



University of Malawi
KAMUZU COLLEGE OF NURSING

**FACTORS THAT CONTRIBUTE TO LOW ACCEPTANCE OF
VASECTOMY UTILISATION AMONG MARRIED MEN**

**RESEARCH PROPOSAL SUBMITTED TO THE FACULTY OF
NURSING IN PARTIAL FULFILMENT OF BACHELOR OF SCIENCE
DEGREE IN NURSING**

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BACHELOR OF SCIENCE IN NURSING YEAR 4 (GENERIC)

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JULY, 2008

ACKNOWLEDGEMENT

I would like to thank God who is my provider in everything of course Jehovah Jire who helped me come up with this topic. To Him be the glory.

To my supervisor, Mr. Muotcha, and all the lecturers who assisted me in coming up with this proposal should also my stretched hand of thanks be extended to.

I would not forget my dearest grand parents and uncle for their support. I also appreciate the love and support from my dearest friend, Charles and other supporting friends. May the Lord bless you all.

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ABSTRACT

This is a proposal of a descriptive research study that will be conducted and the researcher will use a qualitative approach. Data collection will be done using a well structured interview guide that will comprise of open ended questions and some few closed questions in order for the researcher to get a clear picture of the situation under study.

The study will be done to explore the factors that contribute to low acceptance of vasectomy utilization by married men here in Malawi. The results will be used to identify the factors that will be dealt with accordingly to encourage utilization of vasectomy as a method of family planning which proved to be safe, easiest and have less complications so that the alarming fertility rate which is at 6.0 children per woman is reduced to control the increasing population growth and that maternal death and complications are due to multiple deliveries is controlled. With vasectomy being encouraged, complications that women are victims to due to female sterilization will be reduced.

The sample of ten participants will be used which will include married men only so that best results of the study are given being the best persons to give an appropriate information the study is seeking. Data collection will take about where permission and seeking for approval from the setting of the data collection will be sought. The subjects will be handled having all ethical considerations in mind like explanation of the study and its aim, seeking consent, maintenance of confidentiality, anonymity and privacy.

ACRONYMS

ACQUIRE	Access, Quality and use in Reproductive Health
AIDS	Acquired Immunodeficiency Syndrome
AVSC	Association for Surgical Contraception
BLM	Banja La Mtsogolo
CHAM	Christian Hospital Association of Malawi
FP	Family planning
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IUCDs	Intra- Uterine Devices
MCH	Maternal and Child Health
MDHS	Malawi Demographic Health Surveys
MHC	Male Hormone Contraception
MOHP	Ministry of Health and Population
NSO	National Statistics Office
RH	Reproductive Health
STI	Sexually Transmitted Infections
TL	Tubal Ligation
WHO	World Health Organization
UNDP	United Nations Development Programme

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CHAPTER ONE

1.0 INTRODUCTION

Family planning is defined as a practice where by women and or couples decide for themselves when to start having children, how many to have and at what length of period to space between births and when to have the last child (Malawi National Reproductive Health Guidelines, 2001). This is achieved by the provision of family planning methods that are provided in almost all the health care settings in Malawi. In families, it is recommended that both the husband and wife work mutually to achieve their reproductive health goals.

There are many family planning methods that are used in Malawi for contraception that include the oral contraceptives {pills}, injectables {Depo-Provera}, intra uterine devices, and sterilization which include tubal ligation for women and vasectomy for men. All sterilization methods are permanent and are suitable for those who have achieved their family sizes or want to end child bearing.

Vasectomy is defined as a voluntary surgical procedure for permanently terminating fertility in men (Reproductive Health Unit, 2001).It involves cutting or occlusion of the vas deferens so that sperm movement from the epididymis is prevented. Sperm are produced in and in an adjacent structure known as the epididymis. During sexual climax, the sperm are stimulated to move from the epididymis through the vas deferens and mix with other components of semen to form ejaculate which is released into vagina for fertilization of egg in the female reproductive tract.

It is done once and proved to be one of the most efficient contraceptive methods to people who have reached their desired number of children. Vasectomy is safer, quick and has fewer complications than the other methods of sterilization like tubal ligation and it increases active participation of men in family planning services.

The other methods of contraception like pills, Depo-Provera and intra-uterine devices have severe complications that lead to withdrawal of utilization of any family planning method by women that later on leads to big family sizes out of choice of many couples.

Although the utilization of family methods is generally increasing in Malawi, the utilization of vasectomy is very low.(Kishindo,2005) It is also considered that despite the increase of utilization of family planning methods in sub-Saharan Africa, many methods that involve men are not utilized so much (International Family Planning Perspective, Dec, 2004). Men who know they don't want any more children can choose male sterilization. Vasectomy is a simple procedure, as only the tiny tube carrying sperm is cut. The testes and penis are not affected, so there is no change in libido, virility, or ejaculation.

However in Malawi, there is paucity of data on the factors that contribute to the low acceptance of vasectomy utilization hence the importance to conduct a study.

1.1 BACKGROUND

Contraception has its history back in the early times when withdrawal was used to prevent conception. Modern family planning methods were introduced in Malawi in 1960's then called child spacing. Due to the problems that this child spacing had in its conceptualization, approach and methods which were in conflict with the community's acceptance, it was discontinued. However, it resurfaced in 1982 as an integral part of the Maternal and Child health in the adoption to Primary Health Care approach.

Since Malawi is one of the densely populated countries in the developing world with a fertility rate of 6.0 births per woman, family planning is a vital component in the Maternal and Child Health services provided to decrease the alarming population growth (Malawi Demographic Health Survey, 2004).

