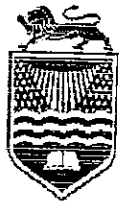

The University of Malawi

Kamuzu College of Nursing

Improving Family Planning: Investigating the Prevalence of Loss of Sexual Desire in Men and Women following contraceptive use at Bwaila Family Planning Clinic

Research Proposal Submitted to the Faculty of Nursing and Midwifery in Partial Fulfillment for the Award of Bachelor's Degree in Nursing and Midwifery

Submitted By

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ACKNOWLEDGEMENTS

Thanks to God for the life during the proposal development and all times

I extend my sincere gratitude to Mr. M. Ngwale for the supervision during the development of the proposal.

CHAPTER ONE

1.0 INTRODUCITON

Malawi is a land locked country situated in the Central Africa. Its total surface area measures 118,484 kilometers with 80% of it being the land. The remaining area is covered by water bodies mainly the Lake Malawi measuring 475 kilometers long. The country is surrounded by Zambia to the West and North West, Mozambique to the South, East and Southwest and Tanzania to the North and North East. The population of Malawi was 15.4 million by mid 2010 making it densely populated country relative to the rest of the sub Saharan Africa-with 139 people per square kilometer. It has the highest fertility rate with 5.7 children per woman and an annual growth rate of 2.8% (UNIFPA-2010 Report). The country has exceptionally a young population with nearly half of its people (45.9%) aged 15 and below. Females comprise of 52% of the population with 42.2% being in the child bearing age of 15-49 years. It has 28 districts which are divided into three (southern, central and northern) regions for administrative purposes.

Malawi is one of the poorest places in sub-Saharan Africa. It had an estimated GNP per capita of US $170.00 in 2005. Its economy is predominantly agriculture-based, depending on tobacco (providing in bulk), tea, sugar and coffee. 65% of the population is poor and unable to meet their daily consumption needs, and over 50% of the population is food-insecure. There are high levels of unemployment and 85% of the population lives in rural areas with 15% in the urban making it one of the least urbanized country in Africa (Malawi Annual Report-2008).

The health care delivery system in Malawi is in three levels: The Primary Level which comprises of the Village Health Committees, the Health Posts, Health Centers and the Rural Hospitals. The Secondary Level which comprises of the District Hospitals with one hospital in each district, and the Tertiary Level comprising of Central Hospitals with one in each region. There are three main health care service providers in the country: The Ministry of Local Government (1%), the Christian Health Association of Malawi-CHAM (37%) and the Ministry of Health (60%). The remaining small percentage is provided by the Private Sector (MoH-roadmap 2005). The health care indicators were also set in accordance to the health related Millennium Development Goals and these indicate poor health. Life expectancy is at 48 for males and 50 for females. The maternal mortality is one of the highest in the world at 510 in 2010 and under-five mortality rate

of 112. The prevalence of HIV/AIDS is at 12% and it remains the leading cause of death in the country.

The use of contraceptives among all married Malawian women aged 15-49 years is at 38% with unmet need for contraceptive at 30% (UNICEF-MICS 2008). This is the same across the Sub Saharan Region. Family Planning is an essential component of Reproductive Health playing a major role in reducing maternal and newborn morbidity and mortality, hence contributes to the achievement of the Millennium Development Goals. Sub Saharan Africa has the lowest contraceptive use yet it has the highest fertility rates. The region has 5.1 births per woman growing at a faster rate of 2.3% than any other region of the developing world. The contraceptive prevalence rate of the region is 17% despite the existence of the widely known contraceptives. This means that family planning remains to be unfinished agenda in the region due to high cultural and social resistance. Increased use of family planning in Sub-Saharan Africa would lead to large improvements in the health status and socioeconomic development of women and children (WHO-2008).

Understanding the reasons why the need for family planning is unmet and why the utilization is still low provides guidance on how to improve family planning. The uptake of contraceptives is affected by a number of factors such as social networks (which offers social learning and influence), access to the services and experienced health problems. Social networks and the experienced health problems are the major factors shaping the use of contraceptives. Health problems related to the contraceptives that have been reported include irregular menstrual bleeding, nausea and vomiting, headaches, loss of sexual desire and sexual aesthetics (pleasure, drive and performance) in general, weight gain or weight loss and abdominal fullness. The social networks formed between contraceptive users and non-users mainly involve informal interaction that offers a social learning of these health problems to the non-users and it flows among individuals that have mutual trust with each other like a wife and a husband, women in neighborhood and close relatives.

The African culture restricts women from discussing sexual issues and so it limits them from reporting the loss of sexual desire after contraceptive use. Men have a broader social network

and are more comfortable to discuss sexual matters making them frequent complainers and a source of information about loss of sexual desire in women and men using contraceptives. The mostly used method of Contraceptive by men is the condom which has always been associated with lack of sexual pleasure (MOEST 200). Most people have described condom use as eating a sweet while it is still covered and this mentality have always contributed to the loss of sexual desire when sex is to be condomised (CHPA 200). The mostly used contraceptives by women contain synthetic hormones that resemble the natural hormone of a woman body progesterone and estrogen minus a little testosterone. These natural hormones control sexual aesthetics in women so as to bring about procreation and reproduction.

