobacco smoking as risk factors for secondary infertility. The aim was to determine whether induced abortions could increase the risk of secondary infertility. 84 women with secondary infertility were selected purposively. Each participant was interviewed by using a questionnaire that sought information on his or her demographic, socioeconomic, medical, and reproductive status. The data was analyzed by conditional logistic regression. The results showed that eight cases reported a previous ectopic pregnancy, confirming that the occurrence of a pregnancy of this type dramatically increases the risk of secondary infertility. Furthermore, the occurrence of either induced abortions or spontaneous abortions independently and significantly increased the risk of subsequent development of secondary infertility. The logistic regression adjusted relative risks (and 95% confidence intervals) for secondary infertility were 2.1 (1.1-4.0) when there was one previous induced abortion and 2.3 (1.0-5.3) when there were two previous induced abortions. Tobacco smoking significantly increased the risk of secondary infertility, the adjusted relative risk being 3.0 (1.3-6.8). In conclusion, legalized induced abortions, as currently practiced in Greece, appear to increase slightly the relative risk of secondary infertility.

In Greece, again Trichopoulos et al (2005) conducted a study on the role of induced (and spontaneous) abortions in the etiology of secondary infertility. Obstetric and gynecologic histories were obtained from 100 women with secondary infertility admitted to the First Department of Obstetrics and Gynecology of the University of Athens Medical School. For every patient, an attempt was made to find two healthy control subjects from the same hospital with matching for age, parity, and level of education. Two control subjects each were found for 83 of the index patients. The relative risk of secondary infertility among women with at least one induced abortion and no spontaneous abortions was 3.4 times that among women without any induced or spontaneous abortions (95 per cent confidence interval 1.38–8.37). The relationship was statistically significant and indicated that in Greece; about 45 per cent of the cases of secondary infertility may be attributable to previous induced abortions.

According to WHO Bulletin (1998), Philippov, et al did a study on epidemiology and causes of infertility in Tomsk and Siberia. The results showed that infertility rate was 16.7% which exceeds the 15% critical level. 12.9% of all couples had secondary infertility and the most cause in women was complications after birth and abortion, while secondary infertility in men was much caused by abnormal semen. This reviewed that medical treatment to the people was poor that facilitate the reproductive tract infections (one of risk factors of secondary infertility.). In men it showed that they didn't have knowledge on their fertility since negative lifestyle for example smoking can be a causal factor.

A study done by Lunenfeld, & Stenrteghem, (2004) on infertility in the third millennium reported that in developing countries there were high rates of secondary infertility. The biggest factors in Sub-Saharan Africa are sexual transmitted diseases, and medical interventions under unhygienic conditions particularly post-partum. Most countries affected by HIV/Aids for example Kenya, Zambia and Zimbabwe show a rising percentage of women in the 25-45 years age group reporting secondary infertility. The conclusion of this study showed that people did not know the causes of secondary infertility hence were failing to protect themselves.

2.4 Studies on treatment seeking behavior for clients with secondary infertility

Ayaz & Efe (2007) did a study on traditional practices used by women with secondary infertility in Turkey. 410 were selected from 5700 women. The survey method was used for data collection. The results showed that 27.3% had tried a traditional practice and 67.8%, who tried traditional practice used an herbal mixture. The reason for the women's use of a traditional practice was hope (66.7%) and 15.2% of them had experienced an adverse effect related with traditional practice. Maternal education level, perceived economic status, duration of marriage all significantly affected the use of traditional practices. The women who had received unsuccessful medical treatment for secondary infertility and who had experienced side effects after medical treatment had a higher rate of use of traditional practice. In conclusion, almost one in three of the women who responded to the questionnaire had tried traditional methods, and some experienced adverse effects related to the practice. For couples with secondary infertility problems, educational program and consultation services should be organized with respect to their culture. Women should be informed about the hazards of traditional practices and avoidance of harmful practices, and continuous emotional support must be provided for infertile couples.

A study on factors affecting the health-seeking behavior of couples with secondary infertility was conducted in Karachi, Pakistan (Sami & Ali, 2003). Data was collected from women attending infertility clinics in five tertiary care hospitals. All currently married women, between the age of 15-35 years, with at least one previous conception, irrespective of outcome, attending an infertility clinic and consenting to participate in the study, were included. The results showed that women consulted multiple health care providers for treatment of secondary infertility. The main reasons for seeking treatment were couple's wish (54.2%), family pressure (22.6%) and want of a son by husbands or in-laws (20.4%). The most commonly sought providers were physicians (74.7%), Traditional Birth Attendants (TBA, 39.5%), Spiritual healers (26%), Hakeems (23%) and Homeopaths (17.2%). Most of the women who consulted non-physicians were illiterate (69.4%) as compared to those who consulted a physician (37.8%, $p\text{-value} = 0.00$). Women belonging to low socioeconomic group more commonly consulted the non-physicians. The post treatment complications were more common among women who consulted non-physicians. In conclusion, multiple treatments seeking behavior for couples with secondary infertility was affected by the literacy and socioeconomic status of the women.

