UNIVERSITY OF MALAWI

KAMUZU COLLEGE OF NURSING

A RESEARCH PROPOSAL ON
THE EFFECT OF RELIGIOUS BELIEFS ON UTILISATION OF FAMILY PLANNING METHODS

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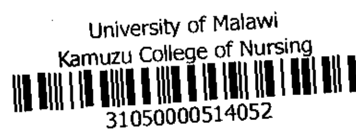

ABSTRACT

Increased fertility rate in developing countries has prompted new discussions about the role of religious doctrine and religious institutions in shaping sexual behaviour. This caused this author to write on the effect of religion on utilisation of family planning methods. The aim of this study is to explore different religious beliefs and how they influence utilisation of family planning.

This study will use the health belief model. This model attempts to explain and predict health behaviours.

This will be a quantitative study. A group of 50 women in the reproductive age will be used as the sample will be asked questions using a questionnaire. The study will be conducted in Traditional Authority Chikowi. Data will be analyzed using the statistical package for social scientists.

ACRONYMS AND ABBREVIATIONS

CCAP : Church of Central Africa Presbyterian

HBM : Health Belief Model

FHI : Family Health International

FP : Family Planning

MDHS : Malawi Demographic Health Survey

MOH : Ministry Of Health

RC : Roman Catholic

SDA : Seventh Day Adventist

UN : United Nations

UNFPA : United Nations Population Fund

WHO : World Health Organisation

~~OPERATIONAL~~ DEFINITIONS OF THE STUDY

Religion

A strong belief in a supernatural power or powers that control human destiny.

Belief

An idea that you believe to be true and forms part of a system of ideas

Attitude

The opinions and feelings that one usually has about something

Perception

The way one thinks about something and the idea of what it is like

Family planning

The practice of controlling the number of children that are born to a woman by using contraceptives.

Contraception

The practice of preventing a woman from becoming pregnant when she has sex

Contraceptive

Drugs, objects or methods used to prevent a woman from becoming pregnant when she has sex.

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CHAPTER 1

1.0 INTRODUCTION

Increased fertility rate in developing countries has prompted new discussions about the role of religious doctrine and religious institutions in shaping sexual behaviour. The importance of religion for other forms of reproductive behaviour has largely been neglected in recent years. Given that religion and fertility are two of the dominant features of the rural African landscape, this need not be the case. Questions about how religion and fertility are related are relevant to developing better understandings of the cultural and demographic features and futures of the region.

Each year, over 210 million women worldwide become pregnant and 50 million develop complications. Over a half million women globally die due to complications of delivery (UNFPA, 2001). It is estimated that almost 50% of pregnancies in the world are unplanned and 25% are unwanted at the time of conception. The sub-Saharan Africa which is home to only 10% of the world's women contributes annually, 12 million unwanted or unplanned pregnancies. 40% of all pregnancy related deaths worldwide also occur in this region (WHO, 2007).

According to WHO (2009), the maternal mortality ratio is extremely high in the Sub Saharan Africa with about 1000 deaths per 100 000 live births. Some 1500 women die daily in this region due to complications related to pregnancy and childbirth.

In Malawi a woman is expected to have 6 children on average in her lifetime. This is still higher as compared to other Sub Saharan countries. There are 215 live births that occur per 1000 women between 15-44 years of age. 15% of the live births occur within 2 years of a previous birth and 5% less than18 months since the previous birth (MDHS, 2004). The use of contraceptives means that 175,000 women would be served each year. 1 in 3 deaths related to pregnancy and childbirth could also be avoided (WHO, 2007).

Contraceptive use among women of the reproductive age who are married varies globally from 3% in Chad and 90% in China, with a world average of 63%. The Sub-

Saharan Africa has the lowest level of contraceptive prevalence, with only 22% women of reproductive age who are married or in union using contraception (UN 2007).

1.1 BACKGROUND

1.1.1 Concept of family planning

According to FHI (1998) family planning (FP) offers women clear health benefits. In developing countries, complications related to pregnancy and child birth are a common cause of death. FP can protect women's health by allowing adequate spacing between pregnancies, preventing pregnancy very early or late and avoiding unintended pregnancies.

Family Planning encompasses spacing for children to allow spacing of children and safeguard the health of the mother and child, timing of pregnancies to occur at a safe age and adjusting the number of children to the family's needs, physical, financial, education and child raising (Omran, 1992).

Family planning according to Longman dictionary (2003), is the practice of controlling the number of children that are born to a woman by using contraceptives. Contraceptives are drugs, objects or methods used to prevent a woman from becoming pregnant when she has sex. Contraceptive methods fall into six broad categories: steroid hormones (pills, injectables), intrauterine devices, barrier devices (condoms, diaphragm), chemical products (gels, foams), surgery (sterilization) and natural methods (calendar, cervical mucus method) (UN, 2007).

Ministry of Health and Population in Malawi supports concept of comprehensive reproductive health by ensuring that reproductive health services are accessible and affordable to all Malawians. Reproductive health includes reduction of pregnancy related morbidity and mortality as well as reduction of infant mortality. To achieve this Malawi advanced in the provision of contraceptive methods. According to the MOH, family planning methods include; barrier methods, hormonal methods, intrauterine contraceptives and natural FP. These services are provided from the primary levels (health centres) to tertiary levels (central hospitals). Private institutions

such as Banja La Mtsogolo are also playing a bigger role in the provision of FP services as they are providing the services to a great number of people at an affordable fee. MDHS (2004) reported that the commonly used contraceptives among 11,698 women were injectables (33.9%), traditional (12.2%) and pills (9.7%). Male condoms were used among 39% of 3,261 men.

1.1.2 Concept of Religion and family planning

Family planning utilisation may be influenced by sociocultural factors. Religion is one of the social factors affecting utilisation of contraceptives. There are different denominations in the world which include; Christianity, Islam and others. These denominations have different beliefs about the use of contraceptives. Most of them value children as a gift from God. Religion has the potential to influence acceptance and use contraceptives by couples from different religious backgrounds in very distinct ways. Individual women may sometimes ignore religious teachings (WHO, 2006).