Malawi's Reproductive Health Programme builds upon the recommendations of the International Conference on Population and Development (ICPD) held in Cairo, Egypt, in 1994. Malawi, like other countries, adopted the ICPD's Programme of Action to guide the implementation of a comprehensive reproductive health programme. Guidance was also taken from the United Nations Fourth World Conference on Women, held in Beijing, China, in 1995. In 1997, the Government of Malawi decided to expand beyond family planning and to adopt a broader and more comprehensive programme. It established a new Reproductive Health Unit within the Ministry of Health and Population to take responsibility for the new programme (Reproductive Health Policy, Malawi 2002).

World Health Organization defined Reproductive Health as a complete state of physical, mental and social wellbeing and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its function and processes. It therefore implies that people are able to have a satisfying and safe sex and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so.

The 1995 ICPD highlighted the importance of involving men in reproductive health in order to encourage them to take responsibility for their sexual and reproductive behaviour and their social and family roles. Some of the reasons for this were to make sure that there is understanding and influencing the balance of power between the men and women which can help improve reproductive health behaviour and prevent withdrawal of use of family planning methods used by women and severe complications that these women meet hence encouragement of family planning methods that actively involve men vasectomy being the best.

These reproductive health services are delivered through the public sector, CHAM facilities, non-governmental organizations private providers, and others as a part of the nation's primary health care system.

This brochure summarizes the importance of reproductive health, describes the RH situation in the country, explains the components of the programme and describes how services are provided.

Vasectomy overpowers female sterilization due to its advantages on birth control. It is 99.85-99.9% effective only one time procedure yielding to permanent contraception but its utilization is as low as 0.15% compared to female sterilization which is 5% among married people (Annual Report, 2005). Regardless of its effectiveness and safety vasectomy is utilized by only 42million people worldwide comparing to 140million people who rely on female sterilization (Liskin, L. et al, 2007).

1.2 STATEMENT OF THE PROBLEM

Even though vasectomy is proved to be the safest method of permanent contraception, it is the least used method. On the other hand, tubal ligation is the mostly used method regardless of its complications like prolonged time for incision wound healing. In Lilongwe, vasectomy is almost not utilized with This can be the reason which of leading to negligible impact on the fertility control in Malawi.

This might be due to unveiled factors that hinder married men for their choice on vasectomy. This can to some extent lead to a conclusion that Malawian men are not active participants of family planning services that might lead women choose methods that can even be risky for their health hence increased risk for maternal health problems.

1.3 SIGNIFICANCE OF THE STUDY

Conducting the study to explore the factors to low utilization of vasectomy among married men would benefit in dealing with the factors that will consequently lead to control of fertility in Malawi hence overcoming the rapid population growth and it will help prevent maternal complications due to multiple pregnancies.

One of the reasons for involving men in reproductive health services is the resulting benefit this may have for women.

In male-dominated cultures like in a Malawian setting where men are community, religious, professional and political leaders, they are instrumental in promoting or hindering family planning both at the policy level and at the individual level (Hulton and Falkingham 1996; Edwards 1994; Davies et al 1987). In such an environment, even when women are educated and motivated to practice contraception they may have little control over family planning decisions if the husband is opposed to contraception. For example, in Sudan, family planning decisions are male-dominated and when contraception is used it is the husband who supplies that method (Bankole and Singh 1998; Khalifa 1988). "The failure to include men in reproductive health programmes leaves them less informed or misinformed about contraception, feeling incompetent or inhibited to discuss it with partners" (Hulton and Falkingham 1996: 91).

The study findings will help the policy makers to have an insight on factors that are contributing to the low utilization of vasectomy among married men for improvement and consequently leading to increase of its utilization to prevent unwanted big family sizes that are due to fear of women to undergo sterilization which has complications compared to vasectomy.

1.4 PURPOSE OF THE STUDY

The purpose of this study is to find out the factors that contribute to the hindrances in the acceptance of vasectomy among married men as a family planning method.

1.5 AIMS OF THE STUDY

To explore factors that lead to hindrance of utilization of vasectomy as a family planning method in married men.

1.6 OBJECTIVES OF THE STUDY

BROAD OBJECTIVE

To explore factors that hinder full participation of married men in utilizing vasectomy as a method of family planning

SPECIFIC OBJECTIVES

To assess level of understanding in meaning of family planning.

To assess the types of family planning methods they know.

To explore reasons that hinder men from utilizing vasectomy.

To explore preferred alternatives to vasectomy.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 INTRODUCTION

Literature review is a critical analysis of a segment of a published body of knowledge through summary, classification and comparison of prior research studies, reviews of literature and theoretical articles (Wisconsin, 2005). This is traditionally considered as the critical and a systematic review of the most important published scholarly literature on a particular topic. The term scholarly literature can refer to published or unpublished data-based literature and conceptual literature materials found in print and non-print forms. (Wood, & Haber, 1994).

The overall purpose of a review of the literature is to discover knowledge with its goal to develop a strong knowledge base to carry out research and non research scholarly activities in the educational and clinical practice settings.

It is conducted to have a clear picture of what is known and what is not known about a particular situation (Burns & Groove, 1997). The literature review focus on the historical perspective, international and Malawian perspective with emphasis on knowledge men have on vasectomy, their attitudes towards the method and the general information on family planning acceptance.

2.2 HISTORICAL PERSPECTIVE

Vasectomy is a voluntary surgical contraceptive method for men. It is permanent, once performed it is not usually reversible. Although there are procedures in the developed world to reverse vasectomy, the operation is very complex and expensive. The success rate is very minimal. International Family Planning Perspective (2007) reports that in more than 67% of the men who had undergone vasectomy reversal in USA, the percentage of success as measure by the pregnancies among their partners, ranged from 16 to 85% with less than 50% of wives achieving an intrauterine pregnancy.

Therefore, vasectomy is one of the options available to couples that have decided to end child bearing. It is a very convenient method of contraception because it does not interfere with sexual intercourse and has no long-term side effects. Since most of the couples have their desirable number of children long time back before their fertility ends (men are fertile throughout life) vasectomy offers an effective protection against unwanted pregnancy for life.