Lassen (2000) did a study on Primary and Secondary infertility in Sub-Saharan countries at United States of America and he found that the prevalence of infertility of pathological origin is so high in Sub-Saharan countries that the infertility is not merely an individual concern; it is a public health problems. This can be due to improper treatment in health facilities and negative lifestyles of the people.

Dyer, et al (2004) did a study on experiences, reproductive health knowledge and treatment-seeking behavior among men suffering from couple infertility in South Africa. The aim was to explore reproductive health knowledge, health-seeking behavior and experiences related to involuntary childlessness in men suffering from couple infertility. 27 men from a diverse cultural urban community participated in in-depth interviews at the time of their first visit to an infertility clinic in a tertiary referral centre. There appears to be strong evidence that men had little knowledge about the physiology of human fertility, causes of infertility and modern treatment options. These findings can improve our understanding of the reproductive health needs of men suffering from infertility (secondary) in Africa. This understanding is essential for the effective integration of male partners into modern infertility management. The need for appropriate counseling of both partners and most particularly for education of the community as a whole is recognized

Dyer, Abraham, Hoffman & Van der Spuy (2002) did a qualitative study on women's reproductive health, knowledge and treatment seeking-behavior for involuntary childlessness in South Africa. 30 women participated and 12(40%) represented with primary infertility while 18 (60%) represented with secondary infertility. On knowledge of human fertility, more women were aware of their lack of knowledge and indicated their wish to know more about fertility. On knowledge of causes of infertility as one factor that can contribute to high prevalence, 50% said they did not know the cause and some believed that they were bewitched or it was God's punishment. On accessibility of health care, most people were not access proper care for example some were not examined to elaborate more on the cause, and special treatment was found at tertiary level where many could not afford in terms of transport. On the use of traditional health care, 50% of the women had level of insight into traditional health care. Usually women were

receiving herbs to drink in order to be clean so that they can conceive again. This study is in touch with some studies done in some Africa countries. Bamba (1999) on the status of reproductive behavior in Africa emphasized the lack of adequate knowledge about sexuality and reproductive health, particularly amongst women. The low education level and literacy rates in Africa were thought to compound this problem as they create barriers to reproductive health awareness campaigns.

A study undertaken in Mozambique indicated that the explanations infertile women could give for their failing to conceive again originated more often from the traditional healers than from the hospital (Gerrits, 1997 in Dyer, 2002). In a further report from the Gambia, women suffering from involuntary insufficient children were largely unaware of the causes of infertility (Sandby, 1997 in Dyer, 2002).

Ola, Aladekomo & Oludare (2006) conducted a study on determinants of choice of treatment outlets for infertility among infertile patients. The aim was to assess the prevalence, pattern, misconception and sources of infertility crisis among the Igbo population of Southeast Nigeria. Across-section survey was carried out. The results showed that 66.7% had secondary infertility (33.3% had primary infertility) and women were held responsible for infertility and bore the burden of seeking treatment than men. In conclusion, there was a need in medical education on the physiology of infertility in order to integrate men in treatment seeking process because secondary infertility is a disorder of a couple not of one individual

2.5 SUMMARY OF LITERATURE REVIEW

The above literature showed that people in developing countries have little knowledge on secondary infertility. It was also found out that many factors contribute to an increase of secondary infertility and women seek treatment for secondary infertility than men and this cannot reduce the problem since both partners need to get treatment. Little is known on knowledge, causes, treatment seeking behavior and misconceptions of the people on secondary infertility here in Malawi so the need for research.

CHAPTER THREE: CONCEPTUAL FRAMEWORK

3.0 INTRODUCTION

A conceptual framework implies the discussion of the relationship of concepts that underlie the study problem and support the rationale (reason) for conducting a study. (Dempsey, 2000). This study will be governed by Medellina Leininger's Transcultural nursing model.

This model focuses on cultural care beliefs and practices of individuals or group of similar or different cultures with the goal of providing culture specific and universal nursing care practices in promoting health of the people (George, 2000). Secondary infertility can be influenced by cultural factors

3.1 LEININGER'S TRANSCULTURAL NURSING MODEL

Leininger's theory of Transcultural care diversity and universality provides a unique and important and conceptual theoretical and approach to study nursing phenomena. This model focuses on three concepts namely person, environment and health (George, 2000).

(a) Environment

Environment in Leininger's theory becomes important as it influences health and care patterns of individuals, families and cultural groups. Studying an individual fairly or group without reference to the environmental or cultural context limits a full and accurate understanding of human beings.

(b) Person

Viewing human as cultural beings supports the idea that humans cannot be separated and viewed apart from the cultural background. Human need to be viewed and understanding in their total context and culture is the broadest and most holistic perspective that allows this.

