



UNIVERSITY OF MALAWI
KAMUZU COLLEGE OF NURSING

**FACTORS INFLUENCING WOMEN SEEKING POST ABORTAL CARE
AT NTCHOU DISTRICT HOSPITAL AND NOT AT NEAREST HEALTH
CENTERS**

BY

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**A RESEARCH PROPOSAL SUBMITTED TO THE FACULTY OF
NURSING IN PARTIAL FULFILMENT FOR THE AWARD OF A
BACHELOR OF SCIENCE DEGREE IN NURSING EDUCATION**

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DECLARATION

I hereby declare that this research proposal is my own effort and that it has never been presented elsewhere for a degree program.

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DEDICATION

To my late husband, Fredrick Mambulu, I wish you were around, you could have contributed something. You gave me love and taught me a lot which has helped me to face life in a positive way. May your soul rest in eternal peace till we meet in the glory of our Lord Jesus Christ.

To my lovely son, Christopher Mambulu, you make my life better. Your affection and perseverance has made things simple.

To my sisters, brothers and in laws for their spiritual, moral and financial support.

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ABBERRVIATIONS

BEMoC	Basic Emergency Obstetric Care
D&C	Dilatation and curettage
MDHS	Malawi Demographic Health Survey
MOH	Ministry of Health
MVA	Manual Vacuum Aspiration
NAC	National Aids Commission
NSO	National Statistical Office
PAC	Post Abortal Care
TFR	Total Fertility Rate
USAID	United States Agency for International Development
WHO	World Health Organization

DEFINITIONS

Abortion_____ Termination of pregnancy before 28 weeks gestation.

Complete abortion_____ Is one in which all products of conception are expelled.

Incomplete abortion_____ Is one in which the fetus has been expelled but other products of conception such as the placenta and membranes are retained.

Induced abortion:_____ Is an intentional termination of a pregnancy done for personal or medical reasons.

Spontaneous abortion_____ The expulsion of the products of conception before the 28th week of pregnancy where the fetus shows no sign of life.

Manual Vacuum Aspiration_____ A procedure done by trained health workers to remove retained products of conception.

Post abortion care_____ Care rendered to a woman after spontaneous or induced abortion.

Sepsis_____ Any clinical infection of the genital canal that occurs between onset of rupture of membranes or labour and 42 days following abortion or delivery.

Unsafe abortion_____ A procedure for terminating unwanted pregnancy by

a person lacking necessary skills or in an environment
lacking minimum medical standards or both.

1.0 CHAPTER ONE

1.1 INTRODUCTION

Malawi is one of the countries that is faced with the challenge of high maternal mortality. Currently, it is at 807 per 100,000 live births (MICS, 2006). There are five major causes of maternal mortality in Malawi namely; hemorrhage, sepsis, obstructed labor/ruptured uterus, pregnancy induced hypertension and complications of abortion (Safe motherhood, 2000). As hemorrhage is among the top three causes and mainly due to abortion, Ministry of health has strategies in place to reduce this problem. One of the strategies used is provision of post abortion care.

Post abortion care is the care rendered to a woman who has had spontaneous or induced abortion. It provides a basis for reducing mortality and morbidity from incomplete abortion. This strategy was introduced in public health systems around the world since 1994 (<http://www.sciencedirect.com>).

Post abortion care (PAC) can be provided at a central, district hospital as well as health centers depending on the gestation of the pregnancy. Manual Vacuum Aspiration is the preferred method of removing retained products of conception for cases of incomplete abortion where pregnancy is not more than twelve weeks gestation. It can be done at the lowest health care level such as a health center thereby allowing clients more access to post abortion care. Therefore the risk of long term illness or disability and death of women due to complications of abortion can be reduced by using acceptable and accessible post abortion care at all levels. This study therefore intends to explore factors that influence women to seek post abortal care at the district hospital and not at nearest health centers in Ntcheu. The study will be conducted at Ntcheu district hospital and will take qualitative design.

1.2.0 BACKGROUND

1.2.1 COUNTRY PROFILE

Malawi is a land locked country in Sub-Saharan Africa, bordered by the United Republic of Tanzania to the North and Northeast; the Republic of Mozambique to the East, South and Southwest; and the Republic of Zambia to the West and Northwest. It has a total surface area of 118,484 square kilometers, of which approximately 80% is land. The remaining area is composed of Lake Malawi, which is about 475 kilometers long and runs down Malawi's eastern boundary with Mozambique. Administratively, the country is divided into three regions, the north, central and south (MOH, 2006).

Malawi's current population is 13,077,160 (Population and Housing Census, 2008) with females making up approximately 51% of the total population (NSO, 2004). Roughly 85% of the population live in the rural area (NSO, 2004). By 2000 the estimated GNP per capita was US

\$170(WHO) with a third of the households categorized as food insecure. The average annual growth rate is 2.8(NSO, 2008), Total Fertility Rate (TFR) 5.2(NSO, 2008) and life expectancy is at 42.8 for men and 45.5 for females (MDHS, 2004).

1.2.2 ABORTION: GLOBAL SITUATION

World Health Organization estimates that globally, 20 million unsafe abortions occur each year with almost 95% occurring in developing countries and nearly 70,000 women dying each year following complications of unsafe abortion. It is estimated that 1 in 8 pregnancy related deaths are due to unsafe abortion and that almost 15% of all recognized pregnancies end in spontaneous abortion (Winkler, 1995). Reports have also indicated that in Sub-Saharan Africa, up to 50% of gynecological beds are occupied by patients with abortion complications (<http://www.unfpa.org>).