For married men in poor countries, control over their fertility is essential from an economic standpoint (to stay out of poverty) and to avoid the up to 1-in-6 chance of losing their wives to death in childbirth ([Save the Children, 2005](#)).

Over the past decade, calls have been made to increase the involvement of men in matters of reproductive health and family planning. Governmental and nongovernmental agencies and international health organizations all recognize the need to include men in reproductive health services and decision making, and make convincing arguments that doing so would benefit men and women alike.

One way to foster male involvement in family planning is to give couples more contraceptive choices through the promotion of male-oriented methods such as vasectomy. Vasectomy is a safe, simple and effective method that is relatively unknown and unused throughout much of the world. Although sterilization is the most widely used contraceptive method worldwide, tubal ligation accounts for more than five times as many procedures as vasectomy. In 2002, vasectomy made up only 7% of all modern contraceptive use worldwide.

And although vasectomy prevalence is low in most developing regions, it is especially low in Africa, where it rarely exceeds 0.1%.

Moreover, the number of vasectomy users seems to have reached a plateau in recent years: The estimated number of couples using vasectomy was 33 million in 1982 and increased to 42 million in the following decade; however, from the early 1990s to 2001, the number of couples using vasectomy increased by only one million, to an estimated 43 million couples.

If we are to ask men to take their fair share of responsibility for contraception, we need to better understand how to develop effective vasectomy programs that resonate with both clients and providers International Family Planning Perspective, Dec, 2004).

Despite the low acceptance of vasectomy the number of men choosing vasectomy in some parts of the world is significantly growing. It is a popular choice for men in USA, Europe and some parts of Asia. In Malawi, a new focus on the male involvement in reproductive health has increased the efforts to include the men in family planning (RHU & JHPIEGO, 2001).

Attitudes, inaccurate information, religious consideration and access to family planning influence the acceptance of vasectomy (WHO, 1997). Despite the barriers to male contraception, an effort to introduce vasectomy services everywhere around the world has been successful. The study further indicates that low prevalence of vasectomy may not be an indication of resistance by men as much as it is a result of limited focus on men and male methods by family planning programmes.

2.3 INTERNATIONAL PERSPECTIVE

There are several studies that have been done at international level concerning factors that hinder men from utilizing vasectomy.

Data from Demographic and Health Surveys, Reproductive Health Surveys and other nationally representative surveys were analyzed to describe trends and shifts in method mix among married women of reproductive age from 1980 to 2005. The analysis included 310 surveys from 104 developing countries.

The results showed that Contraceptive use among married women of reproductive age increased in all regions of the developing world, reaching 66% in Asia and 73% in Latin America and the Caribbean in 2000–2005, though only 22% in Sub-Saharan Africa. The proportion of married contraceptive users relying on the IUD declined from 24% to 20%, and the proportion using the pill fell from 16% to 12%. The share of method mix for injectables rose from 2% to 8%, and climbed from 8% to 26% in Sub-Saharan Africa, while the share for condoms was 5–7%.

The overall proportion of users relying on female sterilization ranged from 29% to 39%, reaching 42–43% in Asia and in Latin America and the Caribbean in 2000–2005; on average, the share of all method use accounted for by male sterilization remained below 3% for all periods. Use of traditional methods declined in all regions; the sharpest drop from 56% to 31% of users occurred in Sub-Saharan Africa. The use of male sterilization is the least among all the methods regardless that it is the most effective and safer method than female sterilization (International Family Planning Perspective, 2007)

Women's health advocates have consistently called on policy-makers and service providers to take steps that would enable men to take greater personal responsibility for reproductive health and fertility regulation. In this context they recommend that researchers should document women's and men's views on, and experience with, existing methods.

The Programme has carried out several studies on men's needs and preferences with regard to methods of fertility regulation. These studies have yielded valuable information that supplements the data collected by the Demographic and Health Surveys (DHS).

Recently, the Programme reviewed the available data on issues such as awareness among men of male methods, their approval of such methods, the extent of current use of male methods, and obstacles to their wider use. A summary of the main findings of the review is presented below.

Although there were significant inter-country differences, a high percentage of men in the developing countries studied knew at least one method of fertility regulation. Among male methods, awareness of vasectomy was quite low, but most men reported knowing the condom (in some countries the awareness was nearly 100%). It was concluded that lack of awareness of a male method was probably not the chief obstacle to more men using such methods.

Country-specific differences were also found in the proportion of men approving the use of family planning methods. In the countries studied¹, about 75% of men approved the use of family planning; this is contrary to the commonly held notion that men in developing countries are against family planning.

In spite of the high rates of approval for the use of contraceptive methods, the use of male methods in the countries studied was very low. Condom use was low even in the countries that are relatively more affected by the AIDS pandemic. Vasectomy use remains negligible in Africa (0.1%) and Latin America (1%), being the highest in East Asia (10%).

The chief obstacle to the use of family planning methods by men is seen to be the lack of choice in male methods. Apart from withdrawal, the options for men are limited to the condom and vasectomy. In many countries condoms are associated with infidelity and thus have a poor image. Men also say that condoms reduce the spontaneity and sensitivity of the sexual act. Moreover, condoms present problems of storage and disposal. Vasectomy is often perceived to reduce physical strength.

Although these findings were found, they are generalized because in some countries studies have never been done to conclude to these results.

Bunce, A and friends (2007) conducted a study on factors affecting acceptance of vasectomy in Tanzania. Six themes emerged as overarching factors contributing to the vasectomy decision-making process: economics, spousal influence, religion, provider reputation and availability, uncertainty about the future, and poor vasectomy knowledge and understanding. There was substantial communication between partners regarding the vasectomy decision, and wives had a strong influence on the outcome; however, men and women agreed that husbands would resist vasectomy if wives initially raised the topic. It was also noted that Vasectomy acceptance is limited by the scarcity of skilled vasectomy providers and by the fact that men and women hold many of the same misunderstandings about vasectomy, including a fear of decreased sexual performance as a result of the procedure.