Because humans vary with regard to cultural values, beliefs and lifestyle, professional care is planned and implemented in a way that recognizes and respects cultural differences and similarities.

(c) Health

Leininger contended that human cultures have forms, patterns expressions and structures of care that allows for knowing explaining and predicting health and wellbeing if health professionals are to be effective in delivering culturally congruent care, an understand of health from the people's perspective is important. So in order to design and implement culturally congruent care that leads to health, an awareness of the people's view of health is important.

Leininger named and depicted her theory as a Sunrise model. This model may be viewed, as a cognitive map that moves from the most abstract to the least abstract. The Model shows complex factors such as economic, education, political/legal and religious factors and many more that may influence the health of individuals, families, groups and institutions.

.On culture care preservation, accommodation and repatterning level its where nursing care is delivered. Within the Sunrise model, culture congruent care is developed and valued by the members of the culture. (See figure 1 below).

3,2 APPLICATION OF THIS MODEL TO THE STUDY

One of the factors that can contribute to high secondary infertility is culture of the people. Different people in the country have different culture and values that they rely on .So at a hospital setting the care each person receives should be in line with his/her culture. This culture care may also influence by educational, economical and political factors negatively or positively in the community/country. For example, when economical factor affect the country /community negatively, the hospital resources may also be affected as a result people may receive poor health care in relation to their culture (unclean places for delivery) hence this can predispose them not to bear another child again(secondary infertility).

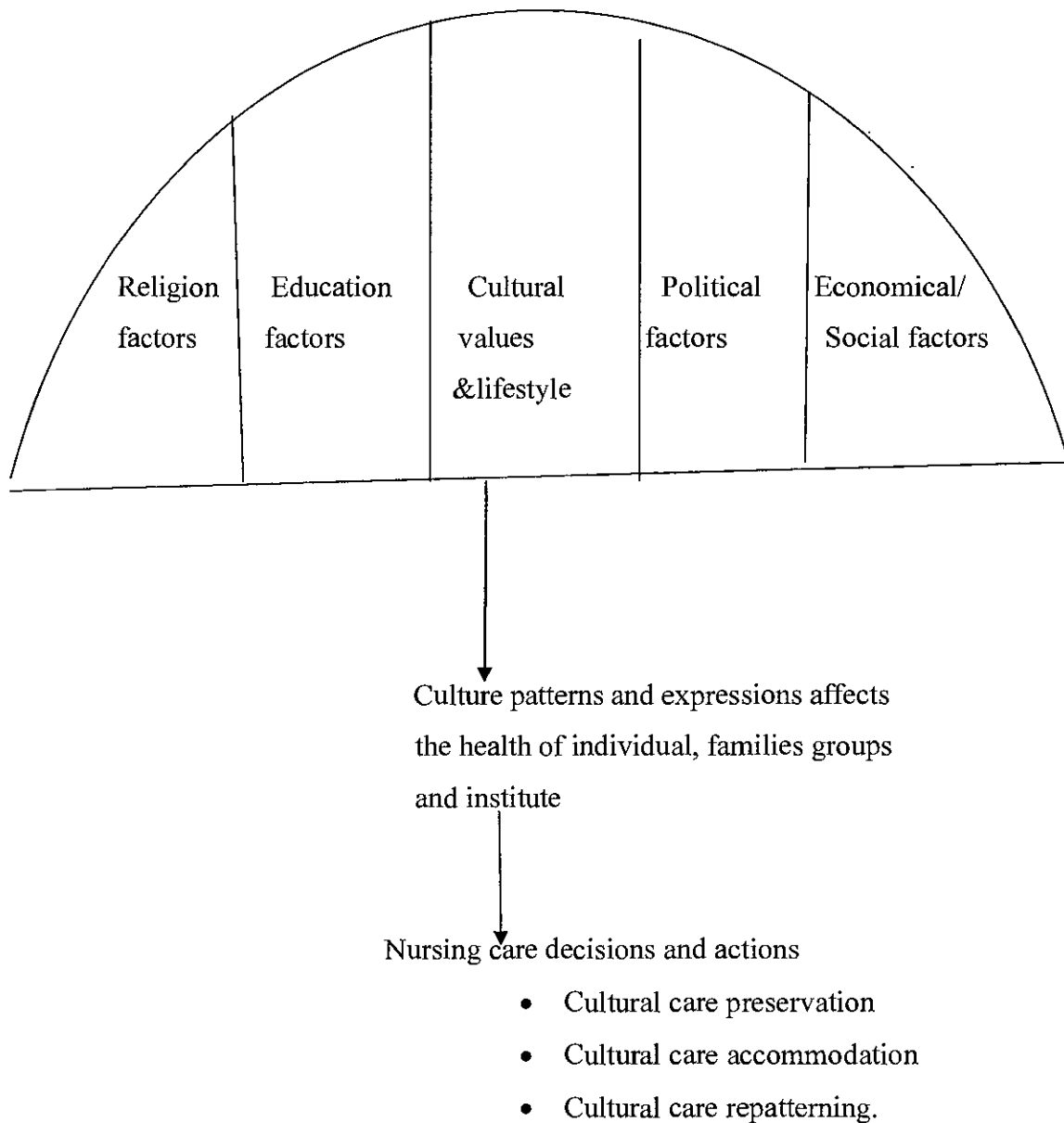


Fig 1: Leininger's Sunrise Model (from George, 2000).