Christianity is the majority religion in Malawi. The second most prominent religion in Malawi is Islam which makes up 15-20% of the population. Sixty percent of Christians are Protestant, and 15% are Catholic. Other sects include Baptists, Seventh Day Adventists, Anglicans, Church of Central African Presbyterians (commonly called CCAP), and Jehovah's Witnesses. Therefore, in all these denominations there are different beliefs FP.

1.1.3 Concept of Religion and contraception

Most of the religious doctrines in Malawi have different beliefs on contraception. Most of them may support procreation whilst some may see it as the only function of sexual activity and prohibit the use of contraceptives. Some may accept contraception if there are medical and social reasons for avoiding pregnancy (Schott, 1996). Most of the doctrines however do not accept contraceptives that are given after fertilisation has occurred most especially emergency contraceptive pills. It is believed that life begins after fertilisation therefore using these contraceptives means killing human life. These doctrines may have and influence on people's utilisation of contraceptives. According to Addai (1999) religion continued to emerge as a significant determinant

of contraceptive use. WHO (2005) also reported that religious barriers in Africa often favour high fertility and creates misconceptions that prevent men and women from using specific methods.

Islamic beliefs and practices with regard to contraception vary a good deal among Moslems. There is no Islamic ruling on contraception however irreversible contraception is not permitted .With the Catholics however, they are not allowed to use modern contraceptive methods including sterilisation on the ground that it interferes with God's natural law but rather accept natural methods (Schott, 1996). Bible Believers church does not allow use of contraceptives among its members although there is no written literature on this. However, according to FHI (1998) FP offers women clear health benefits. In developing countries, complications related to pregnancy and child birth are a common cause of death. By allowing adequate spacing between pregnancies, preventing pregnancy very early or late and avoiding unintended pregnancies, FP can protect women's health.

1.2 PROBLEM STATEMENT

There have been tremendous advances in the development of safer and more effective contraceptives and in the provision of affordable and accessible FP services. In spite this, millions of couples around the world do not use contraception despite wanting to space or limit their childbearing. Universal access to reproductive health is still far being attained since at least in terms of unmet need for FP in at least 43 countries over 20% of the women of the reproductive age who are married or in union have not made there need for contraception. About 47% of the world's women in the reproductive age do not use contraceptives. In Malawi, 50.5 % of 11,698 women in the reproductive age were using contraceptives. This indicates that 49.5% were not using contraceptives (MDHS, 2004).

Some of the FP services have not been met due to broader social issues such as religious barriers (WHO, 2006). Religious beliefs are one of the social factors that affect utilisation of contraceptives. 3.2% of 1264 women in Malawi in 2004 were not using contraceptive methods due to religious prohibition. In 2008, 53.9% out of 731

married women in Zomba and 53.9% of 188 married men were not using contraceptives according to the Multiple Indicator Cluster Survey Malawi (2008).

Most existing contraceptive methods have some drawbacks that limit their acceptability. In addition, there is perhaps unreasonable to expect FP methods to be equally acceptable in the wide variety of social cultural settings that exist around the world. Studies done on the importance of religion in other forms of reproductive behaviour are limited. This is why the researcher decided to carry out an investigation on the effect of religious beliefs has on utilization of FP methods.

1.3 SIGNIFICANCE OF THE STUDY

This study will help to access the extent to which religious beliefs affects the utilization of family planning methods. This will help to adopt and emphasize on those family planning methods that do not go against most religious beliefs. This is also going to help in an effort to give people more control over their own reproductive and sexual health.

The results of the study can also be used as an evaluation tool by policy makers in the Ministry of Health to assess the stand of reproductive health in terms of family planning. It also will help identify the gaps and measures to be taken to solve those problems.

The results will also be used in nursing education on how religion may or may not influence family planning utilisation in teaching. They will also help nursing managers in the planning of reproductive health services especially family planning to consider religion.

The results will also act as a basis for further research on broader areas concerning religion and contraception that may not be tackled by this researcher.

1.4 OBJECTIVES OF THE STUDY

1.4.1 BROAD OBJECTIVE

To determine the effect of religious beliefs on utilization of family planning methods

1.4.2 SPECIFIC OBJECTIVES

1. To assess people's attitude and perceptions towards family planning
2. To explore different religious beliefs on family planning

1.4.3 RESEARCH QUESTIONS

This study will answer the following questions:-

1. What are the people's attitude and perception about family planning?
2. What are the different religious beliefs on family planning?

CHAPTER 2

2.0 LITERATURE REVIEW

2.1. Introduction

This chapter comprises of relevant literature on studies done globally, in Africa and Malawi on the effect of religion and family planning. Literature review is the critical summary of research on topic of interest, often prepared to put a research problem in context. It provides readers with a background for understanding current knowledge on a topic and illuminates the significance of the study (Polit, 2006).

2.2. Studies done globally

. Save et el (2004) reported minimal relation ship on religious beliefs and FP. Culture and religious beliefs were not found to be major barriers to contraception in general, but they would influence the selection of the type of a certain contraceptive method. More specifically, culture and religious beliefs were barriers to use of medical methods, and they were the main reasons for use of the withdrawal method, which is the most common method used in Turkey. This conclusion was made after a focus group discussion from ten groups of married men and ten of women living in Umraniye district of Istanbul in Turkey. It was found that are not resistant to contraception, but they are reluctant to use medical methods. The provision of contraceptive services, with special attention to cultural and religious beliefs and values, and the inclusion of appropriate counselling and education sessions during service delivery, may give clients new options and increase the use of medical methods. The religious beliefs may however be different from Malawi since there are different churches in these countries hence this researcher would like to conduct her study. This study also looked at some cultural factors and this researcher is much concentrated on religious beliefs.

An analysis of fertility differentials by religion was done by Alagarajan (2003).This study examined the interaction between religion and other socioeconomic factors, that is, whether the effect of religion on fertility remains constant across other factors. It was generally found that fertility among Muslims is higher and contraceptive prevalence lower than among Hindus and Christians. For contraceptive use, wider gaps are found at a middle level of education and at a medium level of standard of

living than at lower and higher levels. This indicated that couples at different socioeconomic settings make different decisions in spite of belonging to the same religion. This study was done in Islamic and Hindu dominated country with a fewer Christians. Malawi on the other hand has 60% of its population as Christians and 15% Moslems. This is what prompted this researcher to carry out a study in a different setting comprised of different religions.