A study done in the United Kingdom by Maries Stopes (2003) revealed that men are reluctant to go for vasectomy in fear of testicular cancer and severe pain that encompasses vasectomy procedure.

An international report (Drennan, 1998) stated that some men do not go for vasectomy choice because they prefer many children while others believe that it lowers sexual drive, causes impotence and be inconvenient.

In 2006 a study on Community awareness of and Attitudes towards Long-Acting and permanent Contraceptives in Guinea by ACQUIRE Project revealed that part of the lack of an appeal in decision making to a choice of these methods is that they offer permanent and an abrupt infertility. So the men fear or are reluctant to voluntarily cease their fertility.

The same ACQUIRE Project, conducted a study on factors that affect vasectomy acceptability in the Kigoma region in Tanzania and the findings revealed that lack of knowledge to about vasectomy was a considerable barrier to barrier to vasectomy uptake by married men. It was also found that people believe that vasectomy can lead to impotence and loss of sexual energy. Vasectomy was also noted that it was associated with castration.

A further study showed that financial problems/hardships (and the effects of this on children's educational prospects) was one of the leading factors for low acceptability of vasectomy whilst others were afraid of side effects they believe that follow after vasectomy procedure like prolonged pain, decrease libido, incompetent sexual performance and impotence.

Quantum Market Research (2005) conducted a research in Australia on men's perception and attitudes on vasectomy and perception on vasectomy and it was found that around a quarter of the men (24%) believe that it is very painful, 9% believe that having vasectomy reduces testosterone levels, 8% believe that it improves sexual performance and 6% believe that you can not have a longer orgasm.

Blake and Babalola (2001) conducted a research on the impact of male motivation campaign on family planning knowledge (ideation) and practice in Guinea and it was found that Reproductive Health Issues especially family planning is not given much time for discussion in households.

Gammeltoft (1998) conducted an ethnographic research at Vai Son Commune in the north of Vietnam which revealed that people do not go for vasectomy because they fear that a sterilized man will become stupid and dull like a castrated goat.

Men also fear that the operation may go wrong leading to consequences on men's health, intelligence and sexual desire and capabilities which may be dangerous.

He further found out that many married people find traditional methods more attractive than any of the modern methods for reasons of health and privacy.

ACQUIRE Project in 2005 conducted a study on Improving the use of Long-acting and Permanent methods of contraception in Ghana. It was found out that men do not choose vasectomy because they are afraid of losing their wives due to inability to perform in bed and inability to remarry since they become infertile.

In Pakistan, AVSC carried out six case studies to evaluate affiliated projects that aimed to increase men's involvement in family planning (AVSC, 1997). The study found that the projects were successful at reaching out to and involving men through a combination of extensive outreach work, the introduction of 'no-scalpel' vasectomies, and regular meetings with the press, religious and political leaders aimed at promoting changes in the women's status and a reduction in family size.

The rising rates of Sexually Transmitted Infections (STI) and Human Immunodeficiency Virus (HIV) also makes it clear that male involvement is essential as marginalizing them would be harmful to the women's health as well. Men are frequently unwilling to go to public clinics for RH services since they are defined as women's places as they are largely used by women for maternal and child health services (UNFPA, 2000).

2.4 MALAWIAN PERSPECTIVE

The Malawi Demographic Health Survey report in its 2004 survey reported that knowledge level among Malawians regarding vasectomy was at 55% with only 0.1% utilization of the method.

Family planning programmes in Malawi and the whole world put much of their emphasis on women rather than on men as such most of these services are part of the maternal and child health integral inclusion (Riccio & Samson 1997). Chimera (2000) argues that this focus on women reinforced a belief that family planning is the woman's topic with a man as the peripheral role player.

Family planning services are provided through Government by Government hospitals and non-governmental Organizations (NGOs) like Christian Association of Malawi {CHAM} and Banja La Mtsogolo as part of Maternal and Child Health services and through Community Based Distributors. All these are implemented to increase the utilization of modern contraceptive methods (MOH, NFWCM, 1996).

2.5 SUMMARY

Basing on the above mentioned studies, only few studies have been done on exploration the factors contributing to low utilization of vasectomy as a method of contraception although education and awareness have been emphasized in many studies, not many studies have been done specifically on men about their reluctance to participate in vasectomy utilization.

Here in Malawi. No studies have been done focusing on married men only on the factors contributing to low utilization of vasectomy hence the importance of the study.

CHAPTER THREE

3.0 CONCEPTUAL FRAMEWORK

3.1 DESCRIPTION OF THE MODEL

Conceptual frameworks are used to provide direction and guidance for structuring professional nursing practice, education and research. In research, it is used to outline possible courses of action or to present a preferred approach to a system analysis project. It is built from a set of linked to a planned or existing system of methods, behaviors, functions, relationships and objects.

The conceptual framework that will be used in this study will be based on Health Promotion Model by Nola Pender (1987). This model was chosen because of its emphasis on health promotion and preventive care. According to Brubaker promotion is geared at helping and encouraging flourishing while prevention is keeping something from occurring. The primary goal for health is to prevent disease and reduce risk factors with its dominant message that if you avoid illness you will live longer. It targets individuals, families and communities to provide information for behavioral change.

Pender (1987) defined health promotion as all activities directed at increasing the level of well being and actualizing the potential of individuals, families and groups while Polit and Hunger(1991) defined it as the those activities directed towards the development of resources that maintain or enhance individual's well being. It is also an interdisciplinary concept that encompasses mental, spiritual health, physical well being and social support. The health promotion model encompasses two phases. The phases are decision making which comprises of cognitive-perceptual factors and the modifying factors and the action phase which encompasses participating in health behavior.