CHAPTER FOUR: RESEARCH METHODOLOGY

4.0 INTRODUCTION

This chapter will describe the design, population, sampling and setting, the instrument and procedures that will be used to collect data, data analysis, ethical considerations, study limitations and dissemination of results for this study.

4.1 RESEARCH DESIGN

A research design will be a descriptive quantitative. A descriptive quantitative provides an accurate account of characteristics of particular individuals, situation or groups. This will help a researcher to describe what exists hence to come up with real information about the problem (Burns & Groove, 2003). The design is appropriate because the aim is to find out the relationship between variables so that causality may be explained at the end.

4.2 POPULATION

A population is an entire group of persons or set of objectives and events the researcher wants to study that contains all variables of interest to the researcher (Collins et al, 2003). In this study, the population will comprise of men and women between the age of 16 and 39 who have experienced secondary infertility.

4.3 SAMPLING/SAMPLE SIZE

Simple random sampling will be used in this study in order to obtain a greater degree of representativeness of the participants (Crookes & Davies, 2004). This method gives each participant equal chance of being selected. Records from the hospital will be used to identify clients with secondary infertility. Random selection of the required number will be made by using a lottery method (numbers being drawn out of the hat). Those selected will represent the clients with secondary infertility at Kamuzu Central Hospital. The sample size will be 30.

4.4 SETTING

The data collection for this study will be conducted at Kamuzu Central hospital. This tertiary hospital has an infertility clinic that operates every Wednesday so the researcher will easily access the clients. The place is chosen because it is where the problem to be studied is.

4.5 DATA COLLECTION

A structured questionnaire developed by the researcher will be used to collect data. It will comprise of close-ended questions that will help to gather information from the subjects such as situations, beliefs and knowledge under the study. A questionnaire will be translated in Chichewa, as most of the participants understand Chichewa. (See appendix 1&2) .The questionnaire will be focusing on demographic data, knowledge on secondary infertility and the causes. The last section will be focusing on treatment seeking behavior and misconception that people have regarding to secondary infertility. Questionnaire will be distributed to the participant for completion and the researcher will guide those who will need assistance.

The expected maximum time for each individual to complete the questionnaire is 30 minutes. Data collection will last four days and it will be done by the researcher alone due to financial problems.

4.6 PILOT STUDY

A data collection tool will be pretested in order to ensure its validity and reliability and to check for the clarity of the questions. Duration for the completion of each questionnaire will be also noted in order to reorganize for real data collection time. Pilot study will be conducted on 10 individuals with secondary infertility at Queen Elizabeth Central Hospital (infertility clinic). This place is chosen because it is a tertiary level which offers infertility services like Kamuzu Central Hospital..

A permission to conduct a pilot study will be obtained from the hospital director at Queen Elizabeth Central Hospital. (See appendix 8).

4.7 DATA ANALYSIS

Data gathered will be analyzed manually using descriptive statistics. Data will be presented as mode, mean in forms of graphs, tables and pie charts.

4.8 ETHICAL CONSIDERATION

Oral consent to collect data will be obtained after fully explanation to participants, amongst other issues, that the study will not going to solve the infertility problem but the findings will help the responsible people to have an insight on the problem hence take actions accordingly (See appendix 6&7)

Specific responses from participants will not be publicized or linked to behavior of a particular research participant. Anonymity and confidentiality will be maintained throughout the data collection process where numbers will be used not names to prevent identifying a person.

Participants will be informed that the participation in the study is voluntarily. Any participant who wishes to discontinue with the study will be allowed to do so without any treats addressed to them. Anticipated risks such as grieving and depression by the participants will be managed by employing a Counselor.

Permissions will be obtained from the Hospital Director at Kamuzu Central Hospital and the Ministry of health through a letter for approval to collect data from the clients (see appendix 4&5 respectively).

An approval to conduct the study will be sought from the Kamuzu College of Nursing Research Committee through a written proposal (See appendix 3).

Completed questionnaires will be kept at a safe place (locked locker) and upon the completion of the study, they will be destroyed.

4.9 STUDY LIMITATION

Data collection will be done at Kamuzu Central Hospital only due to limited funds; therefore the findings cannot be generalized to the entire Malawi.