In Malawi, complications of abortion constitute 18% of the causes of maternal mortality and 60% of acute gynecological admissions (Safe motherhood, 2000; MOH, 2009). Deaths from complications of abortion are preventable through the provision of safe, acceptable and accessible post abortion care(PAC).

1.3.0 STATEMENT OF THE PROBLEM

Post abortion care (PAC) is given to a woman who has had an abortion. Abortion is defined as loss or termination of a pregnancy before the fetus has developed to a state of viability (Heitkemper, 2004). Post abortion care includes emergency treatment of potentially life threatening complications like shock; counseling and provision of family planning services. It also links clients with other reproductive health services such as screening and treatment for sexually transmitted infections and voluntary counseling and testing for HIV. It is recommended that every woman should be able to access post abortion care after an abortion to prevent complications such as sepsis.

Previously, post abortion care was provided at central and district hospitals (Access, MOH, 2009) because PAC providers were only found at these hospitals. However, the needs assessment that was done by ministry of health in 1999(central hospitals) 2000-2001(district hospitals) showed that post abortion care was not regarded as an emergency and services were not always available. The findings also indicated that sharp curettage method was commonly practiced and few sites practiced manual vacuum aspiration. Therefore, it was recommended that PAC be taken to a larger scale to make it accessible by many women. Post abortion care was incorporated into the Basic Emergency obstetric Care (BEMoC) services in 2006 and extended to selected health centers in all districts.

At health center level, providers assist women who have aborted at not more than twelve weeks gestation by using a simple and safe procedure called Manual Vacuum Aspiration (MVA) to

remove retained products of conception .The goal of this initiative is to bring post abortal care closer to the women thereby reducing complications like sepsis which come as a result of delays. Increasing accessibility and utilization of post abortal care at health center level can contribute to the reduction of maternal mortality related to abortions.

In Ntcheu post abortal care was extended to selected health centers in 2006. However, it has been noted that women continue to seek post abortal care at the district hospital which is far away from them and most of them report late with complications. In this regard, there is need to identify factors that influence them to seek post abortal care at the district hospital and not at nearest health centers.

1.4.0 SIGNIFICANCE OF THE STUDY

The study will assist Ntcheu district hospital and health centers to understand common factors for women not access PAC at their nearest health centers.

The findings from the study will also open up for further research in the area of PAC services in general and at health centers in particular.

1.5.0 OBJECTIVES OF THE STUDY

1.5.1 BROAD OBJECTIVE

Explore factors influencing women seeking post abortal care at Ntcheu district hospital and not at nearest health centers

1.5.2 SPECIFIC OBJECTIVES

1. Assess knowledge of women on post abortal care
2. Examine availability and accessibility of post abortal care at the health centers
3. Identify challenges faced by women in accessing post abortal care at the health centers

2.0. CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION

Literature review is done to generate a picture of what is known and unknown about a subject (Burns & Grove, 2003) and assists to identify gaps in knowledge of the topic. This section therefore will present review of literature on various areas concerning patients who seek post abortal care at health facilities in Malawi and other countries.

2.2. KNOWLEDGE OF POST ABORTAL CARE

According to English Thesaurus dictionary (1999), knowledge means being aware, conversant or familiar with something. Post abortal care is the care rendered to a woman who has had spontaneous or induced abortion due to various reasons.

A lot of studies have been conducted on post abortal care as well as factors contributing to abortions .Lemma and Mpanga (2001), in their study on contraceptive acceptance among post abortion patients found that 20.3% of the patients were single and 16.4% were students. While Kinaro, Ali, Schlangen and Mack (2007), in a study on treatment for complications of abortions in Khartoum, found that unmarried women usually terminate their pregnancies for many reasons like to avoid strict cultural and religious condemnation of extra marital relationships, medical reasons where the pregnancy threatens the woman's life or in cases of rape. This evidence suggests that single women, lack of support by spouses are likely reasons women resort in abortion while students would abort to secure their education and anger from their parents/guardians.

Post abortal care is a strategy to address the problem of unsafe abortion. World Health Organization (WHO) estimates that globally, 20 million unsafe abortions occur each year with almost 95% occurring in developing countries and nearly 70,000 women die each year following complications of unsafe abortion. It is estimated that 1 in 8 pregnancy related deaths are due to unsafe abortion and almost 15% of all recognized pregnancies end in spontaneous abortion (Winkler, 1995).Reports have also indicated that in Sub-Saharan Africa, up to 50% of gynecological beds are occupied by patients with abortion complications (<http://www.unfpa.org>).

If women are aware of the benefits of PAC they would access the service even if the service was far because they would know that failing to do so will bring more harm than good both to self and her family. This is supported by the study conducted in India that found that majority of the

women had knowledge on post abortal care but differed on where to receive PAC depending on their perception towards PAC services provided at different levels (Johnston, Ved, Lyall and Agarwall 2003). Similarly Mutungi, Karanja, Kimani, Rogo and Wango (1999) in Kenya found that 83% of post abortion patients had knowledge on abortion, its complications and post abortal care.

2.3 AVAILABILITY AND ACCESSIBILITY OF PAC

Availability and accessibility is when something is at one's disposal .Post abortal care can be provided at a central, district, health centers and sometimes within the community depending on the gestation of the pregnancy, circumstances as well as beliefs and practices and complications that may have occurred or likely to occur (Johnston, Ved, Lyall and Agarwall(2003.