A study conducted in a similar setting reported religious differentials in growth rate that were significant during 1990's. Mistry (1999) aimed at finding the role of religion in fertility and family planning among Moslems in India. According to him, religious affiliation of the couple connotes a system of values which can affect family via several routes: (a) directly, by imposing sanctions on the practice of birth control or legitimizing the practice of less effective methods only, or (b) indirectly, by indoctrinating its members with a moral and social philosophy of marriage and family which emphasizes the virtues of reproduction. In terms of decadal growth rate during 1981-91, Buddhists showed the highest rate (35.9 percent), Muslims recorded a growth rate of 32.8 per cent and Hindus reported 22.8 percent. The Growth rate for Christians is considerably the lowest as compared to others with only 16.9 percent. Apart from the problem with the setting, Mistry concentrated much on religion and fertility rate but did not marry it directly with utilisation of family planning methods.

2.3 Studies done in Africa

In Ghana, it was assessed on whether religion Matters in Contraceptive Use among women was conducted by Addai (1999). A sub sample of married women from the 1993 Ghana Demographic Health Survey was used. The study examined differentials in contraceptive use by religious affiliation, namely: Catholic, Protestant, other Christians, Muslim, No Religion and traditional. Religion and Traditional Logistic regression was employed to explore whether reported religious variations in contraceptive use could be explained by religion per se (particularized theology hypothesis) or by other characteristics that distinguish the religious groups (characteristics hypothesis). Generally the findings were congruent with the characteristics hypothesis, because the contraceptive use differentials by religious groups is accounted for by the differences in socioeconomic and demographic

characteristics of those women. However, for the urban Other Christian women, even after the necessary controls, religion continued to emerge as significant determinant of contraceptive use. This study however did not address much on the rural women.

Victor Agadjanian also carried out study which examined how the social environment of religious congregations affects the spread of contraceptive use in developing contexts, using Mozambique as a case study. Analysis of qualitative data collected in urban areas of that country in 1998-99 and of the data from the 1997 Mozambique Demographic and Health Survey suggested that, in urban areas, the environment of more sociocultural diverse and inclusive Roman Catholic and mission-based Protestant congregations was more propitious to the spread and legitimization of modern contraception than the milieu of smaller, relatively homogeneous, independent churches. In rural areas, however, sociocultural diversity within and across different religious denominations is minimal, and membership in any formal congregation offers an advantage in contraceptive learning. The study however, concentrated on the role of religious congregations on the spread of contraceptive use and not on whether those religious beliefs influence family planning methods utilisation. This prompted this researcher to conduct her study.

2.4 Studies done in Malawi

Yeatman (2007) found out religion matters in woman's fertility but denomination and religiosity are relatively poor ways of examining its importance. Her study involved a sample of 1500 ever married women and their husbands who were selected using cluster sampling from 145 randomly selected villages in three rural districts. They were Christians and Moslems. This data was obtained from the Malawi Diffusion and Ideational Project 1998 survey. It also used data from the Malawi religion project which did an in-depth interview and survey data from religious leaders obtained in 2005. This study used other people's data and not necessarily data collected by the researcher. This might have influenced the results of the study hence this researcher would like to collect her own.

Kaponda (1998) conducted a research on male and female involvement in contraceptive decision making, use and discontinuation in rural Malawi. There were

however, no religious values reported that directly influenced the use and discontinuation of modern contraceptives. An exploratory ethnographic study was conducted in six sites, 2 from each region of Malawi (Nsanje, Mangochi, Mchinji, Ntcheu, Karonga and Rumphi. They were chosen based on contraceptive prevalence rate and acceptance rate. A purposively convenience sample of 165 women and 103 men from low income background were selected. Data was collected through focus group discussions and in-depth interview of exclusively female only and male only. it was found that there were several factors influencing women's contraceptive use. The researcher however did not look much into those religious beliefs that affect utilisation of FP methods.

A similar study on factors influencing the choice of FP methods among rural women was done by Kanjira (1998). The aim of the study was to determine the factors influencing the choice of family planning methods among rural women in Lilongwe district. Data were collected through formal structured interviews amongst 28 female FP clients. The study however did not report on whether religion has an influence on the choice of contraceptives among women hence need to find out more.

2.5 Summary of literature review

Religion is a very important factor to be considered in the provision of reproductive health services such as FP. In the literature review, it has demonstrated that religion can influence the choice of contraception in some parts of the world. However much has not been done on what those religious beliefs people have, how they perceive them and how they influence the use of contraceptives. The literature also has not looked on the positive effect of religious beliefs on family planning much concentrated on the negative effects. In this study the researcher will assess different religious beliefs, the common myths and misconceptions and how they affect FP utilisation.

CHAPTER THREE

3.0 CONCEPTUAL FRAMEWORK

3.1 Introduction

This study will use the Health Belief Model (HBM).The HBM is a psychological model that attempts to explain and predict health behaviours. This is done by focusing on the attitudes and beliefs of individuals. The HBM was first developed in the 1950s by social psychologists Hochbaum, Rosen stock and Kegels working in the U.S. Public Health Services. This chapter explain the HBM and how it is related to the study.

3.2 Description of the Health Belief Model.

The HBM is based on the understanding that a person will take a health-related action for example use condom if that person: feels that a negative health condition (i.e. HIV) can be avoided, has a positive expectation that by taking a recommended action, he/she will avoid a negative health condition and beliefs that he/ she can successfully take a recommended health action

The HBM was spelled out in terms of four constructs representing individual perceptions: perceived susceptibility, perceived severity, perceived benefits, and perceived barriers. These concepts were proposed as accounting for people's "readiness to act." An added concept, cues to action, would activate that readiness and stimulate overt behaviour. Cues to action, entails external influences that promote the desired behavior. These may include information provided or sought, reminders by powerful others, persuasive communications, and personal experiences. Demographic variables such as age, gender, ethnicity, occupation and socio-psychological variables such as social economic status, personality, coping strategies also influence desired behaviour.