It is noted that Pender's Health Promotion model emphasizes on three major factors that affect one's intention to engage in health promoting behavior.

These factors are cognitive-perceptual, modifying and likelihood to participate in health promoting behavior (Cresia & Parker, 1991).

Pender's Health Promotion model also includes multiple factors determining an individual's thinking capability or perception in participation in health promoting behaviors , factors that modify initial thoughts and perceptions and influences that are cues in action such as the mass media, conversation with others and feeling better after exercising (Cresia & Parker, 1991).

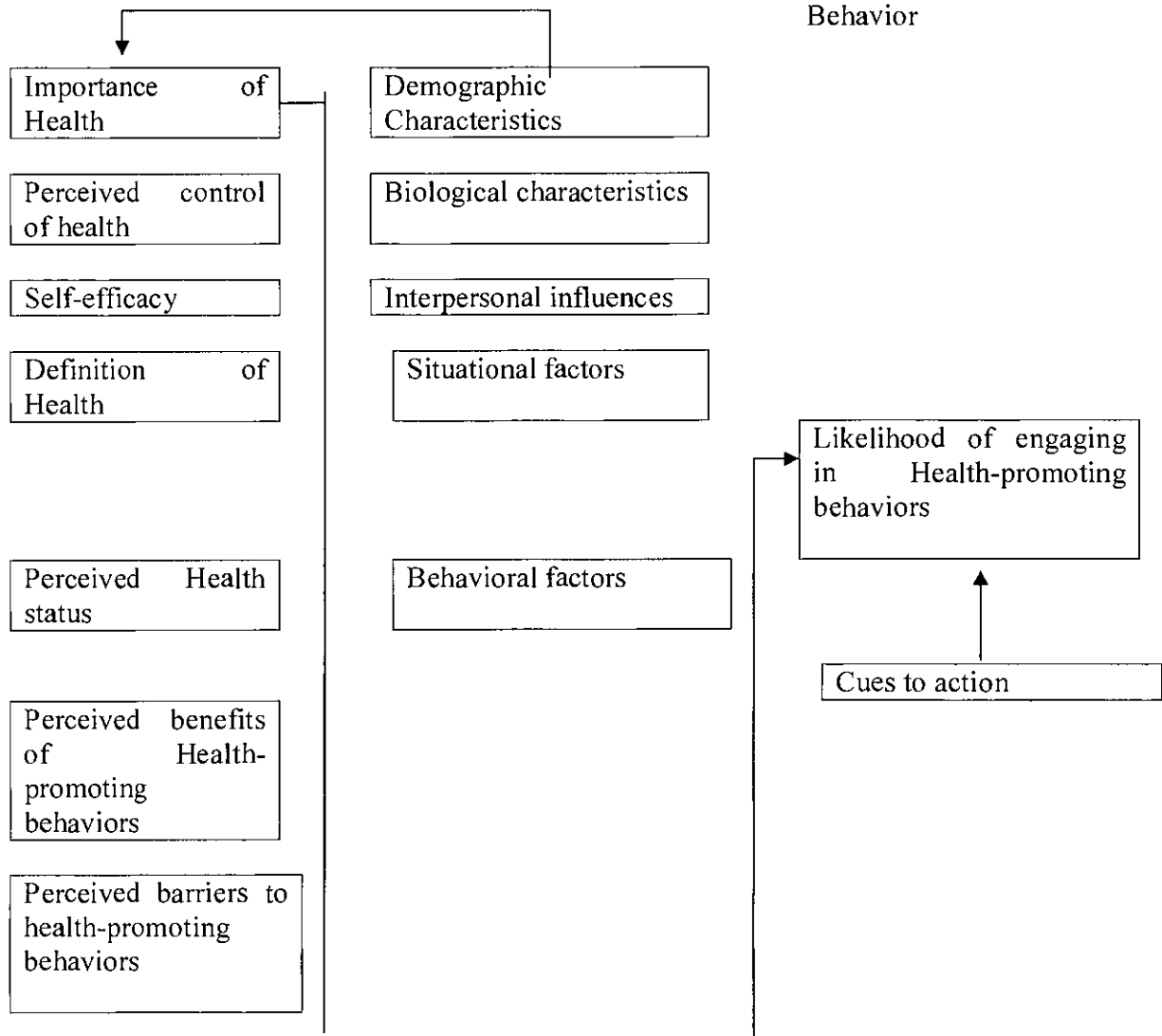
Cognitive- conceptual factors considered as the primary motivational mechanisms for the acquisition and maintenance of health promoting behavior. These factors include the importance of health, perceived benefits, perceived health status, perceived barriers. Each influences the likelihood of an individual to engage in health promoting behavior directly. Modifying factors influences patterns of behavior. These include demographic factors, biological characteristics, interpersonal influences, situational factors and behavioral factors. Age, sex, race, ethnicity, educational level and income are believed to affect patterns of health promoting behavior indirectly through their impact on cognitive-perceptual mechanism. Other cues to action are mass media, conversation and exercises.

3.2 FIGURE

Cognitive- perceptual
Factors

modifying factors

participating in
health promoting
Behavior



Health promotion model. From Pender (1987). Health promotion in Nursing

3.3 APPLICATION OF THE MODEL

Health Promotion Model emphasizes on the need to change and improve cognitive-perceptual factors for the modification of risky behaviors. It there fore means that the perception of benefits upon one's activity to promote health should be encouraged. The barriers that hinder one's engagement in a health promoting activity should be dealt with accordingly or be cleared out and modified. However, it is recommended that the barriers that hinder vasectomy utilization be known through assessment so that they are modified and improved to encourage vasectomy utilization among married men.

The model demonstrates the complexity of whether or not an individual is likely to participate in health promoting activities.