However studies have found that some patients fail to access PAC at nearest facility because they perceive providers at these facilities as being less qualified and thus, prefer to go to bigger or private hospitals. A study conducted in Khartoum, Sudan found that post abortal care was not accessible to women at health center level because midlevel providers such as nurse midwives are not permitted to provide PAC although they are trained due to legal implications attached to abortion since abortion is illegal in Sudan (Kinaro, Ali, Schlangen and Mack, 2007). Doctors only are allowed to provide PAC for fear that if other providers also provide PAC, they may be tempted to start performing abortions. Therefore, women are sent to referral hospitals where PAC is provided by doctors.

Other reasons that may contribute to inability for women to access PAC are lack of providers and equipment. These views are being supported by Nielsen, et al (2007) who found that in Tanzania, at one facility, PAC was not available and accessible because the provider who was trained in PAC had left the facility soon after the training. Graff and Amoya (2007), found that in Ghana providers at health centers were not able to provide PAC due to lack of equipment. Therefore, in this case patients were just being referred to district or central hospitals.

Contrary to this in Senegal, PAC was found to be available and accessible to patients at health centers as evidenced by an increase in number of patients treated for abortion complications by 22% and a reduction in number of patients being referred to regional hospital form 35% to 7% (Cisse, Diagne and Faye, 2002).

2.4: CHALLENGES FACED BY WOMEN IN ACCESSING PAC

Challenges are problems or barriers that hinder women from accessing post abortion care at various health facilities. They can exist because of several reasons such as lack of providers, equipment, provider attitude and many more. Several studies have revealed various challenges that hinder women from accessing PAC. For example, several studies done on patients' providers' perceptions of the quality of PAC found that providers had no emotional concern for women, there was lack of privacy during examination, patients were not given pain medication and they waited long hours before treatment was provided and that providers expressed negative attitudes towards PAC clients saying that they are irresponsible (Kumbi, Mekamu and Yeneneh, 2003; Engenderhealth, 2003; Kinaro, Ali, Schlangen and Mack, 2007; Awadala, Kamel, Malifouz and Refaat, 2008; Langer, Barrios, Heimbürger, Stein, Winikoff, Barahona, Cacas and Ramirez, 1997). In addition, results revealed that lack of infection prevention was another concern for the patients, for other patients, travel cost to hospitals to access PAC was a major challenge (Johnston, Ved, Lyall and Agarwal, 2003).

2.5 ABORTION: THE MALAWI SITUATION

Unsafe abortion constitutes a major problem in Malawi, but the magnitude of the problem at national level is not known, due to lack of reliable data on abortion because abortion is illegal except in cases where the pregnancy endangers the woman's life (Munthali, Chimbiri & Zulu, 2004). Additionally, the statistics available is only in relation to women who have gone to a health facility for PAC. However, hospital based data indicate that the most common reason for admission to the gynecological wards in Malawi's major hospitals is abortion complications. Abortion complications constitute 18% of the causes of maternal mortality and 60% of acute gynecological admissions (Safe motherhood, 2000; MOH, 2009). Deaths from complications of abortion are preventable through the provision of safe, acceptable and accessible post abortion care (PAC). These increased figures of women being treated for abortion complications are an indication that women are aware of post abortion care. Deaths from complications of abortion are preventable through the provision of safe, acceptable and accessible post abortion care to prevent complications such as sepsis.

Previously PAC services were available and accessible at central and district hospitals only (Access, MOH, 2009) because PAC providers were only found at these hospitals. However, the needs assessment that was done by ministry of health in 1999 (central hospitals) 2000-2001 (district hospitals) showed that post abortion care was not regarded as an emergency and services were not always available even at these facilities. The findings also indicated that sharp curettage method was commonly practiced and only few facilities practiced manual vacuum

aspiration. In 2001, Ministry of Health (MOH) and Jhpiego, through the United States Agency for International development (USAID) scaled up PAC services to make them accessible by many women through provider training on the job. A report on evaluation of post abortion care services in Malawi indicated that PAC had been incorporated into the national reproductive health delivery guidelines by 2001(Jhpiego, 2004). By 2006, post abortion care was incorporated into the Basic Emergency obstetric Care (BEMoC) services and extended to selected health centers in all districts.

At health center level, providers assist women who have aborted at not more than twelve weeks gestation by using a simple and safe procedure called Manual Vacuum Aspiration (MVA) to remove retained products of conception .The goal of this initiative is to bring post abortion care closer to the women thereby reducing complications like sepsis which come as a result of delays. Increasing accessibility and utilization of post abortion care at health center level can contribute to the reduction of maternal mortality of this country related to abortions.

In Ntcheu post abortion care was extended to six selected health centers in 2006 after providers had been trained. However, it has been noted that women continue to seek post abortion care at the district hospital which is far and most women report late with complications .Hospital records indicate that abortion complications constitute 20% of the causes of maternal mortality at the hospital. In Malawi just like other countries, literature has shown that women face a lot of problems in accessing reproductive health services including PAC. Munthali, Chimbiri and Zulu (2004) found that adolescent PAC clients fail to access these services because of lack of awareness of their existence, fear of parents, poor attitude of health workers and long waiting hours.