3.2.1 Individual perception.

The model explains that individual's perceived susceptibility and perceived seriousness of the health problem, determine threat that will increase the likelihood of the preventive action or participation in a health intervention that decreases the perceived threat (Clemen-Stone et al. [2002]). Unless acknowledgement of perceived

susceptibility and severity of health problems exist, the individual will not indulge themselves in health preventive behaviours.

3.2.2 Modifying factors.

Demographic values such as age, sex, religion, marital status and educational level, affect individual's perceived susceptibility and perceived seriousness of a given health problem and the perceived benefits and barriers to health action (Clemen-Stone et al.[2002]; Pender et al. [2004]). Others are socio-psychological variables such as personality, peer pressure, social class and culture; and structural variables such as knowledge and experience about health problem.

Cues of action are also modifying factors. They provide guidance on the health action to be taken. These include public and media information, health education, symptoms, illness of the family member and environmental changes (Berman et al. 2008). Cues of action motivate people to take preventive action.

3.2.3 Likelihood of action.

Perceived benefits are weighed against perceived barriers of action and these determine the recommended preventive health action (Clemen-Stone, et al. 2002). This means that the individual's health action will depend on the benefits of having weighed the problems that she/he may face during the course of attempting the action. For example, a client may view going to hospital as a benefit but bad altitude of health worker prevents him to attend service hence may choose to stay at home.

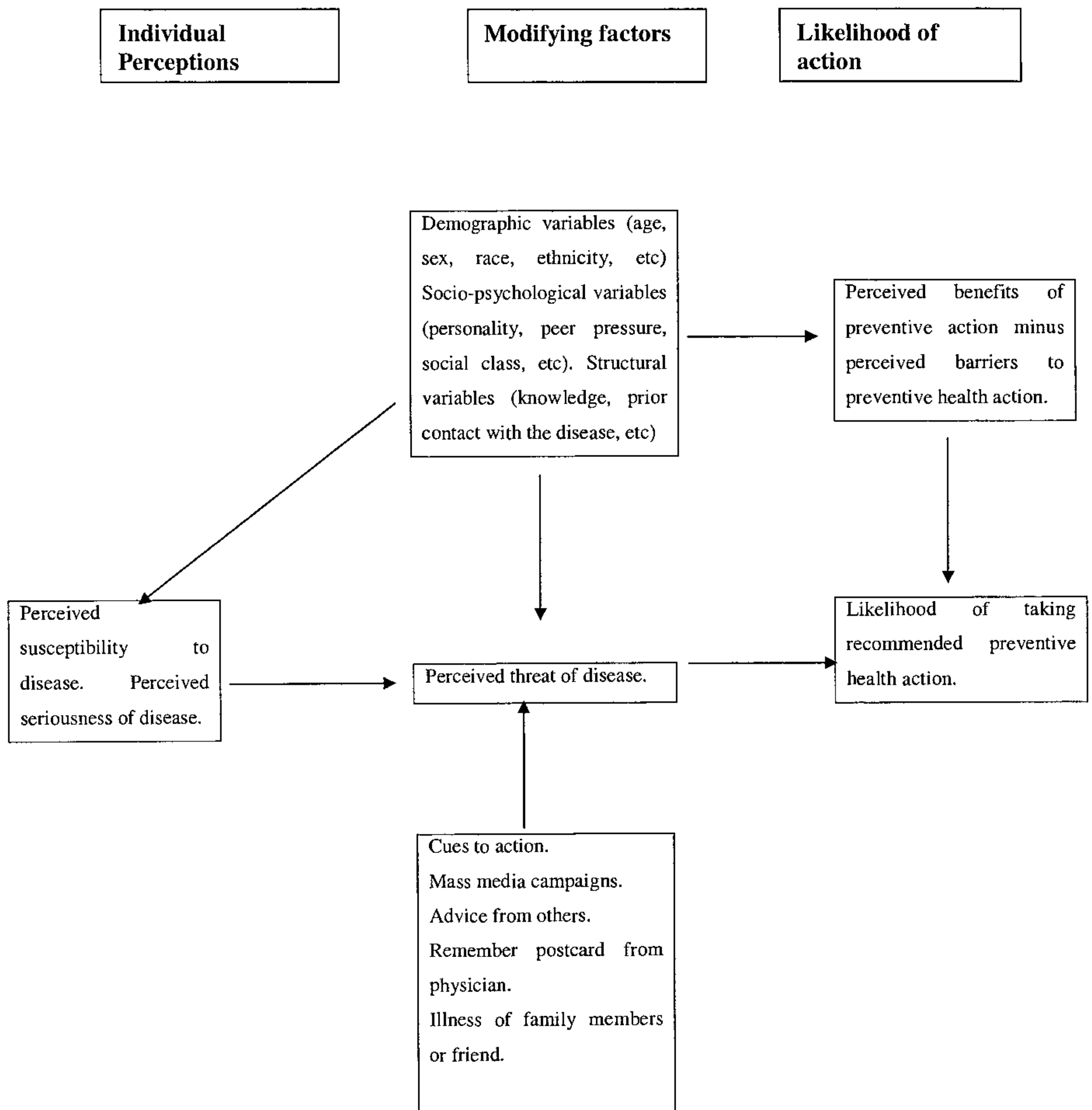

Figure 1: Diagrammatic Presentation of Health Belief model. (Berman et al, 2008 p303)

Don't underline

3.4 APPLICATION OF THE MODEL TO THE STUDY

People may perceive differently the effects of not using contraceptives such as unwanted and unplanned pregnancies which may lead into abortions and maternal death. People's motivation on choice of contraceptive method may be affected by the client's concern on the effectiveness, safety, convenience and side effects. Such decisions may however be affected by demographic variables such as age, sex, race and religion. They also affect the perceived benefits and barriers to utilisation of family planning methods. The mass media, campaigns, advice from health workers, friends and relatives also motivate one to use family planning methods. Choosing or not choosing a contraceptive method is done after outweighing the benefits and ignoring the risks. Religious beliefs may influence the choice of FP methods even if that method has side effects, is inconvenient and has high failure rate.