4.10 DISSEMINATION OF THE RESULTS

The findings of the study will be communicated through a written report and information will be disseminated through conferences, copies will be given to the Kamuzu College of Nursing Library, Kamuzu College of Nursing Research unit, Kamuzu Central Hospital Administration and the supervisor for future reference.

5.0 TIME-LINE

ACTIVITY	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER
Literature review							
Proposal writing							
Preparation of data collection tool							
Submission and Clearance of research proposal							
Pre-testing of questionnaire							
Reconstruction of questions							
Data collection							
Data entry							
Data analysis							
Report writing							
Submission of dissertation							

6.0 RESEARCH BUDGET

ITEM	QUANTITY	COST IN MALAWI KWACHA
Flash Disk (2GB) @ MK2,500	1	2,500. 00
Ream of plain papers @Mk900 each	2	1,800. 00
Folder files @K350	2	700. 00
Printing and binding of proposal @Mk900 each	2	1,800. 00
Printing and binding of dissertation @Mk1,000 each	3	3,000. 00
Printing questionnaires(10 pages each) @MK10/page	40	4,000. 00
Internet		2,000. 00
Large envelops @M k50 each	5	250. 00
Transportation- Blantyre to Lilongwe@MK2,000/trip	2	4,000. 00
Pens@MK30 each	5	150. 00
Contingency		3,000. 00
GRAND TOTAL		23,000. 00

6.1 BUDGET JUSTIFICATION

The budget made will cover all the expenses as much as this proposal is concerned.

STATIONERY

- Pens will be used by the participants to answer questionnaires and a researcher for data analysis
- Realm of plan paper will be used for printing the proposal and a dissertation
- Folder files will be used to keep important things like questionnaires
- Flash disk will be used to keep information that is accessed from the internet
- Envelopes will be used for posting letters seeking permissions and sending final findings to the Hospital Director (KCH), and to the Ministry of Health

SECRETARIAL SERVICES

- Money will be used for photocopying, printing, binding the proposal and dissertation

TRANSPORT

- Money will be used to cater all travelling expenses during data collection and pilot study from Lilongwe to Blantyre.

CONTINGENCY

- The money will be used to cater all unexpected things that may arise during the study.

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APPENDICES

APPENDIX 1: QUESTIONNAIRE

A questionnaire on factors that contribute to high prevalence of secondary infertility among men and women of child- bearing age at Kamuzu Central Hospital.

ID.....

DATE.....

SEX.....

INSTRUCTIONS : Do not fill your name at this paper.

: Circle and write the answer you think is collect.

: Ask where you need clarification.

Part 1: Demographic data

- | | |
|-------------------|---------------------------|
| 1. Age | (a) 16-23 |
| | (b) 24-29 |
| | (c) 30-33 |
| | (d) 36-39 |
| 2. Marital status | (a) Single |
| | (b) Married |
| | (c) Divorced |
| | (d) Others (Specify)..... |
| 3. Religion | (a) Roman Catholic |
| | (b) C .C. A .P |

- (c) Islamic
- (d) Others (specify).....

4. Educational level

- (a) Primary
- (b) Secondary
- (c) Tertially
- (d) Others

5. Occupation

- (a) Civil servant
- (b) Farming
- (c) Business
- (d) Others (specify).....

6. Social economic status

- (a) High
- (b) Average
- (c) Low

7. Residence

- (a) Urban
- (b) Rural

8. Tribe

- (a) Lomwe
- (b) Tumbuka
- (c) Chewa
- (d) Others (specify).....

9. Numbers of pregnancy you had /you gave

- (a) 1-4
- (b) 5-8
- (b) More than 8

10. Number of children

- (a) One

- (b) More than one
- (c) None

11. Age of the last-born child

- (a) 2-4
- (b) 5-7
- (c) 8 and above

12. Number of wives/husband you have

- (a) One
- (b) Two
- (c) More than two

Part 2: Knowledge on secondary infertility

13. Do you know anything about secondary infertility?

- (a) Yes
- (b) No

14. What do you know about secondary infertility?

- (a) It is when a couple is failing to conceive again after having a
- (b) It is a condition of both partners,
- (c) Anyone can have it.
- (d) Others specify.....

15. Where did you get the information about secondary infertility?

- (a) Hospital
- (b) Friends
- (c) Others (Specify).....

16. Do you know the causes of secondary infertility?

(a)Yes

(b)No

17. If yes, what are they?

(a) Sexual transmission diseases

(b) Delivery at a dirty place

(c) Abnormal delivery

(d) Working at hot environment especially men

(e)Others (specify).....

18. When did you start visiting this place (the hospital?)

(a)Today

(b) Last month

(c) Last year

(d) Above one year

(e) Others (specify).....

19. How often do you visit this place?

(a) Once a week

(b) Once a month

(c) Once a year

(d) Others specify.....