Knowledge of perceived benefits on utilization of vasectomy and perceived severity of maternal complications that can be caused by vasectomy underutilization can assist men change their health promoting behavior towards vasectomy.

Modifying factors such as health talks and mass media can assist to change the attitude of men towards vasectomy among these married men. Adequate and spouse communication about availability of vasectomy in the health care setting would help improve men's knowledge on vasectomy. Knowledge on its effectiveness, simplicity and benefits over other methods of sterilization would improve the men's attitude towards vasectomy.

In conclusion, this model is helpful in identification of factors leading to hindrances in vasectomy utilization among married men in providing a supportive environment for health improvement.

CHAPTER 4

4.0 METHODOLOGY

4.1 INTRODUCTION

This section aims at describing the research methodology that will be used in factors hindering utilization of vasectomy among married men. Information on the study design and its rationale, sample type and setting, instruments developed, plan for data collection, pilot study, analysis procedures and ethical considerations are part of this section.

4.2 RESEARCH DESIGN

The study design that will be used will be a descriptive qualitative study. Since nursing is both an art and a science use of qualitative studies combines the scientific and artistic natures of nursing to enhance the understanding of the human health experience. According to Boyd (2003) Qualitative study is a term encompassing a variety of philosophical underpinnings and research methods. One –to-one interview are the most form data collection involving conversation with a range from informal to formal. Unlike the other conversations, they are set up to elicit information from one side only therefore an asymmetrical relationship exists (May, 1991).

Descriptive studies aim at discovering important underlying characteristics of persons, situations; groups and frequency in which they occur, approach focus on meanings and interpretations of participants feelings about particular experiences. It involves use of broadly stated questions about human experiences and realities, studied through sustained contact with people in their natural environment, generating rich, descriptive data that helps us to understand experiences and used when little is known about the domain (Harber, 1994). Since this study aims at identification of factors that hinder married men from utilizing vasectomy as a method of family planning, this qualitative study will be used. Descriptive studies use open-ended questions that give an opportunity to the subjects to express themselves about feelings hence appropriate to explore factors influencing a domain. The married men will be allowed to explain and will discuss with the investigator about feelings.

During the interview, probing questions will be used. These help to reduce both researcher and research informant anxiety. The purpose of probes is a searcher for elaboration, meaning or reasons

4.3 SETTING

The study will be conducted at Area 25 Health Centre Out Patient Department because this where the researcher can find men easily in rather than in the homes.

4.4 PILOT STUDY

Before conducting the study, a pilot study will be conducted on two people at the same Area 25 Health Centre. The subjects used in the pilot study shall not be included in the population sample for the study. This piloting will be done in one day. It will be done to assess the feasibility and reliability of the data collection tool. The people at Area 25 Health Centre shall be chosen because they have the same criterion with the subjects to be of the study.

4.5 SAMPLING

According to Burns and Groove (2001), a sample is a sub set of population that is selected for a study. This study will target married men for the achievement because they are the best persons who can give the appropriate information about the things that hinder them from utilizing vasectomy as a method of family planning. It will include ten participants who will be conveniently chosen in the Out Patient Department. The type of convenient sampling to be adopted will be purposive sampling with an aim of accessing selected participants who can provide rich data base. It involves conscious selection of certain elements or subjects included in the study by the researcher.

This is chosen because it allows the researcher to select subjects who are willing and are able to share their experiences based in the knowledge on the factors contributing to low utilization of vasectomy.

4.6 DATA COLLECTION

Data will be collected through a semi-structured interview using an interview guide. The use of an interview guide will ensure that the respondent is not restricted in all issues discussed (Varkivisser et al, 1991). The interview guide will have both open ended and close ended questions and it will be in English and Chichewa since men of different educational level will be involved.

During the interviews, data will be recorded on the interview schedule and a tape recorder will be used to record the interview.

4.7 DATA ANALYSIS

Data will be analysed using content analysis which is analysis by topic. First the interviews will be transcribed and then categorized according to topics or themes that will be identified during the data analysis process and these categories will be described. Then some concepts (which are central to the research will be tabulated) and descriptive statistics will be used to analyze the number of times these concepts are discussed in the interviews.

The data will be presented in a descriptive form.

4.8 ETHICAL CONSIDERATION

Burns et al (1997) explains that nursing research must not only have the potential to generate and refine knowledge but also must be ethical in its development and implementation. Ethical consideration is important especially in research dealing with human beings because it provides a basis for moral conduct in respect of human dignity, life, integrity and authority. Human subjects must be protected at all times to ensure that subjects have an ethical protection.

Letters seeking permission to conduct a study will be written relevant to the authorities (Appendices B and C)

During data analysis before the process of data collection, an explanation about the purpose, the significance, and the procedure of the study will be provided to the participants to get consent from them before they participate. This is to ensure self-determination in the participation, refusal or withdrawal from the study.

Participants will be allowed to ask questions and to withdraw from the study if they wish to do so at any time. They will also be assured that no coercion will be used to make them participate in the study.

Voluntary participation will be encouraged and each participant will be asked to sign a consent form (Appendix) to indicate that the participants have accepted willingly to participate in the study. The interview will be conducted in conducive and private atmosphere where respondents will be able to express themselves without interference.

No names will be used on the data collection tools instead codes will be used to ensure anonymity of the subjects and all information collected will be treated with confidence only the researcher and supervisor will have access to the interview guides and the recorded information. The results of the study will be kept with confidence only the responsible institution will have access to the results.

After data analysis the tapes and interview guides will be destroyed.

4.9 DISSEMINATION OF RESULTS

The findings of the research study will be communicated through a written report, copies of which will be placed in the Library of Kamuzu College of Nursing. Copies will also be given to the District Health Office and Area 25 Health Centre.