CHAPTER 4

4.0 METHODOLOGY

4.1Study design

The basis of the study will be descriptive quantitative research design. A descriptive research provides an accurate portrayal of characteristics of a particular situation (Burns, 2001). According to Polit (2006), a quantitative research is an investigation of a phenomenon that tends to precise measurements and quantification. This research method is used to describe variables, examine relationship among variables and determine the cause and effect interactions between variables. Independent and dependent variables will be used. An independent variable is the one that identifies forces or conditions that act on something else. A dependent variable is the effect or result of another variable (Cresswell, 2002; Neuman, 2006). Religion in this study is the independent variable where as family planning utilisation is the dependent variable. Since this study wants to determine the relationship between religion and family planning utilisation then a quantitative research design is necessary.

4.2 Setting

The study will be conducted in Zomba city in the rural areas of Traditional Authority Chikowi. This is because Zomba is dominated by people of different churches which have different beliefs concerning family planning. There are Moslems as well as Christians of different churches such as RC, SDA, CCAP, Bible Believers and others who have different perception on FP.

4.3 Sample size and sampling method

A sample of 50 people from 18-49 years old who are married or in union will be used. Study participants will be selected randomly. Random sampling provides a sample that is representative of a population since each member of the population has probability greater than zero of being selected for a study (Burns, 2001). Women of this age group are in the reproductive age hence are at a higher probability of utilising family planning methods. All women that are falling out of this age group will not be involved. Those women who do not have or have never had any sexual relationship will not be involved as they are not directly involved in family planning issues. Men

will not be included since most men are not directly involved in family planning issues.

4.4 Data collection

50 women aged between 18-49 years who are married or in union will be interviewed in the month of August. These women should be mentally stable and can be able to respond to the questions they are asked. They should also be able to understand Chichewa.

4.4.1 Data collection instrument

A structured questionnaire will be used to collect data. Structured interview provides control over the content of the interview. Questions that are asked are developed by the researcher. During the interview he/she is allowed to further explain the meaning of the question asked so that the subject can better understand (Burns, 2001). The questionnaire will be in both English and Chichewa. It will have both open ended and closed ended questions. Open ended questions will however be fewer. Closed ended questions are used when the response alternative are specified by the researcher. Open ended questions allow participants to respond to the question in their own words (Polit, 2006). The participants will respond to the questions on the questionnaire in a Chichewa interview.

4.5 Pilot study

A pilot study on 5 women will be done in Blantyre rural in order to assess the reliability, feasibility and validity of the interview guide. These women will be chosen at random. A pilot study helps to develop and refine the data collection tool (Burns, 2001). It helps to determine clarity of the questions and success of data collection techniques.

4.6 Plan form data analysis

Data will be analysed on a computer using a statistical package of social scientists (SPSS). This is a software system based on the idea of using statistics to turn raw data into information essential to decision making. It will use descriptive and inferential statistics. Descriptive statistics are used to describe and summarize sets of data.

Inferential statistics are used in generalising from a sample to a wider population and in testing hypothesis (Foster, 2001). Data will be presented in form of tables and graphs i.e. bar graphs, pie charts. This is for easy understanding and interpretation by those who will use the study results.

4.7 Ethical consideration

Ethical approval will be sought from Kamuzu College of Nursing Research and Ethics Committee in order to get permission to conduct the study and to ensure that the study is not harmful to the participants. Permission will also be sought from the Zomba District Health Officer and Zomba City District Commissioner in order to get clearance for conducting the study. A letter to Blantyre city assembly will also be written to seek permission to conduct a pilot study.

Participants will be given a brief explanation on the purpose and importance of the study before asking any questions. The method and procedure of data collection and benefits of the study will also be explained to them. The participants shall be ensured of confidentiality in the information given as it will not be shared with other people but those concerned with the research. There shall also be no use of names to maintain confidentiality. The interview guide will be destroyed after finalising the research work to ensure confidentiality. Those wishing to participate shall do it willingly and shall sign for it to ensure that they are involved in the study at their own wish. This will also ensure that people are not forced to participate in the study.

4.8 Dissemination of results

The results of this research will be disseminated to various organisations involved in reproductive health issues. Written reports will be submitted to Zomba District Health office and Kamuzu College of Nursing library. The findings will also be disseminated at local conferences, workshops and publications.

GANNT'S CHART

2009

ACTIVITY	MAY	JUN	JUL	AUG	SEP	OCT	NOV
Project development							
Clearance							
Pilot study							
Data collection							
Data analysis							
Report writing							
Binding and submitting							
Dissemination							

BUDGET

ITEM	UNIT COST (MK)	QUANTITY	TOTAL COST (MK)
stationary			
Reams of paper	750	2	1500
Lever arch files	300	2	600
Pens	20	5	100
Pencils	15	2	30
Pencil sharpener	30	1	40
Rubber	30	1	30
flash disk		1	2000
secretarial services			
Printing proposal	500	4	2000
Binding proposal	150	4	600
Printing dissertation	500	4	2000
Binding dissertation	150	4	600
Printing questionnaires	80	60	4800
Transport and communication			
Transport			4000
Internet services			1000
Phone calls			2000
Subtotal			**21 300**
10 % contingency			2500
GRAND TOTAL			**23 800**

JUSTIFICATION OF BUDGET

Stationary

The flash disk will be used to store data that may be typed and stored in the computer. A tape recorder is also necessary as it will be used to collect data during interview for later transcription. Stationery supplies such as plain papers, pens, pencils, rubber, will be used for data collection and drafting of rough notes. They will also be used for taking notes during literature review.

Secretarial services

Copies of proposal and dissertation will be needed to be distributed. Questionnaires will be needed for data collection.

Transport and communication

Transport money will be needed for meeting supervisor and for data collection. Internet services will also be needed for literature review. Phone calls will also be made with the supervisor for proper communication. Money for contingency is necessary in case that the budget is underestimated and some unforeseen circumstances occur.