20. Do you receive the treatment together with your spouse?

(a)Yes

(b)No

Part 3: Causes of secondary infertility

21. Did you ever have a sexual transmitted disease?

(a) Yes

(b) No

22. If yes, where did you get treatment?

(a) At the hospital

(b) At traditional doctor

(c) Not treated (resolved on its own)

(d) Others specify.....

23. Have you ever use traditional medicine before?

- (a) Yes
- (b) No

24. If yes, why did you use the medicine?

- (a) For infertility treatment
- (b) For easy delivery
- (c) For treatment of sexual transmitted infections
- (e) Others specify.....

25. Have you ever use contraceptives for child spacing

- (a) Yes
- (b) No

26. If yes, for how long

- (a) One month
- (b) One year
- (c) More than one year
- (d) Others (specify).....

27. Where did your last-born child born?

- (a) At the hospital
- (b) At traditional birth attendant
- (c) At home
- (d) Others (specify).....

28. Why did your last-born child born at the place you have mentioned above

- (a) It is near home
- (b) It is where total health care is rendered
- (c) Others (specify).....

29. Do you smoke cigarette?

- (a) Less than five
- (b) More than five

Part 4: Misconceptions/myths about secondary infertility.

30. What do people say about this condition? If any?

- (a) Bewitched
- (b) Its a punishment from God
- (c) It is a problem of women only
- (d) Others (specify).....

31. What can be done to reduce secondary infertility here at KCH?

- (a) People should be taught on causes of secondary infertility
- (b) People should promote good lifestyle
- (c) Women should be delivering at good environment
- (d) Others (specify).....

APPENDIX 2

MAFUNSO A KAFUKUFUKU

Mafunso a kafukufuku wofuna kupeza zifukwa zomwe zikupangitsa kuchuluka kwa vuto losaberekanso kwa anthu oti adaberekapo kale pachipatala chachikulu (Kamuzu Central) ku Lilongwe.

ID.....

DATE..... SEX.....

MALANGIZO: Zungulizani malo oyenera.

: Choonde musazitchule zina lanu

: Funsani wopangitsa kafukufuku pamene simukumvetsa.

Chigawo choyamba: Mbiri yanu

1. Muli ndi zaka zingati?

(a) 16-21

(b) 22-27

(c) 28-33

(d) 34-39

2. Kodi Ndinu

(a) Opanda mwamuna/mkazi

(b) Wapabanja

(c) Banja linatha

(d) Zina tchulani.....

3. Mumapemphera mpingo wanji?

(a) Katolika

- (b) C.C.A.P
- (c) Chisilamu
- (d) Zina tchulani.....

4. Maphunziro anu munapita nawo pati

- (a) Pulayimale
- (b) Sekondale
- (c) Yaukachenjede
- (d) Zina tchulani.....

5. Mumagwira ntchito yanji

- (a) Ya boma []
- (b) Ulimi []
- (c) Bizinesi []
- (d) Zina tchulani.....

6. Ndinu

- (a) Wochita bwino
- (b) Wosowa
- (c) Zina tchulani.....

7. Mumakhalira kuti?

- (a) M'tawuni
- (b) Kumudzi

8. Ndinu a mtundu wanji?

- (a) Lomwe
- (b) Tumbuka
- (c) Chewa
- (d) Zina tchulani.....

9. Munatengapo/munaperekapo mimba zingati?

- (a) 1-4
- (b) 5-8
- (c) Kuposera apo.....

10. Muli ndi ana angati?

- (a) Mmodzi
- (b) Kuposera apo
- (c) Ndilbe

11. Mwana wotsiriza ali ndi zaka zingati?

- (a) 2-4
- (b) 5-7
- (c) Kuposera apo

12. Muli ndi akazi angati/amuna angati?

- (a) Mmodzi
- (b) Awiri
- (c) Kuposera apo

Chigawo chachiwiri: Zomwe mukuziwa zokhuzana ndi Kusabereka kwa munthu woti adaberekapo kale.

13. Chilipo chomwe mukuziwa zkhuzana ndi kusaberekanso kwa munthu woti adaberekapo?

(a) Eya

(b) Ayi

14. Ngati eya, mukudziwapo chiyani za vutoli?

(a) Ndipamene banja likulephera kuberekanso kachiwiri

(b) Ndi vuto la munthu aliyense (mwamuna /mkazi

(c) Ndivuto lochokera ku mtundu

15. Mudadziwa kuti za vutoli?

(a) Kuchipatala

(b) M'nyuzipepala

(c) Pawailesi

(d) Kwa anzanga.

(e) Zina tchulani.....

16. Kodi ndi chiyani chomwe chingayambitse vutoli?

(a) Kusalandira chithandizo pamene munthu watenga matenda opatsirana

(b) Kuberekera malo opanda ukhondo

(c) Kusabereka bwino.

(e) Kugwira ntchito malo otentha makamaka amuna

(f) Zina tchulani.....