The way contraceptives work is by altering the normal function of these hormones. From puberty the levels of estrogen starts to increase in girls thereby bringing about the secondary sexual characteristics and sexual maturity. It increases periodically with each menstrual cycle and vaginal wetness becomes reasonable and nurturing for sexual intercourse. Desire to have sex increases and females are attracted to males. This means that it is hormone estrogen which is responsible for sexual desire. Progesterone increases after ovulation and the fertile period of the menstrual cycle to ready the uterus for pregnancy and it is the predominant hormone during pregnancy. Its increase also affects vaginal wetness negatively making it uncomfortable for sexual intercourse. These two hormones work antagonistically so much that when estrogen is high, progesterone is low and the woman has an increased sexual desire and vaginal wetness. When progesterone is high, estrogen is low so the woman does not have sexual desire and enters a state of pregnancy with vaginal dryness.

The same applies to the synthetic hormones that are contained in the contraceptives. The primary goal for contraceptives is to prevent conception, therefore most contraceptives contain progesterone and even if there are combined progesterone and estrogen, the dosage of progesterone is increased than that of estrogen so as to increase the progesterone effects in the body. When the woman is taking the contraceptive, the levels of hormone progesterone increases significantly and fools the body so that it feels the woman is pregnant thereby lowering the levels of estrogen. This results into diminished sexual desire and aesthetics. Again the vagina becomes drier making it uncomfortable for sex. With time these effects build more and more until the

woman becomes less or completely not interested in sexual intercourse. On the other hand the use of hormonal contraceptives causes the body of a woman to overproduce Sexual Hormone Binding Globulin that takes up the estrogen and the little testosterone all of which are responsible for enhancement of sexual desire. This globulin is still produced up to one year after the discontinuation of the contraceptive use. All these together cause a contraceptive using woman to lose sexual desire.

Human beings are naturally sexual and so sexual fulfillment is part of the quality of life. (Warrell D.A et al 2003). According to Maslow hierarchy of needs sex falls under the category of the basic need of human life. Therefore use of contraceptives affects the quality of human life, Hence use of and continuation of using contraceptives is influenced by how they make sex feel and the two may be related reciprocally.

Many studies across the world suggest that contraceptives ranging from condoms to hormonal methods do cause loss of sexual desire. The sad part is that this effect of contraceptives is not discussed with the women prior to the initiation of a selected method or at subsequent visits despite the evidence. Health workers tend to neglect this aspect of contraceptives and so no data is available that may determine the extent to which this is a problem (WHO 2008). This study therefore aims to investigate and understand the extent to which contraceptives cause loss of sexual desire among men and women who are users. This is because if this is a big problem the future of family planning may be spoiled and utilization rates will keep on being lower and lower leading high fertility rates and rapid population growth.

1.1 PROBLEM STATEMENT

Family Planning is an essential component of Reproductive Health playing a major role in reducing maternal and newborn morbidity and mortality, hence contributes to the achievement of the Millennium Development Goals. Malawi has only 38% of contraceptive usage despite its rapid population growth (MICS 2006). This contraceptive underutilization is due to the idea that contraceptives cause loss of sexual desire among the users. Men and women have reported loss of sexual desire and difficult orgasms when using contraceptives than before having used them, and since sex is a basic need lack of sexual fulfillment affects the quality of life. To date,

however no study has been done in Malawi to establish how big this problem is, and if the problem is big, the future of family planning may be cut off.

1.2 RESEARCH OBJECTIVES

1.2.1 BROAD OBJECTIVE

The study aims to investigate the extent to which modern contraceptives impact on the sexual drive, satisfaction and performance among women attending to bwaila family planning clinic

SPECIFIC OBJECTIVES

1. Assess the clients' experiences on the effects the contraceptives have on sexual desire.
2. Quantify the prevalence of loss of sexual desire after contraceptive use
3. The clients' knowledge on the health practices/solutions during the loss of sexual desire after contraceptive use.
4. Explore the availability, accessibility and utilization of support services for women experiencing sexual desire after contraceptive use

1.3 RESEARCH HYPOTHESIS

The hypothesis behind this study is that contraceptives causes men and women to lose sexual desire

1.4 SIGNIFICANCE OF THE STUDY

The study is of a great significance in a number of aspects. The findings of this study may be beneficial to the contraceptive users, nursing practice, nursing management, nursing research, planners and policy makers, stakeholders and the government

To the **contraceptive users**, the study will help in establishing the extent of as well as highlighting the impact of the contraceptives on sexual functionality; this will in turn help them to choose other contraceptive methods that will not affect their sexual health. Again the study findings will be used as a basis to provide adequate support to women to empower and enable them to make informed choices on the contraceptive method to use. In addition, the findings will

help to identify solutions that will aim at ensuring optimal sexual health while using contraceptives which will in turn improve the contraceptive uptake.