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APPENDICES

Appendix A

University o f Malawi

Kamuzu College of nursing

Private bag 1

Lilongwe

July, 2009

Dear participant,

RE: INFORMED CONSENT

I am a student at the above named institution pursuing a Bachelor of Science degree in nursing. As partial fulfilment of the degree I am required to conduct a research study. The title of the study is the effect of religious beliefs on utilisation of family planning methods in Traditional Authority Chikowi in Zomba city.

The results will help to know whether religion has an influence on utilisation of family planning methods. You have been selected because you are in the reproductive age group who is expected to utilise family planning methods. A questionnaire will be used when asking questions. To ensure privacy, I will not ask your name. No information will be shared to other people rather than those directly involved in the study.

Your participation is voluntary; therefore you are free to withdraw your participation in this study if you feel so. There is no punishment that you will get from withdrawing. There are no known risks in this study and you will not get any compensation for your participation.

I have understood the above information. I hereby give consent to participate in this study.

....

Signature of participant **Date**

....

Signature of investigator **Date**

QUESTIONNAIRE

TITLE: THE EFFECT OF RELIGIOUS BELIEFS ON UTILISATION OF FAMILY PLANNING METHODS

IDENTIFICATION NO: ....

INSTRUCTION

Tick in the provided box against the participants answer

SECTION A

DEMOGRAPHIC **DATA**

1. Which village do you live in?...

2. How old are you?

   a. 18-25 ☐
   b. 26-33 ☐
   c. 34-40 ☐
   d. 41-48 ☐
   e. 49 ☐

3. Tribe

   a. Yao ☐
   b. Chewa ☐
   c. Lomwe ☐
   d. Ngoni ☐
   e. Tumbuka ☐
   f. Others (specify).....................

4. Educational background

   a. none ☐
   b. Standard 1-5 ☐
   c. Standard 6-8 ☐
   d. Secondary (specify) ....
   e. Tertially (specify).............................

f. Others (specify)................................

5. What do you do to earn a living?

a. Farmer ☐
b. Business ☐
c. Employed ☐
d. Others (specify)...................

6. Marital status

a. Married ☐
b. Single ☐
c. Widowed ☐
d. Divorced ☐
e. Others (specify).....................

7. How many children do you have?

a. None ☐
b. 1 ☐
c. 2 ☐
d. 3 ☐
e. Others (specify)............................

SECTION B

KNOWLEDGE AND UTILISATION OF CONTRACEPTIVES

8. What is family planning?...

....

9. What is the relevance of family planning in relation to health of an individual?

a. The mother and child may be health ☐
b. The mother has time to do other things ☐
c. Reduces maternal death ☐
d. Others (Specify)..

10. What type of contraceptives do you know?

a. Pills ☐
b. Depo-Provera ☐
c. Condoms ☐

d. Loop

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

11. Where did you get the information about contraceptives?

a. Hospital

b. Church

c. Radio

d. Friends

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

12. Have you ever used contraceptives before?

Yes

No

13. If yes what type of contraceptives?

a. Pills

b. Depo-Provera

c. Condoms

d. Natural

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

14. Why did you choose the method?

a. I don't want to have many children

b. raising many children is expensive

c. I agreed with my husband

d. Having many children brings a lot of problems

e. Others (specify) ....

15. For how have you been using those contraceptives?

a. Less than 3 months

b. 6-12 months

c. 1-2 years

d. More than 2 years

16. Are you still using the method?

Yes

No

17. If no, why..

....

SECTION C

RELIGION AND CONTRACEPTIVES

18 Which religion do you belong to?

a. Roman catholic ☐
b. CCAP ☐
c. SDA ☐
d. Islam ☐
e. Others (specify)..........................

19. How many times do you go to church or mosque?

a. Once a week ☐
b. Twice a week ☐
c. Once a month ☐
d. Not at all ☐

20. When you last go to church or mosque?

a. Last week ☐
b. Last month ☐
c. Last year ☐
d. Not at all ☐
e. Others (specify).....................................

21. Do attend other extra church activities?

Yes ☐
No ☐

If yes which ones

a. Choir ☐
b. Women's guild ☐
c. Church meetings ☐
d. Others (specify)..

22. Do you have teachings n family planning and contraceptives in your church?

Yes ☐
No ☐

23. Does your church have any beliefs on contraceptives?

Yes ☐

No ☐

24. Which contraceptives are acceptable in your church?
    a. Any ☐
    b. None ☐
    c. Natural methods ☐
    d. Others (specify)..................................
25. Which contraceptives are not accepted?
    a. Emergency contraception ☐
    b. Condoms ☐
    c. Sterilisation ☐
    d. Others (specify)..................................
26. Is your choice of contraceptive method based on your religious beliefs?
    Yes ☐
    No ☐
27. If yes, why
    a. My religion is more important ☐
    b. I don't want to sin against God ☐
    c. I just follow the church teachings ☐
    d. Others (specify)..
28. If no, why?
    a. My health is more important ☐
    b. It is not a sin to use contraceptives ☐
    c. The risks of not using contraceptives are many ☐
    d. Others (specify)..
29. Would you use a contraceptive method that would go against your religious beliefs?
    Yes ☐
    No ☐
30. If yes, why...
    ....
31. If no, why...
    ....

D COMMON RELIGIOUS BELIEFS, MYTHS AND MISCONCEPTIONS ON FAMILY PLANNING

NO	BELIEFS/ REASONS	YES	NO
1	Contraception is against God's will		
2	Contraception is a sin		
3	Using emergency contraception is killing		
4	Children are a gift from God		
5	God is the one to decide how many children one should have		
6	Sterilisation interferes with God's natural law		
7	No man has authority on how many children one should have		
8	God said people should multiply like dust		
9	Parents should make choice on contraceptives		
10	Husbands are the ones to make decisions on contraception		
11	Condoms are not God's choice on sexual issues		
12	Pills are a sin since they accumulate in the body		
13	My husbands religion refuses contraception		
14	God will take care of my body so no need for sterilisation		
15	Condoms are for sinners		
16	Condom use is for unmarried people		

Appendix B

University of Malawi

Kamuzu College of nursing

Private bag 1

Lilongwe

KUPEMPHA CHILOLEZO

Ine ndine Tawonga Mukolongo, wophunzira m'chaka chomalidza cha maphunziro a zaunamwino ku Kamuzu College ku Lilongwe. Pomalizitsa maphunziro anga aukachenjede, ndiyenera kupanga kafukufuku. Mutu wa kafukufuku wanga ndi m'mene zikhulupiliro za zipembezo zimakhuzira kagwiritsidwe ntchito ka njira za kulera k~~wa a mfumu a Chikowi m'boma la Zomba.~~

Zotsatira za kafukufukuyi kuzathandiza kuti anthu tiziwe mmene zipembezo zimakhuzana ndi kulera. Inu mwasankhidwa kuti mutengepo gawo chifukwa muli mgulu la m'mzaka zobereka. Muzafunsidwa mafunso omwe muyenera kuyankha. Simuzafunsidwa dzina lanu komanso maganizo anu azasungidwa mwa chinsinsi.