17. Mudayamba liti kufika malo ano (kuchipatala kuno)?

- (a) Lero ndi loyamba
- (b) Mwezi watha
- (c) Chaka chatha
- (d) Kuposera apo

18. Nanga mumafika kuchipatala kuno mowirikiza bwanji?

- (a) Kamodzi pa mulungu
- (b) Kamodzi pa mwezi
- (c) Kamodzi pa chaka

19. Kodi vutoli lingathe kuchizika

- (a) Eya
- (b) Ayi

Chigawo chachitatu: Zomwe zingayambitse kusaberekanso kwa munthu woti adaberekapo kale

20. Mudayamba mwadwalako matenda opatsirana pogonana?

- (a)Eya
- (b)Ayi

21. Ngati eya chithandizo mudachipeza kuti?

- (a)Kuchipatala
- (b)Kwa sing`anga
- (c)Sindinalandire chithandizo chili chonse
- (d)Others specify.....

22. Mwana wanu wotsiriza adabadwira kuti?

- (a) Kuchipatala.
- (b) Kwa a zamba

- (c) Pakhomo
- (d) Kwina tchulani.....

23. Ndichifukwa chiyani mwana wanu adabadwira malo mwatchulawo

- (a) Ndikoyandikira kunyumba
- (b) Ndikumene amapereka chithandizo chokwanira
- (c) Zina tchulani.....

24. Ngati eya mumasuta ndudu zingati patsiku

- (a) Zochepera zisanu
- (b) Kupyolera apo
- (c) Sindisuta
- (d) Ndinaleka

25. Mudayamba mwagwiritsa ntchito mankhwala achikuda pofuna kuthana ndi vutoli?

- (a) Eya
- (b) Ayi

26. Kodi mudayamba mwadwalako matenda opatsirana

- (a) Eya
- (b) Ayi

27. Ngati eya chithandizo mudalandirira kuti?

- (a) Kuchipatala
- (b) Kwa a sing'anga
- (c) Sindinalandire chithandizo chilichonse
- (d) Zina tchulani

Chigawo cha chinayi: zomwe anthu amanena zokhuzana ndi Kusabereka munthu utabereka kale

28. Kodi zilipo zomwe mudamva anthu akunena zokhuzana ndikusabereka kwa munthu woti adaberekapo?

(a) Eya

(b) Ayi

29. Ngati eya, tchulani

(a) Kulodzedwa

(b) Ndichilango chochokera kwa Mulungu

(c) Ndi vuto la amayi okha

(d) Zina tchulani.....

30. Kuti vutoli lichepe mukuona ngati tingatani?

(a) Anthu aphunzitsidwe za zomwe zimabweretsa vutoli ndi kupewa kwake

(b) Mzipatala zonse za boma muzipezeke chithandizo chokwanira

(c) Zina tchulani.....

APPENDIX 3

A LETTER SEEKING PERMISSION FROM KCN RESEARCH AND PUBLICATION COMMITTEE TO CONDUCT A STUDY AT KAMUZU CENTRAL HOSPITAL.

University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe.
July, 2010.

The Coordinator
Research and Publication Committee
Kamuzu College of Nursing
Private Bag 1
Lilongwe.

Dear Sir/Madam,

APPLICATION FOR CLEARANCE TO CONDUCT A STUDY

I am a fourth year student pursuing Bachelor of Science in Nursing at Kamuzu College of Nursing. In partial fulfillment of the programme, I am required to conduct a research study. The title of the study is **“Factors that contribute to high prevalence on secondary infertility among childbearing aged clients at Kamuzu Central Hospital”**.

I write to apply for clearance to conduct a research study at the above-mentioned area; the results may be used by the Kamuzu Central Hospital administration to come up with the solution that can minimize secondary infertility at Kamuzu Central Hospital.

Attached is the research proposal for your approval.

Yours sincerely,

Fanny Kukacha (Miss)

APPENDIX. 4

A LETTER SEEKING PERMISSION TO CONDUCT A STUDY AT KAMUZU CENTRAL HOSPITAL

University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe.
July 2010.

The Hospital Director
Kamuzu Central Hospital
P.O. Box 149
Lilongwe

Dear Sir/Madam,

REQUEST TO CONDUCT STUDY AT KAMUZU CENTRAL HOSPITAL

I am a fourth year student pursuing a Bachelor of Science Degree in Nursing. In partial fulfillment of the degree, I am requested to conduct a research study. The title of my study is **‘Factors that contribute to an increase of secondary infertility at Kamuzu Central Hospital’.**

The results of the study will be used by Kamuzu Central Hospital administration to come up with ways of minimizing secondary infertility and to be used as a base line data for future studies.. The study will be conducted in September/October, 2010. I therefore ask for permission to conduct a Study at your hospital.

I will be grateful if my request is considered.

Yours sincerely,
Fanny Kukacha (Miss).