To the **Nursing profession and practice**, the research findings will contribute to the body of nursing knowledge and will enable nurses, midwives and other service providers like counselors to provide proper and evidence based information to the women during counseling and health education in relation to the family planning methods. The study will also add empirical evidence which will permit for local adaptation both in the content and in the organization of family planning services both at facility and at community level.

In **nursing education**, the findings will assist in the development, refining or adding content to the existing curriculum. Thus the curriculum may be designed to include courses or contents that will aim to address the effects the contraceptives have on sexual functionality hence increasing contraceptive uptake.

To the **nursing management**, the study will help the nurse managers to realise another limiting factor to the contraceptive uptake and so they may evaluate, plan, organise, implement and evaluate again the safety of modem contraceptives. Thus they will be able to plan appropriately, set objectives and priorities as well as advocate for safer contraceptive methods that will not affect the sexual functionality of the users.

To the **planners and policy makers**, the study will after quantifying the impact, provide a basis for planning as well as developing policies that will ensure utilisation of family planning methods with the least or no impact on sexual functionality in the course of increasing contraceptive uptake. Thus, policies will be developed to guide how best contraception may be used without impacting on the sexual health. It will also help planners to plan the finances and resources to ensure delivery of family planning methods that do not impact on the sexual health of the users.

In **nursing research**, the study will highlight some areas that need further research. Through the innovative findings thereof, other studies may find a stepping stone on how to counteract the contraceptive impact or develop safer contraceptives. The findings of this research may necessitate the need for further research; say if the problem is really large, experimental studies may be carried out to develop new and safer contraceptives that have fewer or no effects on sexual functionality or develop antedotes to this impact.

To the **government of Malawi**, the findings will help in coming up with strategies that will help address the impact the contraceptives have on sexual functionality. The findings will also help the government to evaluate whether the stipulated guidelines on and services being offered are healthier for the women. This would hence permit for a widely consulted review of such guidelines and family planning methods being offered in the hospitals for their safety.

CHAPTER TWO

2.1 LITERATURE REVIEW

Literature review provides an overview of existing evidence on the problem being addressed and also determines the feasibility/reality of the study. Review of relevant literature is also conducted to generate a picture of what is known about a particular situation and the knowledge gap that exist in it (Burns & Grove, 2005). The literature below will therefore help to generate an idea for what is already known about the topic under study.

The Effects the Contraceptives Have on Sexual Desire

The main focus for this study is to investigate the extent to which contraceptives make men and women lose sexual desire. It is therefore important to first of all know what is known about the contraceptives and loss of sexual desire and then establish the extent of the problem. The review of the following literature will help to generate a picture of what is known about the contraceptives and the loss of sexual desire.

CPHA 2000, MOEST 2002, Banda and Dzilankhulani 2000 found that many people in Malawi have negative attitude towards contraceptives such as condoms. Most reasons men give for non-use of contraceptives like condoms are related to the social costs associated with condom use which include reduction of sexual pleasure among others, so much that a condom is even considered as an intruder in the marriage. This therefore has affected the readiness of people in Malawi to use contraceptives. However, the prevalence of this problem is unknown. This gives evidence that contraceptives affect sexual health by reducing sexual pleasure.

Another evidence that contraceptives cause loss of sexual pleasure was generated in a cross-sectional household survey on vaginal wetness conducted in 2001 by Smit J,MacFadyen L and others. The survey had 800 subjects who were using hormonal contraceptives. Half of them reported abnormal vaginal wetness and expressed a concern that because of this, their husbands regards them as sexually tasteless.

Again a study on effects of contraceptives on sexuality conducted in 2004 by Caruso S, Agnello C and others adds more evidence that contraceptives cause loss of sexual desire. In this prospective study 48 women using hormonal oral contraceptives were assessed after nine months of the pill use. From the responses of all the subjects it was noted that the contraceptive caused decreased sexual desire ($p < 0.005$), diminished sexual arousal and decreased vaginal lubrication. Hence, contraceptives affect sexual health.

In 2006, a laboratory investigation was conducted by American endocrinologist, Dr. Claudia Panzer who included 124 premenopausal women who had experienced long-term sexual dysfunction. Study finds that women using the birth control pill suffered long-term effects of the birth control pill on the female libido and markedly-decreased levels of sexual desire. It also found that women who had discontinued use of the pill continued to suffer side effects in the long-term. All this amounts to the idea of the topic under study that contraceptives cause loss of sexual desire

Much more evidence to support the topic under study is also yielded from comprehensive review of existing literature and exploration of the impact of current contraceptive methods upon the female sexual response cycle with potential sexual dysfunction. The review was carried out a In August 2010 by Shah MB and Hoffstetter They found that Combination of estrogen and progesterone contraceptive products decrease testosterone and increase sex hormone binding globulin impacting upon libido. Progesterone only methods decrease libido and cause vaginal dryness and dyspareunia. This is supported by Davis AR and Castaño PM who reviewed 30 original studies and found that contraceptives lower sexual functionality significantly.