2.6 SUMMARY OF LITERATURE REVIEW

Literature has shown that women are aware of post abortion care as evidenced by the increased numbers of women being treated for abortion complications in hospitals. Literature has also shown that PAC is available at certain health facilities but lack of providers makes it inaccessible. In certain situations, providers fail to provide the service due to lack of equipment. Poor attitude of health workers also hinder patients from accessing PAC. Client perceptions towards providers seem to influence the provision of PAC as evidenced by clients' preference for referral or private hospitals. This could be a similar situation for Malawi and Ntcheu in particular. No literature in Malawi has shown why patients may have preference on where to obtain PAC hence the need to conduct the study.

3.0 CHAPTER THREE: CONCEPTUAL FRAMEWORK

3.1 INTRODUCTION

Conceptual framework also known as conceptual model is a set of highly abstract related constructs that broadly explains phenomena of interest, expresses assumptions and reflects a philosophical stance (Burns and Grove, 2003). The conceptual framework also provides a clear description of variables suggesting ways or methods to conduct the study and guiding interpretation, evaluation and integration of study findings. In this study the Health Belief Model will be applied because the study aims at exploring factors that influence women seeking post abortion care at district hospital and not at nearest health centers.

3.2 HEALTH BELIEF MODEL (HBM)

According to Allender (2005), the health belief model was developed by social psychologists and brought to the attention of health care professionals by Rosenstolk in 1996. It is used to describe behaviors and actions that people do to prevent illness. This model looks at health seeking behaviors of people that are influenced by a person's perception of a threat caused by a health problem.

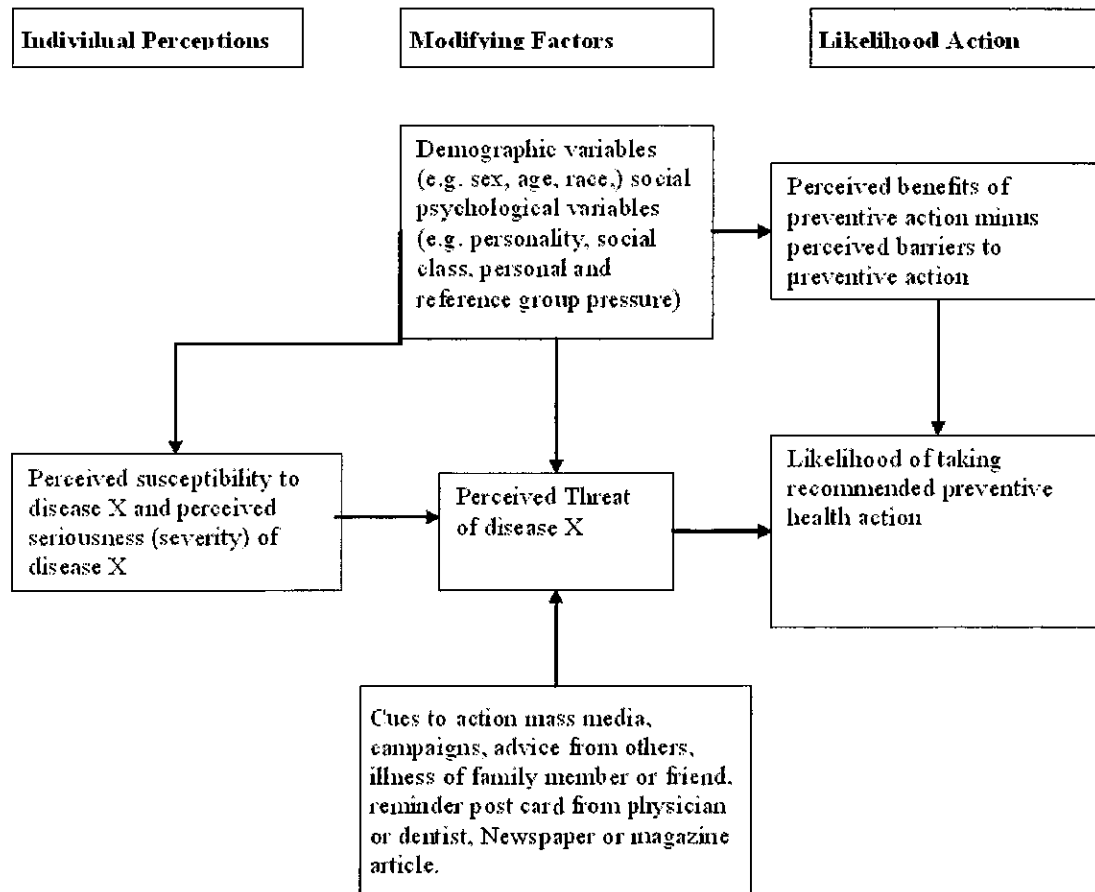
The model says that an individual's readiness to act on behalf of his or her own health is predicted by the perceived susceptibility to a particular disease, perceived seriousness of the disease, perceived benefits of taking action and the perceived barriers to taking actions. The individual's readiness to act on behalf of one's health is also predicted by cues to action, such as knowledge, social economic factors, culture and personal experience. This means that when an illness is perceived as serious and the barriers are low, the person is likely to seek medical care and follow treatment instructions. When one recognizes personal susceptibility, action will not occur unless the individual perceives the severity of the disease (Potter & Perry, 2005).