APPENDIX 5

ALETTER SEEKING PERMISSION TO CONDUCT A STUDY AT KAMUZU CENRAL HOSPITAL

University of Malawi
Kamuzu College of Nursing
Private Bag 1,
Lilongwe.
July, 2010.

Ministry of Health

P.O Box 30377

Lilongwe.

Attention: The Coordinator,

Research Unit.

Through: Mrs. F.Mgawadere,

Research Supervisor.

Dear Sir/Madam,

APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH STUDY AT KAMUZU CENTRAL HOSPITAL

I am a fourth year student pursuing Bachelor of Science in Nursing at Kamuzu College of Nursing. In partial fulfillment of the programme, I am required to conduct a research study. The title of the study is **‘Factors that contribute to high prevalence of secondary infertility at Kamuzu Central Hospital.**

I write to apply for permission to conduct a research study at the above-mentioned place. The findings will be used by Kamuzu Central Hospital administration to come up with ways of reducing secondary infertility at the hospital.

Your favorable response will be highly appreciated

Yours sincerely,

Fanny Kukacha (Miss).

APPENDIX 6

SEEKING PERMISSION FROM THE PARTICIPANT TO CONDUCT A STUDY (CONSENT FORM).

University of Malawi
Kamuzu College of Nursing
Private Bag 1,
Lilongwe.
July 2010

Dear Participant,

I am a fourth year student pursuing a Bachelor of Science in Nursing. In partial fulfillment of the programme, I am required to conduct a research study. My research title is **'Factors that contribute to an increase on secondary infertility among child bearing aged clients at Kamuzu Central Hospital'**.

Participation in this study is voluntary. No penalty will be posed for not participating in this study but your participation will be highly valued. You can withdraw at any time and you are free to ask questions for clarification about this study.

The information obtained will be confidential and will only be used by the researcher for educational purposes. The findings will be used by Kamuzu Central Hospital to find way of reducing the problem at this hospital.

You are required to sign below if you are willing to participate in the study.

Signature of participant.....Date.....

Signature of researcher..... Date.....

APPENDIX 7

KALATA KWA AMAYI/ABAMBO YOPEMPHA CHILOLEZO CHOTENGA NAWO
MBALI MUKAFUKUFUKU.

University of Malawi
Kamuzu College of Nursing
Private Bag 1,
Lilongwe.
July 2010

Wokondedwa Bambo/Mayi,

Ndine wophunzira pa sukulu ya Ukachenjede ya Kamuzu College of Nursing. Ndili m'chaka chomaliza. Ngati mbali imodzi ya maphunzirowa ndikuyenera kupanga kafukufuku wokhuzana ndi umoyo wathu wa siku ndi siku. Mukafukufuku wanga ndikufuna kupeza zomwe/chomwe zikuchulukitsa/chikuchulukitsa kusaberekanso kwa anthu omwe adaberekapo kale makamaka kwa anthu amene ali ndi zaka zapakati pa 16 ndi 39 pachipatala chachikulu cha Kamuzu ku Lilongwe.

Choncho ndikukupemphani ngati muli omasuka kulowa nawo mukafukufuku ameneyu. Muli ndi ufulu kupanga chisankho kuti mulowe nawo mukafukufuku ameneyu kapena ayi. Palibe mphoto yomwe mulandire koma kutenga nawo mbali kwanu kuzathandiza Boma komanso mabungwe ena oyima paokha kupeza njira zochepera vutoli muno Mmalawi.

Ndizakhala wokondwa ngati mutenge nawo mbali pakafukufuku ameneyu. Ngati muli wokonzeka kutero perekani chilolezo chanu m'musimu posainira

Ndine,

FANNY KUKACHA (MISS)

Wotenga mbali.....Tsiku.....

Wopangitsa kafukufuku.....Tsiku.....

APPENDIX 8

A LETTER SEEKING PERMISSION TO CONDUCT PILOT STUDY AT QUEEN ELIZABETH CENTRAL HOSPITAL.

University of Malawi
Kamuzu college of Nursing
Private Bag 1,
Lilongwe
July 2010.

The Director.

Queen Elizabeth Central Hospital

Private Bag 95

Blantyre.

Dear Sir/Madam,

APPLICATION FOR PERMISSION TO CONDUCT A PILOT STUDY AT QECH

I am a fourth year student pursuing Bachelor of Science degree in Nursing at Kamuzu College of Nursing. In partial fulfillment of the programme, I am required to conduct a research study. The title of my study is **"Factors that contribute to high prevalence of secondary infertility among men and women of child bearing age at Kamuzu Central Hospital"**. Before conducting the actual study, I am supposed to conduct a pilot study to see the feasibility of the questionnaire

The results may be used by Kamuzu Central Hospital administration to come up with solution that can minimize secondary infertility and to be used as a base line data for future research. therefore ask for permission to collect data from clients during the months of July/August.

I will be grateful if my request is considered.

Yours sincerely,

Fanny Kukacha (Miss)