In July 2012, Indiana University conducted a study which examined the sexual side effects of all hormonal forms of birth control through a survey of 1,101 women, half of whom were using non-hormonal contraception. The women using the pill and other hormonal methods reported feeling generally less sexy than those using non-hormonal protection. They had fewer orgasms and less-frequent sex, and found it more difficult to get aroused. This also confirms how contraceptives affect sexuality adversely.

Wallwiener CW, Wallwiener LM, and others studied the Prevalence of sexual dysfunction and impact of contraception in female German medical students. The results found that hormonal contraception was associated with lower desire and arousal.

Makio matsunzono conducted a research in 1997 under an anthropological overview of other social issues. He studied male involvement in family planning in gusii society of Kenya. He enrolled 37 husband s as his subjects. He found that 70 percent of the subjects disapproved contraceptive use. The reported reasons being that whichever contraceptive method a husband may use, his sweet sensual feeling would be totally lost during sexual intercourse. Others reported that condom use decrease sexual desire and ultimately extinguished their procreative power it was also learnt from this research there is a great impact on sexual functionality as caused by contraceptives which goes unreported because, as per African culture sexual issues are not to be discussed publicly and others fear undermining their sexual potential thus the need to establish the extent.

In 2010, Toorzani ZM, Zahraei and others conducted a descriptive correlative study on the relationship of sexual satisfaction and common contraceptive methods employed by the couples. The study aimed to determine the mean and the relation of score of sexual satisfaction of men and women with the common contraceptive methods. A sample of 280 individuals (140 couples) was used. The results suggested a significant statistic relation between scores of men of sexual satisfaction and contraceptive methods ($p=0.001$) whereas this relation was not observed between the women's scores of sexual satisfaction and contraceptive methods. It was concluded from this study that contraceptives cause loss of sexual desire in men and women and so training family planning counselors in relation to the choosing of suitable contraceptive method in view of its probable effects on the couples sexual satisfaction seems essential.

With the review of this literature, a true picture is therefore generated and affirms the idea that contraception cause loss of sexual desire. Hormonal methods have the adverse effects on sexual desire among women while condoms (the only known commonly used contraceptive by males) do cause loss of sexual pleasure among men.

The Magnitude of Loss of Sexual Desire after Contraceptive Use

The main focus for this study is to investigate the extent to which contraceptives make men and women lose sexual desire. The literature rview therefore will help to realize what is known abou the prevalence of sexual desire following contraceptive use. Unfortunately, upon literature review, it shows

that not many studies if not none have ever looked at quantifying the magnitude of loss of sexual desire following contraceptive use as is the focus of this study.

Here is evidence; Guichoux in his assessment of Methodological problems in the evaluation of drug induced sexual dysfunction for oral contraceptives found that many studies concludes that contraceptives affects negatively the user sexual functionality. Even though there are many Contraceptive users reporting sexual dysfunction, researchers have not exerted much energy in studying sexual dysfunction. Thus, it is difficult to understand the link between adverse effects and Contraceptive use. Problems in studies of female sexuality revolve around assessment criteria. Clinical criteria related to female sexuality in the literature are usually decreased libido, vaginal dryness, and lack of orgasm. Yet, the studies rarely scale, standardize, or really validate the severity of these criteria to establish the problem extent.

Evidence that the loss of sexual desire may be more prevalent is found in a more recent international survey of 27,500 men and women 40 to 80 years of age which found that 39 percent of sexually active women reported a problem with sexual desire. National Health and Social Life Survey conducted in 1992 showed a prevalence of 43 percent. Frank J.E et al estimated The incidence of drug-induced sexual desire loss to be 30 to 50 percent tand explained that It is difficult to accurately determine prevalence because studies use different definitions of normal and abnormal sexual function and use heterogeneous populations.

Availability, Accessibility and Utilization of Support Services (Practices/Solutions) For Women Experiencing Sexual Desire following

As it is seen from the studies on the prevalence and as it may be seen in results of this study that loss of sexual desire following contraceptive use may be more prevalent, it is more important to know the support services for the people suffering such a side effect of the contraceptives if family planning is to be improved to some extent.

In 2010, Toorzani ZM, Zahraei and others conducted a descriptive correlative study on the relationship of sexual satisfaction and common contraceptive methods employed by the couples. It was concluded from this study that contraceptives cause loss of sexual desire in men and

women and so a recommendation was made that training family planning counselors in relation to the choosing of suitable contraceptive method in view of its probable effects on the couples sexual satisfaction seems essential. This shows that there is still need for support service and other therapeutic measures for loss of sexual desire following contraceptive use.