The model further says that people are more likely to take preventive action to comply with medical advice if they feel concerned about their health and are motivated to protect it. People will comply with treatment if they believe that the consequences of the disease would be serious

if left untreated and that these outweigh any costs or drawbacks involved in the treatment. The person is likely to take action if she/he perceives the benefits of taking such actions.

The clients perception of health status and value placed on taking preventive action may also be affected by demographic data(age, sex, and race), socio-psychological variables(social class and peer pressure), structural variables(personal experience of a disease, knowledge of the disease, internal and external cues(advice from others).Therefore this model provides an insight into the connection between the way the person sees her state of health and her response to health, illness and treatment.

3.4 FIGURE 1. THE HEALTH BELIEF MODEL



Source: Potter and Perry, 2005.

3.5 APPLICATION OF THE MODEL TO THE STUDY

The health belief model can be used to explain factors that influence women to utilize PAC services. Demographic variables like age, sex, race, religion and socio-psychological variables like personality, social class, educational status and gender will affect the way how a post abortion client perceives utilization of PAC services at a health facility and the consequences of late reporting for PAC care.

The post abortion client's knowledge on utilization of PAC services is through health education from mass media, campaigns, health workers and friends which will act as cues to action, and this will enable the client perceive the threats such as sepsis and anemia secondary to severe bleeding.

The decision of the client to utilize PAC services at the health center or district hospital will depend on her perception that the benefits of utilization of PAC services outweigh the cost, any drawbacks or barriers involved and then will comply with treatment. The barriers may include lack of information, stigma and discrimination.

Therefore the variables described in this model will assist the researcher in exploring factors influencing women seeking post abortion care (PAC) services at the district hospital than health centers.

4.0 CHAPTER FOUR: METHODOLOGY

4.1 INTRODUCTION

This section aims at describing the research methodology that will be used in this study. It describes the research design, sample selection, data collection, data analysis and ethical considerations.

4.2 RESEARCH DESIGN

The study will use qualitative design, because according to Burns and Grove, 2003 qualitative research is conducted to gain insights and discover meaning about a particular experience, situation, cultural elements or historical invent. Qualitative research has been chosen because the study aims at exploring factors that influence women to seek post abortal care at the district hospital and not at nearest health centers.

4.3 SETTING

The study will be conducted at Ntcheu district hospital, female/gynecological ward.

4.4 POPULATION AND SAMPLING

Population is the entire set of individuals who meet the sampling criteria (Burns and Grove, 2003). In this study, the population will be women from health centers seeking post abortal care at the district hospital.

Sampling involves selecting a group of people, events, behaviors or other elements with which to conduct a study (Burns and Grove, 2003) .These elements are a representative of the population being studied. A sample of 10 participants will be selected using purposive sampling as these will give rich data about the phenomena under study.

In purposive sampling, the researcher attempts to select subjects who are able and willing to provide more information about the experiences, views or feelings (Fain, 1999). In this study, women of child bearing age(15-49 years from health centers seeking post abortal care at the district hospital, who will be available during data collection and willing to take part will be included in the study.

4.5 DATA COLLECTION

Data will be collected using an interview guide with open ended questions (see appendix 1). The questions will enable the participants to describe their perception, feelings or reasons for seeking

post abortion care at the district hospital and not at nearest health centers. The guide will also provide the researcher the opportunity to probe as need arises.

4.6 PRETESTING

The tool will be pretested for reliability at Lizulu health center. It will be pretested to see the clarity of the questions and also to see how long it takes to finish an interview. The tool will be designed in English then translated in Chichewa for easy understanding with the women(see appendix 2).

4.7 DATA ANALYSIS

Data will be analyzed in order to summarize, evaluate, interpret and communicate the information gathered (Polit and Hungler, 1991). The data will be analyzed manually. Themes will be identified or categorized and data will be analyzed using the identified themes or categories and results will be presented in tables and figures.

4.8 ETHICAL CONSIDERATIONS

Consent forms will be given to the participants so that they can read (those who can read) and sign as an indication of their acceptance to participate in the study after understanding its purpose(see appendix 3 and 4) .Participants who are not comfortable with signing consent form will use finger print. The researcher will seek consent from guardian if participant is less than 18 years.

The proposal will pass through Kamuzu College of Nursing Research and Publication board for approval before the study is conducted (see appendix 5).

Letters seeking permission will be written to the District Health Officer for Ntcheu district hospital and the in charge of Lizuru health center where the interview guide will be piloted (see appendix 6 and 7 respectively).

The participants will be given a chance to choose whether to participate or not since they have the right. They will also be told that they have right to withdraw from the study any time. However they will be assured that withdrawing from the study will not hinder their access to health care services. Patients will be allowed to access emergency care before participating in the study.

Participants will be informed that there are no benefits for participating in the study. However, research findings will assist in finding factors of women not accessing PAC at health centers and strategies to remedy the issues will be done. They will also be assured that there are no major risks associated in participating in the study. Furthermore, they will be assured of comfort before, during and after participating in the study.

No names of individuals will be used to ensure anonymity. The right to privacy will be exercised during data collection, where a separate room with adequate privacy will be used for interview. The researcher will also ensure that the room is free from interferences to protect patients' right to privacy. The questionnaires will be kept safe so that other people do not access the responses except the researcher and supervisor.

The participants will be given chance to ask the researcher questions.

4.9 DISSEMINATION OF RESULTS

Polit and Beck (2006) states that a study cannot contribute evidence to nursing practice if the results are not communicated. Therefore, copies of the research report will be sent to Ntcheu district hospital and another copy will be available at Kamuzu College of Nursing.