Mukuziwitsidwa kuti palibe choopsa chilichonse komanso simuzalandira cholowa mukatenga nawo mbali m'kafukufukuyi. Mukudzitsidwanso kuti muli ndi ufulu okana kutenga nawo gawo pa kafukufukuyi.

Ndamvensa zomwe mwafotokoza. Ndavomera kutenga nawo mbali pakafukufukuyi.

....

Otenga mbali **Tsiku**

....

Wochita kafukufuku **Tsiku**

MAFUNSO A MCHICHEWA

MUTU: MMENE ZIKHULUPILIRO ZA CHIPEMBEZO ZIMAKHUZIRA KAGWIRITSIDWE KA NJIRA ZAKULERA

LANGIZO

Chongani m'bokosi yankho lomwe lapelekedwa ndi otenga nawo mbali mkafukufuku

GAWO LOYAMBA: MBIRI YANU

1. Muli ndi zaka zingati?
   a. 18-25
   b. 26-33
   c. 34-41
   d. 42-48
   e. 49
2. Mumakhala m'mudzi uti?...
3. Kodi ndinu a mtundu wanji?
   a. Chewa
   b. Yao
   c. Lomwe
   d. Ngoni
   e. Tumbuka
   f. Zina (Tchulani)..........................
4. Sukulu munafika nayo pati?
   a. Sindidaphunzire
   b. 1-4
   c. 5-8
   d. Sekondale
   e. Zina (Tchulani).........................
5. Mumagwira ntchito yanji?
   a. Yaulimi
   b. Bizinesi

c. Yapatikiti

d. Zina (Tchulani)......................

6. Ndinu

a. Wapabanja

b. Okwanira/ wokwatiwa

c. Wosiyidwa

d. Banja lidatha

e. Zina (Tchulani)................................

7. Muli ndi ana angati?

a. Palibe

b. Mmodzi

c. Awiri

d. Atatu

e. Anayi

f. Zina (Tchulani)..........................

GAWO LACHIWIRI: MAFUNSO OKHUZANA NDI KULERA

8. Kodi kulera n'chiyani?..

....

9. Kodi ubwino wakulera ndi wotani?

a. Mayi ndi mwana amakhala wa thanzi

b. Mayi amakhala ndi nthawi yogwira ntchito zina

c. Kuchepetsa imfa za amayi pobereka

d. Zina (tchulani)...

10. Ndi njira ziti zakulera zomwe mumaziziwa?

a. Mapilitsi

b. Jakisoni

c. Makondomu

d. Lupu

e. Zina (Tchulani)...

11. Munamvapo zanjirazi kuti?

a. Kuchipatala

b. Kutchalichi/ mzikiti
c. Wayilesi
d. Amzanu
e. Zina (Tchulani)....................................

12. Munayamba mwagwiritsapo ntchito njira zakulera m'moyo mwanu?

Eya

Ayi

13. Ngati eya, ndi njira ziti?

a. Mapilitsi
b. Jakisoni
c. Makondomu
d. Zachilengedwe
e. Zina (Tchulani)...

14. Kodi mudagwiritsa ntchito kapena mwagwiritsa ntchito njirayi kwa nthawi yayitali bwanji?

a. osaposera miyezi itatu
b. Miyezi 6 mpaka 12
c. Chaka chimodzi mpaka ziwiri
d. Kuposera zaka

15. Kodi munasankha njirayi chifukwa chanji?

a. sindifuna ana ambiri
b. ana ambiri ndi ovuta kusamala
c. tinagwirizana ndi amuna anga
d. ana ambiri amabweretsa mavuto ambiri
e. Zina (tchulani)...

16. Kodi mukugwiritsabe ntchito?

Eya

Ayi

17. Ngati ayi nenani chifukwa...

....

GAWO LACHITATU: CHIPEMBEZO NDI KULERA

18. Ndinu a mpingo wanji?
    a. R C
    b. CCAP
    c. SDA
    d. Chisilamu
    e. Zina (Tchulani)..

19. Mumapita kangati ku tchalitchi/ mzikiti?
    a. Kamodzi pa sabata
    b. Kawiri pa sabata
    c. Kamodzi pa mwezi
    d. Kindipita
    e. Zina
       (Tchulani)..

20. Munapita komaliza liti?
    a. Sabata latha
    b. Mwezi watha
    c. Chaka chatha
    d. Sindipita
    e. Zina (Tchulani)...

21. Kodi mumatenga nawo gawo pazinthu zina zochitika kutchalichi/ mzikiti?
    Eya
    Ayi

22. Ngati eya ndi ziti
    a. Gulu la oyimba
    b. Gulu la amayi

c. Misonkhano ya tchalitchi

d. Zina (Tchulani)..

23. Kodi mumakhala ndi ziphunzitso zokhuzana ndi kulera kumpingo kwanu?

Eya

Ayi

24. Kodi mpingo wanu uli ndi zikhulupiriro zokhudzana ndi kulera?

Eya

Ayi

25. Ndi njira ziti zomwe zimaloledwa?

a. Mapilitsi

b. Makondomu

c. Zachilengedwe

d. Zina (Tchulani)...

26. Ndi njira ziti zomwe siziloledwa?

a. Kulera kwa pangozi

b. Makondomu

c. Kutseka

d. Zina (Tchulani)...