Frank J.E. explains that treatment of loss of sexual may depend on the cause though this is difficult to establish. SHe explained that; Pharmacologic treatment, Psychotherapy (tailored to the patient's individual issues, with inclusion of her sex partner). direct masturbation, Cognitive behavior therapy (decreasing anxiety and promoting changes in attitudes and sexual thoughts, which increase the ability to achieve orgasm and to gain satisfaction) Sensate focus (form of sexual therapy that guides a woman and her partner through a series of exercises, moving from nonsexual to sexual touching.), Physiotherapy (e.g., hands-on techniques, biofeedback, pelvic floor electrical stimulation, perineal ultrasonography, use of vaginal dilators) and patient education may be employed to help address theproblem of loss of sexual desire.

She specifically outlined the Treatment of medication-induced sexual dysfunction as dosage reduction; drug holidays; switching to or adding a medication with a lower incidence of sexual adverse effects (e.g., bupropion [Wellbutrin], mirtazapine [Remeron]); behavior strategies; waiting for tolerance to the medication to develop; delaying medication administration until after sexual activity; and individual and couple therapy.

CHAPTER THREE

3.0 SUBJECTS ND METHODS

3.1 Study design

The in-depth analytic Quantitative study Design will be used in this study. This design has been chosen because the study seeks to quantify the prevalence of loss of sexual desire as caused by the contraceptives and quantitative study looks into pretested hypothesis and issues that are measurable.

3.2 Study setting

The study setting will include Bwaila Family Planning Clinic and Antenatal Clinic. This setting will be used because it is where clients (men and women) who are likely to meet the criteria (stated below) will be most available and that it will provide an easy access to the subjects.

3.3 Sampling and sample size

The sample to be used in this study will be selected using the convenience technique. This technique will be used to allow more subjects since response rate may be low due to cultural restriction on discussion of sexual matters. The sample size will be worked out using a formula (n= square {SD/SE}) hence a pilot study will be needed. On representativeness the sample will have to be 38% of the study population since there is only 38% usage of contraceptives national wide. To cover for the anticipated low response rate, an allowance subjects will be calculated (sample size {n}/ percentage in decimal).

3.4 Recruitment criteria for subjects

The individuals to be recruited as the subjects will have to meet the following criteria; men and women aged 15-49 (sexually mature and active, child bearing), access their family planning services at Bwaila Family Planning Clinic. Should be able to read and speak English or Chichewa. Should have used contraceptives for over three months and above and consent to participate.

3.5 Data collection

The data will be collected using subject interview and the interview guide will be used to formulate the questions. Data collection tool will also include Focus group discussions which will be tape recorded.

3.6 Data analysis

The data will be analyzed manually. This will involve comprehending the data and then synthesize it. Thus coding it/putting it into categories. This will then be followed by numerical presentation of the data. The results expected are to show a greater prevalence of the loss of sexual desire as caused by contraceptives. These results will be numerically presented in graphs or pie chart

3.7 Dissemination

The study findings will be disseminated through a written repot that will be placed in the Kamuzu College Of Nursing Library

3.8 Ethical consideration

Ethical approval will be sought from KCN Research and Ethics Committee, and permission to conduct the study, at the stated hospital, will be sought from the hospital management. Participants will be asked to sign the consent form to confirm their acceptance to participate in the study.

Explanation will be given to Participants on the purpose of the study, methods and procedures of data collection. It will be explained that the participants will have to commit not less than 30 minutes answering the questionnaire and not less than an hour attending to the focus group discussion. The participants will also be made aware of the little embarrassment they may suffer as they discuss sexual matters in the study.

The participants will also be told about the right to refuse to participate or withdraw at anytime. The interviewer will not ask the names of the participants to ensure anonymity and confidentiality. The rights and dignity of participants will be upheld by allowing the participants to seek clarification throughout the process of data collection.

CHAPTER FOUR

4.0 TIME TABLE

ACTIVITY	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT
Identification and presentation of research topic									
Development of research proposal									
Submission of research proposal									

4.1 BUDGET THE RESEARCH BUDGET

ITEM	COST	TOTAL
STATIONARY		
2 reams of plain papers	K850	K1,700
5 Ball pens	k30	K150
2 pencils	K15	k30
1 eraser	K70	K70
2 Lever arch file	K500	K1,000

1 puncher	K450	K450
1 stapling machine & a packet of stapling pins	K350	K350
SUBTOTAL		**K3,750**
PRINTING SERVICES		
Printing three copies of proposal	K500 each	K1,500
Printing ten copies of questionnaire	K40 each	K400
Printing four copies of dissertation	K600 each	K2400
Binding three copies of proposal	K200 each	K600
Binding four copies of dissertation	K350 each	K1,400
Internet services	K1,500	K1,500
Transportation	K7,000	K7,000
Phone calls	K1,500	K1,500
Contingency 15 %		K2,525
SUBTOTAL		**K18,865**
GRAND TOTAL		**K22, 615**