5.0 LIMITATION OF THE STUDY

The findings from the study may not be generalized because the study will be done on a small scale and may not reflect a better picture of the phenomena. Therefore use of results should be with caution. The study will concentrate on clients only, therefore provider views will not be taken into consideration since views from both clients and providers would assist to solve the problems experienced by PAC clients. Time allocated to conduct this research is also a limitation.

WORK SCHEDULE

The schedule has been developed to guide and help in smooth implementation of this research. Refer figure below.

Activity	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Selection of Research Title												
Proposal writing												
Submitting proposal												
Clearance												
Pretest questionnaire												
Data collection												
Data entry												
Data analysis												
Report writing												
Submitting dissertation												
Dissemination of results												

THE RESEARCH BUDGET

The research budget has been prepared showing activities during the study and their costs (refer table below).

ITEM	QUANTITY	COST	TOTAL COST (MK)
1. STATIONARY			
Plain papers	5 reams	K900 /ream	4,500 .00
Ballpoints	10	K25/pen	250.00
Pencils	2	K15/pencil	30.00
Pencil sharpener	1	K50 each	50.00
Rubber	1	K50 each	50.00
Small envelopes	10	K20 each	200.00
Large envelopes	5	K50 each	250.00
Postage stamps	4	K50each	200.00
1G Flash disk	1	K3000 each	3,000.00
Lever Arch File	1	K500 each	500.00
Punching machine	1	K1000 each	1,000.00
Stapling machine	1	K300each	300.00
Stapling pins	1 box	K150/box	150.00
SUB TOTAL			K10, 480.00

2. SECRETARIAL SERVICES			
Typing proposal	50 pages	K100/page	5,000.00
Printing proposal	200 pages	K10/page	2,000.00
Binding proposal	4 copies	K150/copy	600.00
Photocopying questionnaire	140 pages	K100/page	10,000.00
Typing dissertation	100 pages	K10/page	1,000.00
Printing dissertation	400 pages	K10 each	800.00
Binding dissertation	4 copies	K150/Copy	600.00
SUB TOTAL			20,000.00
3. TRANSPORT, COMMUNICATION AND MEAL EXPENSES			
Transport to and from data collection centre			5,000.00
Local running to other resource centers			3,000.00
Meal expenses			5,000.00
Phone calls			4,200.00
SUB TOTAL			17,200.00
INCIDENTALS			10,000.00
GRAND TOTAL			57,880.00

JUSTIFICATION OF THE BUDGET

STATIONERY COST

Adequate stationery will be needed to cater for drafts and writing of final documents for both the research proposal and dissertation. Some papers will be used for writing the in-depth interview guides/questionnaires, clearance and application letters and printing of the final things.

Pens, pencils, rubber and hard covers will be used when recording the responses of the participants. Envelopes and stamps will be used for posting letters seeking permission from various institutions and organizations.

TELEPHONE BILLS

The researcher will need to phone her supervisor, booking for different meetings regarding the research study (appointments).

TRANSPORT COSTS

The researcher will be based in Lilongwe, Kamuzu College of Nursing Campus the time the research will be conducted and the study will take place in Ntcheu. She will need to travel twice to and from Ntcheu to deliver letters seeking permission and another time for data collection.

LUNCH MEALS AND REFRESHMENTS

During the data collection days, the researcher will need meals for her lunch and refreshments, since she will possibly spend more hours at the health facility till she interviews the required number of participants.

INCIDENTALS

This will be money meant to cover for unforeseen circumstances or eventualities in the process of research e.g. if there will be need for incentives for the clients for their time.

SECRETARIAL SERVICES

Some of the typing, photocopying and binding of the research proposal and dissertations will need to be paid for. The researcher will need to produce three copies of finished proposal and finished dissertation which will be submitted.

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APPENDIX 1: INTERVIEW GUIDE ENGLISH VERSION

My name is Catherine Mambulu, a second Year BSc in Nursing (mature entry) programme student. I am conducting a study on factors influencing women seeking post abortal care at Ntcheu district hospital and not at nearest health centers.

Code No: -----

DATE: -----

TIME TAKEN TO FINISH INTERVIEW-----

Start time: -----; Finishing time: -----

SECTION A

Social Demographic Data

1 What is your age category?

Age in years

A. 15-20 []

B. 21-25 []

C. 26-30 []

D. 31-36 []

E. Above 36 []

2. What is your occupation?

Probe: Apart from that what else do you do to support your family?

Probe: Are they reliable ways of earning a living?

If yes, explain

If no, explain

SECTION B: WOMEN KNOWLEDGE ON POST ABORTAL CARE

3a. What is post abortal care?

3b. Where did you get the information about post abortal care?

Probe: From the above sources which was the most reliable source of information?

4. What are the benefits of post abortal care?

5. What are the challenges of post abortal care?

SECTION C: AVAILABILITY AND ACCESSIBILITY OF POST ABORTAL CARE

6. What services related to sexual and reproductive health are available at the nearest facility in your area?

Probe: How are these services provided at the health center near you?

Probe: What could be the reasons for PAC services not being provided on daily basis at your health facility? (If this is the situation)

7. In your opinion, do you think PAC services are required at your health facility?

If yes, explain

If no, explain

8. Why did you decide to come to this hospital?

9 How do providers at the health facility in your community differ with providers at this hospital?

Probe: How long does it take you to travel to this hospital?