27. Kodi njira zomwe munagwiritsa/mumagwiritsa ntchito, mudasankha potengera zikhulupiro za mpingo wanu/?

Eya

Ayi

28. Ngati eya, nenani chifukwa

a. Chipembezo changa ndi chofunika kwambiri

b. Sindifuna kumchimwira mulungu

c. Ndimangotsata ziphunzitso za chipembezo changa

d. Zina (tchulani)

29. Ngati ayi nenani chifukwa

a. Moyo wanga ndi wofunika kwambiri

b. Kulera sitchimo

c. Kusalera kumabweretsa zoipa zambiri ☐

d. Zina (tchulani)..

30. Kodi mungasankhe njira yomwe ikutsutsana ndi zikhulupiliro za mpingo wanu?

Eya ☐

Ayi ☐

31. Ngati eya, nenani chifukwa ....

....

32. Ngati ayi, nenani chifukwa..

....

D ZIKHULUPILIRO ZA ZIPEMBEZO PA ZAKULERA

NO	ZIKHULUPILIRO/ ZIFUKWA	EYA	AYI
1	Kulera si chifuniro cha mulungu		
2	Kulera ndi tchimo		
3	Kulera kwa pangozi ndi kupha		
4	Ana ndi mphatso yochokera kwa mulungu		
5	Mulungu ndi amene amaganiza kuti munthu akhale ndi ana angati		
6	Kutseka ndikuphwanya malamulo a chilengedwe cha mulungu		
7	Palibe munthu ali ndi ulamuliro pa ana omwe afuna kukhala nawo		
8	Mulungu anati tizichulukana ngati mchenga		
9	Makolo ndi amene amasankha njira zakulera		
10	Abambo ndi omwe amasankha njira zakulera		
11	Makondomu ndi sinjira yovomerezeka kwa mulungu		
12	Mapilitsi ndi tchimo chifukwa amaundana m'mimba		
13	Chipembezo cha amuna anga sichilora njira zakulera		
14	Mulungu ndi amene asamala zakubereka kwanga ndiye palibe chifukwa chotsekera		
15	Makondomu ndi a anthu ochimwa		
16	Makondomu ndi ogwiritsa ntcito anthu osakwatira/ osakwatiwa		

APPENDIX C

University o f Malawi

Kamuzu College of nursing

Private bag 1

Lilongwe

June, 2009

The Chairperson

Research and Publications Committee

Kamuzu College of nursing

Private bag 1

Lilongwe

Dear sir/ madam

RE: PERMISSION FOR CLEARANCE

I am Tawonga Mukolongo, a fourth year student pursuing a Bachelor of Science in Nursing Generic Programme at Kamuzu College of Nursing. I am required to conduct a study as part of the fulfilment of the award of a degree in nursing. My study topic is entitled "the effect of religious beliefs on utilisation of family planning methods in Zomba rural.

I therefore ask for your permission to conduct the study. I hope to do this in August, 2009.

Your favourable consideration will be highly appreciated.

Looking forward for your response.

Yours faithfully,

Tawonga Mukolongo (Miss)
(Student researcher)

Mr N D Mbirimtengerenji
(Researcher supervisor)

APPENDIX D

University o f Malawi
Kamuzu College of nursing
Private bag 1
Lilongwe
June, 2009.

The District Heath Office
Zomba Central hospital
PO Box
Zomba

Dear Sir/ Madam

RE: APPLICATION TO CONDUCT A STUDY IN ZOMBA RURAL

I am Tawonga Mukolongo, a fourth year student pursuing a Bachelor of Science in Nursing Generic Programme at Kamuzu College of Nursing. I am required to conduct a study as part of the fulfilment of the award of a degree in nursing. My study topic is entitled "The effect of religious beliefs on utilisation of family planning methods in Zomba rural Traditional Authority Chikowi."

I therefore ask for your permission to conduct the study in your district. I hope to do this in August, 2009.

Your favourable consideration will be highly appreciated.

Looking forward for your response.

Yours faithfully,

Tawonga Mukolongo (Miss)
(Student researcher)

Mr N D Mbirintengerenji
(Researcher supervisor)

APPENDIX E

University o f Malawi

Kamuzu College of nursing

Private bag 1

Lilongwe

June, 2009.

The District Commissioner

Zomba City Assembly

PO Box

Zomba

Dear Sir/ Madam

RE: APPLICATION TO CONDUCT A STUDY IN ZOMBA RURAL

I am Tawonga Mukolongo, a fourth year student pursuing a Bachelor of Science in Nursing Generic Programme at Kamuzu College of Nursing. I am required to conduct a study as part of the fulfilment of the award of a degree in nursing. My study topic is entitled "the effect of religious beliefs on utilisation of family planning methods in Zomba rural Traditional Authority Chikowi.

I therefore ask for your permission to conduct the study in your district. I hope to do this in August, 2009.

Your favourable consideration will be highly appreciated.

Looking forward for your response.

Yours faithfully,

Tawonga Mukolongo (Miss)
(Student researcher)

Mr N D Mbirimtengerenji
(Researcher supervisor)

APPENDIX F

University o f Malawi
Kamuzu College of nursing
Private bag 1
Lilongwe
June, 2009.

The District Commissioner

Blantyre City Assembly

PO Box

Blantyre

Dear Sir/ Madam

RE: APPLICATION TO CONDUCT A PILOT STUDY IN BLANYRE RURAL

I am Tawonga Mukolongo, a fourth year student pursuing a Bachelor of Science in Nursing Generic Programme at Kamuzu College of Nursing. I am required to conduct a study as part of the fulfilment of the award of a degree in nursing. My study topic is entitled "the effect of religious beliefs on utilisation of family planning methods in Zomba rural Traditional Authority Chikowi.

I therefore ask for your permission to conduct a pilot study in your district. I hope to do this in July, 2009.

Your favourable consideration will be highly appreciated.

Looking forward for your response.

Yours faithfully,

Tawonga Mukolongo (Miss)
(Student researcher)

Mr N D Mbirimtengerenji
(Researcher supervisor)