4.12JUSTIFICATION OF THE BUDGET

The stationary will be used during the whole research process. Money will be needed for printing and binding services, buying writing materials, transportation to and from Bwaila Family Planning Clinic. There will also be a need for communication with the supervisor and this require fund for buying airtime. funds will also be needed for internet service to access information through electronic journals. Contingency money amounting to K2, 565 will be used to top up the budget since there may be some inconveniences during data collection period.

4.3 DATA COLLECTION INSTRUMENTS

4.3.1 INTERVIEW GUIDE

A.Demographic Data

1. How old are you? *Muli ndi zaka zingati?*
2. What is your marital status? *Kodi muli pa banja?*
3. Which region of Malawi do you come from? *Mumachokera chigawo chiti cha Malawi?*
4. Which denomination do you belong to? Ndinu a mpingo wanji
5. What is your level of education? *Sukulu munalekezera pati?*
6. How many children do you have? *Muli ndi ana angati?*
7. To which tribe do you belong? *Ndinu am'tundu wanji?*
8. What is your occupation? *Mumagwira ntchito yanji?*

B. Client Experiences of Loss Of Sexual Desire Following Contraceptive Use

1. Do you use any contraceptive? *Muli pa njira ina iliyonse yakulera*
2. What contraceptives do you use? *Mumagwiritsa ntchito njira yamji yakulera?*
   a. hormonal
   b. non-hormonal
3. Why do you use that contraceptive method? *Ndi chifukwa chain munasankha njira imeneyi?*
4. . For how long have you been using contraceptives?

   Mwagwiritsa ntchito njira imeneyi kwa nthawi ya itali bwanji?
5. Are there any side effects you experience after contraceptive use?
   Pali zovuta zina zilizonse zomwe mwakumana nazo pogwiritsa ntchito njira imeneyi
6. If yes what are they? *Ngati zilipo ndi zovuta zanji?*
   (a) Amenorrhoea/ *kusasambira (kusapita ku mwezi)*
   (b) Polymenorrhoea/spotting *(kusamba mowirikiza/modontheza)*

(c) Nausea and vomiting- *Nseru ndi kusanza*
(d) Headaches- *mutu kupweteka*
(e) Loss of sexual desire/arousal- *kusalakalaka mutagonana*
(f) Difficult orgasms-*kusakwaniritsidwa mukamagonana*
(g) Decreased vaginal lubrication- *kuuma kwa kumalo kolowa abambo*

15. For how long have you been experiencing these side effects?

Nanga zovutazi mwakhala mukuziwona kwa nthawi yaitali bwanji?

16. Did you know about them before using the contraceptives?

Kodi munali mukudziwa kuti njira zolelera zimabweretsa zovuta zomwe mukukumana nazozi musanayambe kuzigwiritsa ntchito njirazi?

17. If yes how did know about them? *Munadziwa bwanji?*

C. Magnitude Of Loss Of Sexual Desire

18. Do you know any other person/people with loss of sexual desire following contraceptive use? *Aliponso ena omwe mukuwadziwa kuti ali ndi vuto losowa chilakolako chogonana kamba ka mankhwala olelerawa?*

19. If yes how many people do you know? *Ngati alipo mukudziwa anthu angati?*

20. In your own opinion, what do you think can be the prevalence of loss of sexual desire folowing contraceptive use? *M'maganizo anu mukuona ngati vuto la kusowa chilakolako chogonana chifukwa cha mankhwala olelerawa ndi lalikuklu bwanji*?

D. Presence/Knowledge Of Practices/Solutions To Loss Of Sexual Desire Following Contraceptive Use

21. Is there anything done to address loss of sexual desire following contraceptive use? *Pali china chili chonse chomwe mumachita pofuna kuthana ndizovutazi*

22. What is it that is done? *Mumachita chani?*

23. Where is it done and who does it? *Amapanga ndani nanga mumapangira kuti?*

24. How effective is it? *Kodi zimenezo zimanthandizadi?*

E. Availability, Accessibility And Utilization Of Support Services For Client Suffering Loss Of Sexual Desire Following Contraceptive Use

25. Are there any support services to help address loss of sexual desire following contraceptive use? *Pali chinthandizo cha mtundu wina uliwonse chomwe chimaperekedwa pofuna kuthana ndi kusowa chilakolako chogonana?*

26. If yes what are they? *Ngati chilipo, chimakhala chotani?*

27. Are they effective? *chimathandizadi*

28. How are they distributed? *Nanga thandizo limapezeka mochuluka bwanji mdera lanu?*

29. Are they easily accessible by most of the clients? *Kodi anthu a mbiri amafikira thandizoli?*

30. What can be done to help improve these support services? *Ndi chani chokhudza thandizoli chomwe mukanakonda kuti chidzichitika?*

4.3.2 FOCUS GROUP DISCUSSION GUIDE

QUESTION ONE

First, I would like you to introduce yourselves
(FIRST NAME ONLY). Please tell me:

1) How old are you? *Muli ndi zaka zingati?*
2) What is your marital status? *Kodi muli pa banja?*
3) How many children do you have? *Muli ndi ana angati?*

QUESITON TWO

What contraceptives do you use?