Probe: What is the mode of transport used to travel to this hospital?

Probe: Among these methods of travel, which is the most reliable and cost effective and why?

10. How long did it take you to be helped at this hospital compared to the health centers?

11. Describe the care you received at this hospital that is different from the care at your nearest health center.

12. Is the care you received at this hospital what you expected?

If yes, explain

If no, explain

SECTION D: CHALLENGES FACED BY WOMEN IN ACCESSING POST ABORTAL CARE

13. What challenges do women face in accessing sexual and reproductive health care?

Probe. If any, what are the commonest reasons for these challenges?

Probe: If no challenge, what are the common reasons for that?

14. What challenges do women have in accessing PAC at your nearest health facility?

15. In your opinion, what can be done to reduce the challenges at your health facility?

What is your wrap up message?

This is the end of the interview and I would like to thank you very much for participating in this study. Your views were valuable.

APPENDIX 2

**MAFUNSO A KAFUKUFUKU WA ZOMWE ZIMAPANGITSA AMAI OMWE
PATHUPI PAWO PACHOKA KUKALANDIRA CHITHANDIZO KU CHIPATALA
CHACHIKULU CHA NTCHEU MMALO MWA ZIPATALA ZAZING'ONO.**

NAMBALA-----

TSIKU: -----

KUCHULUKA KWA NTHAWI YA MAFUNSO-----

Start time: -----; Finishing time-----

GAWO LOYAMBA: MBIRI YANU

1. Muli ndi zaka zingati?

A. 15-20 []

B. 21-25 []

C. 26-30 []

D. 31-36 []

E. Kuposera zaka 36 []

2. Kodi mumagwira ntchito yanji?

Probe: Kupatula ntchito imeneyi, fotokozani zinthu zina zomwe mumapanga pofuna kuthandiza banja lanu.

Probe: Kodi zimenezi ndi njira zodalilika zopezera chithandizo?

Ngati eya, fotokozani

Ngati ayi, fotokozani

GAWO LACHIWIRI: CHITHANDIZO CHOMWE AMAYI OMWE PATHUPI PAWO

PACHOKA AMALANDIRA

3a.Fotokozani zomwe mumadziwa za chithandizo chomwe amayi omwe pathupi pawo pachoka amalandira.

3b.Kodi munanva uthenga umenewu kudzera mu njira yanji?

Probe: Mwa njira zonsezi, ndi njira iti yomwe ndi yodalilika?

4. Nanga ubwino wa chithandizo chomwe amayi omwe pathupi pawo pachoka amalandira ndi wotani?

5. Nanga pali mavuto ati okhudzana ndi chithandizochi?

**GAWO LACHITATU: CHITHANDIZO CHOMWE CHIMAPEZEKA KU CHIPATALA
CHA**

PAFUPI

6. Kodi ku chipatala chanu cha pafupi kumapezeka chithandizo chiti?

Probe: Nanga chithandizochi chimaperekedwa pa masiku ati?

Probe: Ndi chifukwa chiyani chithandizo cha amayi omwe pathupi pawo pachoka
chimaperekedwa pa masiku okhawa amene mwatchula basi?

7. Nkuganiza kwanu kodi chithandizochi ndi chofunika ku dera la kwanu?

Ngati eya, fotokozani

Ngati ayi, fotokozani

8. Nanga ndi chifukwa chiyani munasankha kudzalanda chithandizo ku chipatala chino?

Probe: Kodi mumayenda nthawi yayitali bwanji kuti mufike kuchipatala chino?

Probe: Nanga mayendedwe anu, mumagwiritsa ntchito chiyani kuti mufike ku chipatala chino?

Probe: Mwa njira zimenezi, yodalilika ndi yiti? Fotokozani

9. Kodi madotolo ndi anamwino akuchipatala cha dera la kwanu akusiyana bwanji ndi madotolo komanso anamwino akuchipatala chino?

10. Zinakutengerani nthawi yayitali bwanji kuti muthandizidwe ku chipatala chino?

11. Nanga chithandizo chomwe mwalandira kuno chikusiyana bwanji ndi chithandizo chomwe mumalandira ku chipatala cha ku dera la kwanu?

12. Kodi chithandizo chomwe mwalandira ndi chimene mumayembekezera?

Ngati eya, fotokozani

Ngati ayi, fotokozani

**GAWO LACHINAYI: MABVUTO OMWE AMAYI AMAKUMANA NAWO KU
CHIPATALA**

13. Ndi mavuto anji omwe amayi amakumana nawo polandira chithandizo cha ubereki?

Probe: ngati pali mavuto, chimayambitsa mavuto amenewa ndi chiyani?

Probe: ngati simunawone mabvuto, chingayambitse mavuto amenewa ndi chiyani?

14. Fotokozani mabvuto omwe amayi amene pathupi pawo pachoka amakumana nawo polandira chithandizochi ku zipatala zazin'gono ngati cha kwanu

15. Fotokozani zinthu zomwe mukuganiza kuti zikhoza kuthandiza kupititsa patsogolo chithandizochi ku zipatala zazin'gono.

----- Mawu anu
otsiriza ndi otani?

Apa ndipo pamathero pa mafunso omwe ndinali nawo ndipo ndikuthokozeni kwambiri chifukwa chotenga nawo mbali pa kafukufuku ameneyu.