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TIME TABLE

Activity	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov
Selection of research topic and literature review										
Proposal Development										
Obtaining Clearance										
Pre-testing and data collection										
Data analysis										
Report writing										
Submission of dissertation										

BUDGET

STATIONARY

units	Item	cost
2	Realms A4 photocopying paper @ K750.00 each	K1500.00
1	Lever arch file @ K400.00	K 400.00
2	Flat folders @ K100.00 each	K 200.00
1	Tape Recorder	K 600.00
5	Blank Radio cassette tapes @ K200.00 each	K 1000.00
3	Note pads @ K200.00 each	K 600.00
1	Flash Disk	K3500.00
4	A3 Envelopes @ K200.00 each	K 800.00
4	Small Envelopes @ K20.00 each	K 80.00
4	Postage Stamps @ K40.00 each	K160.00
	Sub Total =	K8 840.

Printing, Photocopying and Binding

units	Item	cost
3	Proposals	K3000.00
15	Interview Guides	K1500.00
3	Dissertations	K4100.00
	Sub Total =	K8 600.00

Transport

Local trips for literature review	K1000.00
KCN to Area 25 Health Centre	K 400.00
KCN to Reproductive Health Unit	K 600.00
Preceptorship Placement to Area 25 Health Centre for data collection	K5000.00
Sub Total=	K 7 000.00

Telephone Bills for Appointment Booking
Contingency

= K2000.00
= K 3000.00

GRAND TOTAL

= K29, 440.00

JUSTIFICATION OF THE BUDGET

The budget was an overview of resources that will be required to conduct the study. The prices are based on the current market prices of items and services.

STATIONARY

The stationary will be required for the development, typing and printing of the proposal, the interview guide and the dissertation report. The note pads will for note taking and analysis of the data. The envelopes for posting the letters and the dissertation reports. The tape recorder and the radio tapes will be used for recording the interviews during data collection.

TRANSPORT COSTS

Money will be needed to cover transport costs to various libraries and resource centres for literature review. Funds will also be required to travel to the selected health facility and various destinations during the data collection period.

CONTINGENCY

The money will be necessary for emergency needs which may arise in the course of the research project.

APPENDICES

Appendix A (i)

INTERVIEW GUIDE

DATA COLLECTION TOOL

COUNTRY: Malawi

ID CODE:

TITLE: FACTORS CONTRIBUTING TO LOW ACCEPTANCE OF VASECTOMY
UTILISATION AMONG MARRIED MEN

DATE:

STARTING TIME:

FINISH TIME:

PART: A DEMOGRAPHIC DATA

1 Sex Male ☐

Female ☐

2 Age Range 26-35 ☐

36-45 ☐

45 above ☐

3 Marital status Single

Married

4 Number of children

5 Highest Educational level PSLCE ☐

J.C ☐

MSCE ☐

Bachelors Degree ☐

Other specify.....

PART TWO

A. Perception of family planning

1. What do you understand by family planning?
2. Do you think men should actively be involved in family planning services?

If yes/no why?

B. Methods of family planning

3. What methods do you know that actively involve men?
4. Do you know any permanent methods of family planning?

Probes

Which one do you think involve actively involve men's participation?

C Perception of vasectomy

5. Have you heard about vasectomy?
6. What do you understand by vasectomy?
7. How did you know about this method?
8. Where is this method provided?
9. Who can go for vasectomy?
10. What do you think are the importance of this method?
11. What are the advantages of this method?

D Factors hindering contributing to low utilization of vasectomy

12. If you wanted permanent contraception in your family, would you go for vasectomy
Yourself?
If yes/no, why?
13. Do you think many married men go for vasectomy?
If yes/no, what are the reasons for that?
14. Do you have any cultural beliefs, myths attached to vasectomy?
If yes, what are they?
15. Have you ever discussed vasectomy with your wife?
If yes/no, why?

E Alternatives for vasectomy

16. Do you have any methods that you prefer for permanent contraception than

Vasectomy?

If yes, explain the available methods

If no what do you do?

Appendix A (ii)

NDONDOMEKO YA MAFUNSO

- 1 Kodi mukudziwapo chiyani za kulera?
- 1 kodi mukuganiza kuti nkofunika kuti abambo okwatira azitengapo mbali pa njira zolera?
 - (i) Ngati eya, fotokozani zifukwa zake.
 - (ii) Ngati ayi, fotokozaninso zifukwa zake.
- 3 Ndi njira ziti zolera zomwe abambo amatengapo mbali?
- 4 Mukudziwapo njira zotseka zolerera zingati?
- 5 Kodi mudamvapo njira yotseka ya abambo?
- 6 Mukudziwapo chiyani za njirayi?
- 7 Nanga mudamva kuti za njirayi?
- 8 Ndi malo ati omwe njirayi imaperekedwa kudera lino?
- 9 Ndi abambo ati omwe akhoza kutenga njira yotseka ya abambo?
- 10 Kodi kufunika kwa njira ndi kuti?
- 11 Mukuganiza kuti ubwino wa njirayi ndi otani?
- 12 Nanga m'banja mwanu mutafuna njira yakulera yotseka, mungasankhe kutseka kwa abambo?
 - (i) Ngati eya, fotokozani zifukwa zake.
 - (ii) Ngati ayi, fotokozaninso zifukwa zake.
- 13 Mukuganiza kuti abambo ambiri amalola kutenga njira ya kutseka kwa abambo?
 - (i) Ngati eya, mukuganiza kuti ndi chifukwa chiyani ziri choncho?
 - (ii) Ngati ayi, kodi zifukwa zake zingakhale ziti?
- 14 Kodi pali zikhulupiro ndi miyambo yomwe mumayidziwa yokhudzana ndi njira ya kutseka kwa abambo?
 - (i) Ngati eya, fotokozani ndi yiti.
- 15 Munakambiranapo ndi akazi anu za njirayi?
 - (i) Ngati eya, mudakambirana zotani?
 - (ii) Ngati ayi, chifukwa chiyani simudatero?