Mumagwiritsa ntchito njira yamji yakulere

(a) Hormonal
(b) Non-hormonal

QUESTION THREE

For how long have you been using contraceptives?

Mwagwiritsa ntchito njira imeneyi kwa nthawi ya itali bwanji?

QUESTION FOUR

Are there any side effects you experience after contraceptive use?

Pali zovuta zina zilizonse zomwe mwakumana nazo pogwiritsa ntchito njira imeneyi

QUESTION 5

If yes what are they? *Ngati zilipo ndi zovuta zanji?*

(h) Amenorrhoea/ *kusasambira (kusapita ku mwezi)*
(i) Polymenorrhoea/spotting *(kusamba mowirikiza/modontheza)*
(j) Nausea and vomiting- *Nseru ndi kusanza*
(k) Headaches- *mutu kupweteka*
(l) Loss of sexual desire/arousal- *kusalakalaka mutagonana*
(m) Difficult orgasms-*kusakwaniritsidwa mukamagonana*
(n) Decreased vaginal lubrication- *kuuma kwa kumalo kolowa abambo*

QUESTION SIX

For how long have you been experiencing these side effects?

Nanga zovutazi mwakhala mukuziwona kwa nthawi yaitali bwanji?

QUESTION SEVEN

Did you know about them before using the contraceptives?

Kodi munali mukudziwa kuti njira zolelera zimabweretsa zovuta zomwe mukukumana nazozi musanayambe kuzigwiritsa ntchito njirazi?

QUESTION EIGHT

If yes where did you learn about them? *Munadziwa bwanji?*

QUESTION NINE

Do you know any other person/people with loss of sexual desire following contraceptive use?

Aliponso ena omwe mukuwadziwa kuti ali ndi vuto losowa chilakolako chogonana kamba ka mankhwala olelerawa?

QUESTION TEN

If yes how many people do you know? *Ngati alipo mukudziwa anthu angati?*

QUESTION ELEVEN

In your own opinion, what do you think can be the prevalence of loss of sexual desire following contraceptive use? *M'maganizo anu mukuona ngati vuto la kusowa chilakolako chogonana chifukwa cha mankhwala olelerawa ndi lalikuklu bwanji?*

QUESTION TWELVE

Is there anything you would like to say about loss of sexual desire and contraceptives?

Pali china chilichonse chomwe mukufuna kunenapo za kusowa chilakolako chogonana kamba ka mankhwala olelerawa

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REFERRENCES

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LETTER REQUESTING FOR APPROVAL FROM RESEARCH PROPOSAL COMMITTEE

The Coordinator

Kamuzu College of Nursing

Research and Publications Committee

Private Bag 1

Lilongwe

Dear Sir,

RE: APPLICATION FOR APPROVAL TO CONDUCT A RESEARCH STUDY AT BWAILA DISTRICT HOSPITAL

I am a fourth year generic student pursuing a Bachelor of Science in Nursing & Midwifery. In partial fulfillment of this programme, I am required to carry out a research project. The aim of the study is to investigate the prevalence of loss of sexual desire following contraceptive use among men and women at Bwaila Family Planning Clinic

I believe that the results of the study would be useful in improving contraceptive uptake and family planning in general.

I therefore write this letter to ask for an approval to conduct a research study at the Hospital.

Attached is the research proposal for your approval.

Looking forward to your favorable consideration.

Yours faithfully,

Mabvuto Lazalo

LETTER SEEKING PERMISSION FROM BWAILA DISTRICT HOSPITAL

Kamuzu College of nursing

Private bag 1

Lilongwe

The District Health Officer

Bwaila District Hospital

P.O.BOX....

LiLongwe

Dear sir/madam,

REQUEST TO CONDUCT A STUDY ON THE PREVALENCE OF LOSS OF SEXUAL DESIRE FOLLOWING CONTRACEPTIVE USE AMONG MEN AND WOMEN AT BWAILA FAMILY PLANNING CLINIC

I'm a fourth year student at Kamuzu College of nursing pursuing Bachelor of Science in nursing. As partial fulfillment of this programme, I am expected to conduct a research in any area of interest.