Appendix 3

Consent Form

University of Malawi,
Kamuzu College of Nursing,
Private Bag 1,
LILONGWE

Date..... 2010

Dear Participant,

**CONSENT TO PARTICIPATE IN A STUDY ON FACTORS INFLUENCING WOMEN
SEEKING POST ABORTAL CARE AT NTCHEU DISTRICT HOSPITAL AND NOT AT
NEAREST HEALTH CENTERS**

I am a second year Bachelor of Science in nursing (mature entry) student intending to conduct a research study at Ntcheu district hospital. The title of the study is: **Factors influencing women seeking post abortal care at Ntcheu district hospital and not at nearest health centers.**

I am therefore asking if you could participate in the study. Please take note that your participation in the study is on voluntary basis and you may choose to withdraw from participation any time you feel like. The results of the study will assist Ntcheu hospital and surrounding health centers to understand issues that bring women to Ntcheu for post abortal care. There are no major risks associated in participating in the study.

To ensure privacy, your name will not be written on the questionnaire instead, an identification number will be used. The gathered information will be accessible only by the researcher and the supervisor.

Catherine Mambulu.

Principal Investigator

I have fully understood and agreed to the above information and give my full consent to participate in the above named study.

Signature -----

Date-----

Participant

APPENDIX 4

NDONDOMEKO YA CHIVOMEREZO CHA KAFUKUFUKU

Ine ndine Catherine Mambulu, wophunzira wa pa Kamuzu College of Nursing. Ndikuphunzira za ukachenjede wa unamwino ndipo ndiri m'chaka chomaliza. Ngati mbali imodzi yokwaniritsira zaukachenjede ndikuyenera kupanga kafukufuku. Kafukufuku amene ndipange akutchedwa: **Zifukwa zomwe zimapangitsa amayi omwe pathupi pawo pachoka kukalandira chithandizo ku chipatala chachikulu cha Ntcheu m'malo mwa zipatala zazing'ono zapafupi.**

Inuyo muli ndi ufulu kulolera kapena kukana kutenga nawo mbali mu kafukufuku ameneyu.

Zotsatira za kafukufukuyu zidzathandiza chipatala cha Ntcheu komaso zipatala zazin'gono kudziwa zovuta zimene zimapangitsa amayi omwe pathupi pawo pachoka kudzalanda chithandizo ku chipatala cha Ntcheu.

Palibe zovuta zoopsa zokhudzana ndi kafukufukuyu.

Pofuna kuti zonse zikhale za chinsinsi, maina sadzalembedwa pa mayankho ndipo zomwe mwanena sizidzaonedwa ndi wina aliyense kupatula amene akupanga kafukufuku.

Catherine Mambulu.

(MKULU WA KAFUKUFUKU)

Ine ndamvetsa ndikuvomereza zomwe zanenedwa zokhudza kafukufukuyu ndipo ndikuvomera kutenga nawo mbali mu kafukufukuyu.

Ndapanga chiganizo mwa ine ndekha popanda kundiumiriza.

Saini-----

Tsiku-----

Wotenga mbali

Appendix 5

College Permission Letter

The Chairman,
Research and Publications Committee,
Kamuzu College of Nursing,
Private Bag 1,
Lilongwe.

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

Date-----2010

Dear Sir/Madam,

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

I am a second year Bachelor of Science in nursing (mature entry) student intending to conduct a research study at Ntcheu district hospital to: **Explore factors influencing women seeking post abortal care at Ntcheu district hospital and not at nearest health centers.**

This study is a requirement in partial fulfillment of my degree program.

The purpose of writing this letter is to request for your permission for me to conduct this study.

Enclosed is the full research proposal for your comments and approval.

Thank you

,Catherine Mambulu (**principal investigator**)

Appendix 6

Hospital Permission Letter

The District Health Officer,
Ntcheu district hospital,
Private Bag 5,
Ntcheu.

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

Date-----2010.

Dear Madam,

**REQUEST TO CONDUCT A STUDY ON FACTORS INFLUENCING WOMEN
SEEKING POST ABORTAL CARE AT NTCHEU DISTRICT HOSPITAL AND NOT AT
NEAREST HEALTH CENTERS.**

I write to seek permission to conduct a research at Ntcheu district hospital. The title of the study is: **Factors influencing women seeking post abortal care at Ntcheu district hospital and not at nearest health centers.**

I am a second year Bachelor of Science in nursing (mature entry) student. In partial fulfillment of the degree, I am expected to conduct a research.

Your consideration will be greatly appreciated.

Yours faithfully,

Catherine Mambulu.

Principal Investigator

Appendix 7

Health center Permission Letter

The Health center In charge,
Lizulu health center,
C/O Ntcheu district hospital,
Private Bag 5,
Ntcheu.

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

Date-----2010.

Dear Sir,

**REQUEST TO CONDUCT A PILOT STUDY ON FACTORS INFLUENCING WOMEN
SEEKING POST ABORTAL CARE AT NTCHEU DISTRICT HOSPITAL AND NOT AT
NEAREST HEALTH CENTERS.**

I write to seek permission to conduct a pilot study at Lizulu health center. The title of the study is: **Factors influencing women seeking post abortion care at Ntcheu district hospital and not at nearest health centers.**

I am a second year Bachelor of Science in nursing (mature entry) student. In partial fulfillment of the degree, I am expected to conduct a research.

Your consideration will be greatly appreciated.

Yours faithfully,

Catherine Mambulu.

Principal investigator