16 Kodi pali njira zina zomwe abambo amakonda kuposera kutseka kwa abambo?

(i) Ngati eya, fotokozani za njirazi.

(ii) Ngati ayi, abambo okwatira amatani kuti apewe akazi awo kutenga mimba pamene sakufuna, kapena ana akwana?

Appendix B: Letter seeking Permission from Ministry of Health and Population

The University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe.
Date:

The Secretary for Health
Ministry of Health and Population,
P.O Box 30377
Lilongwe 3

Attention: **Research Coordinator**

Dear Sir/Madam

PERMISSION FOR CLEARANCE

I am a fourth year Student pursuing a Bachelors Degree in Nursing at Kamuzu College of Nursing. As a partial fulfillment of my degree, I am required to do a research in my area of interest and write up a dissertation. The title of my study is "Factors that contribute to low acceptance of vasectomy utilization in married men"

The purpose of this letter is to request for National clearance to enable me conduct a research study in Malawi at Area 25 Health Centre Out Patient Department.

Looking forward to your assistance and consideration.

Yours Faithfully,

MARTHA CHAULUKA.

Appendix C: Letter seeking Permission form Area 25 Health Centre

The University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe.
Date:

The Health Centre Director,
Area 25 Health Centre
P.O Box _____
Lilongwe.

Dear Sir/Madam,

REQUEST TO CONDUCT A STUDY AT AREA 25 HEALTH CENTRE

I am a fourth year student at Kamuzu college of Nursing undergoing a Bachelor of Science in Nursing Degree programme.

In partial fulfillment of the programme, I am required to conduct a research in the area of my interest. The purpose of the letter is therefore to ask for permission to conduct a study at your hospital. The study is on Factors that contribute to low acceptance of vasectomy utilization by married men. I want to conduct the study at the Out Patient Department.

The subjects of the study will be only married men who will be required to answer questions on the topic vasectomy using the interview guide.

I will be grateful if my request meets your favourable consideration.

Yours Faithfully,

{**MARTHA CHAULUKA**}

Supervisor..... Date.....

Cc: The Nurse In-charge (out patient department)

Appendix D: Consent form for Participant

The University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe

Date:

Dear Participant,

**CONSENT TO PARTICIPATE IN A STUDY TO EXPLORE FACTORS
CONTRIBUTING TO LOW ACCEPTANCE OF VASECTOMY UTILISATION
IN MARRIED MEN**

I am a Generic Bachelor of Science in nursing student in fourth year at Kamuzu College of Nursing. The purpose of this letter is to request for your consent to participate in the above mentioned study.

In participating in the research study, you will be required to respond to questions. No harmful procedures will be performed on you and you will be free to express your participation during the interview.

Everything you are going to say will be kept with confidence and no one is going to have access to the information without your consent. The rights of privacy, anonymity and confidentiality will be respected in this study i.e. no names will be included in the interview guide, instead code numbers will be used for each participant.

Should you choose to withdraw your participation during the study you will not be denied permission for your wish and no penalty is assigned for the withdrawal.

Your participation in the study will have either direct or indirect benefits to you and it will also assist the rest of the married men in the participation of vasectomy as a choice of family planning method which will help in the achievement of children by choice not chance and help prevent maternal deaths. The Ministry of Health and Population specifically the Reproductive Health Programme, the Reproductive Health Unit and the health care providers will also benefit from the results of the study for improvement on management and policy improvement in factors affecting vasectomy utility.

Thanks for sparing your time.

MARTHA CHAULUKA

Signature.....

(PRINCIPAL INVESTIGATOR)

I here give consent to participate in this study.

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



Appendix D (ii)

The University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe
Date:

Okondedwa otengambali

KUPEMPHA CHILOLEZO KUTI MUTENGE NAWO MBALI MU
KAFUKUFUKU WOFUNA KUDZIWA ZIFUKWA ZOMWE
ZIMALEPHELETSA ABAMBO OKWATIRA AMBIRI KUTENGA NJIRA
YOTSEKA YA ABAMBO

Ine ndine ophunzira wa pa sukulu ya ukachenjende ya unamwino pa Kamuzu Koleji ndipo ndiri mu chaka cha chinayi chomwe chiri chotsiriza. Ndalemba kalatayi kuti ndipemphe chilolezo kuti mutenge nawo mbali mu kafukufuku ali pa mwambayi.

Potenga nawo mbali mu kafukufuku ameneyi mudzafunika kuyankha amene mudzafunsidwa. Mukutsimikiziridwa kuti ndinu omasuka kufunsa pa mafunso omwe simukuwamvetsetsa pa mafunso omwe mudzafunsidwe komanso sipadzakhala kuyeza kulikonse pa kafukufukuyi.

Ndinu omasuka kusiya kutenga mbali mu kafukufukuyi ngati mwaona kuti nkwabwino kutero ndipo simudzakakamizidwa kupitiriza. Palibe chilango chirichonse chomwe chidzaperekedwe pakutero.

Mukutsimikiziridwa kuti zones zomwe mundiuze zidasungidwa mwa chinsinsi ndipo wina aliyense wofuna kupeza zonsezi adzapempha chilolezo chanu.

Kutenga mbali mukafukufukuyi zikhoza kuthandiza inu-inu kapena abambo ena omwe ali m'mawanja. A Unduna wa za Umoyo makamaka gawo la Ubereki ndi ogwira ntchito mu chipatala adzathandizidwanso ndi zotsatira za kafukufukuyi za m'mene angapitsire patsogolo za kugwiritsa ntchito njira ya kulera ya kutseka kwa abambo.

Ndine,

.....

MARTHA CHAULUKA {MKULU WA KAFUKUFUKU}

Ine ndikuvomera kutenga mbali pa kafukufuku ameneyu.

Saini ya otenga mbali..... Tsiku.....