As such, I write to ask for permission to conduct the study at your facility. The aim of the study is to investigate the prevalence of loss of sexual desire following contraceptive use among men and women at Bwaila Family Planning Clinic.The results of the study, I believe would be useful in improving contraceptive uptake and family planning at large.

The study will take place in November 2012

I'm looking forward to your favorable response.

Yours faithfully

Supervisor's signature.....Date.....

CONSENT FORM

Dear participant!

I Am Mabvuto Lazalo, a fourth year student at Kamuzu College of Nursing (KCN) doing a Bachelor of Science in Nursing and Midwifery. In partial fulfillment of this programme am required to do a research study. I would like to investigate the prevalence of loss of sexual desire following contraceptive use among men and women at Bwaila Family Planning Clinic

You are therefore requested to participate in the study at your own free will. You will be given a questionnaire in a language you may clearly understand that you should answer. You are also free to withdraw from the study at any point you wish. The information you will give will be kept confidentially and privately, and no one will have an access to it, except the researcher and his supervisor. You are therefore asked not to give your name. There are no direct benefits to you like the financial or material benefits. However, your participation in the study will be of great importance because the information you will give will assist health personnel to improve on contraceptive utilization and family planning national wide. Your participation in the study will not bring you any kind of suffering (except a little embarrassment because of discussing sexual matters) and all your personal rights, dignity and respect will be considered throughout the study.

If you accept to participate in the study, you are asked to sign in the space provided below to confirm that you have really agreed to take part in the study and for legal purposes.

To be completed by the participant

I undersigned, have understood the information provided above and I freely give consent to take part in the study as a subject.

Participant's Signature.....date.....

Researcher's name..... .....signature..... .....date.....

KUPEMPHA CHILOLEZO KWA WOTENGA NAWO MBALI PA KAFUKUFUKU

Ine (mabvuto lazalo), ndiwophunzira ku sukulu ya unamwino ya Kamuzu College of Nursing. Kuchita kafukufuku ndi chimodzi mwa zinthu zomwe tiyenera kupanga tisanamalize maphunzirowa.

Cholinga cha kalatayi ndi kupempha chilolezo kuti mutenge nawo mbali mu kafukufuku amene ndidzachitire pa chipatala chino cha Bwaila Family Planning Clinic. Cholinga cha kafukufuku ameneyu ndi kufuna kudziwa kuchuluka kwa vuto lo sowa chilkaolako chogonana kamba ka mankhwala olelera. Zonse tikambilane zikhala zachinsinsi ndipo palibe wina aliyense amene azidziwe kupatula inuyo ndi wopanga kafukufukuyu kotero kuti sindifunika kudziwa dzina lanu.ndipo Ulemu komanso umunthu wanu udzalemekedzedwa

Muli ndi ufulu wosatenga nawo mbali kapena kutenga nawo mbali mosaumilizidwa, komanso muli ndi ufulu wosiya kutenga nawo mbali mu kafukufukuyu nthawi iliyonse imene mungafune. Izi sizikhuza chithandizo chomwe inuyo muyenera kulandira. Muyeneranso kudziwa kuti palibe chinachilichonse chomwe chiperekedwe kwa inu chifukwa chotengapo gawo mu kafukufukuyu. Koma mfundo zomwe inu mupereke mu kafukufuku ameneyu zidzathandiza ogwira ntchito pa chipatala chino ndi akuluakulu owona zaumoyo kuti aunikenso bwino njira zolelera pofuna kuchepetsa vuto losowa chilakolakoli.. Kuwonjedzera apo zotsatira za kafukufuku ameneyu zidzathandiza kuti kulera kupite patsogolo M' Malawi muno.

Mukufunsidwa kusaina chikalatachi kusonyeza kuti mwamvetsa bwino lomwe mfundozi ndi kuti mwasankha kutenga nawo mbali mu kafukufukuyu.

Wotenga nawo mbali Mukafukufuku; Ndamvetsa bwino lomwe mfundo zimene zalembedwa mu chikalatachi ndipo ndasankha kutenga nawo mbali m'kafukufukuyu.

Saini.....Tsiku.....

CONSENT TO PARTICIPATE IN FOCUS GROUP

You are being asked to participate in a focus group discussion. The purpose of the group is to discuss experiences of loss of sexual desire in men and women as caused by the contraceptives. The information learned in the focus groups will be used to improve family planning through exploration of solutions to such a side effect and ensure the use of contraceptives with no effect on sexual health.

You can choose whether or not to participate in the focus group and stop at any time. Although the focus group will be tape recorded, your responses will remain anonymous and no names will be mentioned in the report. There is no right or wrong answer to the focus group questions. We want to hear many different viewpoints and would like to hear from everyone. We hope you can be honest even when your responses may not be in agreement with the rest of the group. In respect for each other, we ask that only one individual speak at a time in the group and that responses made by all participants be kept confidential.

I understand this information and agree to participate fully under the conditions
Stated above:

Signed: _____ Date: _____