

THE RELATIONSHIP BETWEEN KNOWLEDGE LEVELS AND PRACTICE OF DUAL
CONTRACEPTION AS A PREVENTION OF UNPLANNED
PREGNANCY, ABORTIONS, SEXUALLY TRANSMITTED INFECTIONS INCLUDING
HUMAN IMMUNO VIRUS

BY

MUPASI IRENE (R141609J)

A Dissertation submitted in partial fulfilment of the requirement of the Degree of Masters of
Science in Nursing Science

UNIVERSITY OF ZIMBABWE

COLLEGE OF HEALTH SCIENCES

DEPARTMENT OF NURSING SCIENCES

June 2015

ABSTRACT

Unplanned pregnancy is the major cause of induced abortion one of the leading causes of maternal mortality and morbidity in the world (Mambolea, 2012). At Morgenster mission hospital there is an increasing number of women presenting with problems related with unplanned pregnancies. This was revealed through a growing number of women aged 15 to 24 years admitted following illegal abortion. Hundred thousands of women become pregnant without intending and most of them decide to end the pregnancy in abortions. The purpose of the study was to examine the relationship between knowledge levels and practice of dual contraception as a prevention of unplanned pregnancy, abortions, sexual transmitted infections including HIV infection, among women aged 15 to 24 years at Morgenster mission hospital. Health Belief Model was used to provide the theoretical frame to guide the study. A quantitative, descriptive correlational design was used in this study. A sample size of 84 women was selected using convenient sampling technique. The inclusion criteria were all women aged 15 to 24 years enrolled at Morgenster mission hospital. Structured interview schedule was done for 20 to 25 minutes to participant in a private room. Descriptive inferential statistics were used to analyse data. The major findings of the participant had high knowledge on dual contraception. Mean score was 10.6, standard deviation of 2.3 and on practice of dual contraception mean score was 2.6 and standard deviation 2.1. The findings indicated a positive significant relationship between knowledge levels and practice on dual contraception $r = .260^*$, $p < 0.017$. Regression analysis was done and regression coefficient was $R^2 = .068$ which means 6.8% variations or change in practice of dual contraception is explained by change in knowledge levels on dual contraception. Midwifery practice should emphasize on practice of dual contraception as of unplanned pregnancy, STIs including HIV during family planning sessions.

DEDICATION

This Dissertation is dedicated to my son Tatendashe Sengwe for his wavering support-“I say the sky is the limit”.

ACKNOWLEDGEMENTS

I wish to express my heart felt gratitude to Dr. Haruzivishe for her efforts, continuous tireless academic, guidance, support and patience during this study was conducted. May the almighty God bless you and may he look after your health. I would like to thank Dr Zvinavashe for laying the foundation on research method. I would like to thank Mrs Kasu for laying a foundation on technology and be able to type my own research. I would like to thank my colleagues for their unwavering support throughout the study.

I would like to thank the Provincial Medical Director and the Medical Superintendent of Morgenster mission hospital for granting me permission to conduct the study at the institution. Special thanks to Benedict Hapanyengwi for his assistance in the usage of Statistics Package Social Science (SPSS).Special thanks and express sincere love to my four children Debra, Sylvester, Vimbainashe and Tatendashe for their love efforts tireless support up to the end of the study. I would like to thank my grandchildren Tinotenda and Tinashe who missed “Ambuya” when she was a school girl.I would like to thank the study participants for allowing me to carry my study on them. Above all I would express my gratitude to the almighty God for giving me strength and health throughout the study.

TABLE OF CONTENTS

CHAPTER 1: BACKGROUND and ORGANIZING FRAMEWORK	1
1.1 Introduction.....	1
1.2 Background.....	2
1.3 Problem Statement.....	4
1.4 Purpose of the Study.....	4
1.5 Study Objectives.....	5
1.6 Research Questions.....	5
1.7 Significant of the Study.....	5
1.7.1 Significance to Midwifery.....	6
1.7.2 Midwifery Education.....	6
1.7.3 Nursing Research.....	6
1.8 Hypothesis.....	6
1.9 Theoretical Framework.....	6
1.9.2 Conceptual Definitions.....	10
Summary.....	10
CHAPTER 2	11
2.1 Literature Review.....	11
2.2 Contraception.....	11
2.2.1 Injectables.....	12
2.2.2 Intrauterine Device.....	12
2.2.3 Condom.....	12
2.2.3.1 Advantages of Condoms.....	14
2.2.3.2 Disadvantages of Condoms.....	15
2.2.4 Dual Contraception.....	16
2.3 Unplanned/Unwanted Pregnancy.....	20
2.3.1 Unplanned Pregnancy Consequences.....	22
2.4 Abortions.....	22
2.5 Summary.....	24

CHAPTER 3: Research Methodology	26
3.1 Introduction.....	26
3.2 Research Design.....	25
3.3 Study Site	26
3.4 Sample Plan	26
3.5 Target Population.....	28
3.6 Accessible Population.....	28
3.7 Sampling Criteria	28
3.7.1 Inclusion Criteria	28
3.7.2 Exclusion Criteria	29
3.8 Sample Size.....	30
3.9.1 Sampling Procedure	31
3.9.2 Variables	31
3.9.3 Conceptual and Operational Definition	32
3.9.4 Research Instrument.....	32
3.9.5 Validity	35
3.9.6 Reliability.....	35
3.9.7 PILOT STUDY	35
3.9.7 Data Collection Plan	36
3.9.8 Ethical Considerations	37
3.9.9 Data Collection Procedure	37
Data Analysis	38
Summary	39
CHAPTER 4:RESULTS	40
4.1 Introduction.....	40
4.2 Summary	40
4.3 Sample Demographic Characteristics	41
4.3.1 Knowledge on dual contraception	43
4.4 Practice on dual contraception	49
4.5 Summary	58
CHAPTER 5: DISCUSSION, IMPLICATIONS, and RECOMMENDATIONS	59
5.1 Introduction.....	59
5.2 Summary	59

5.3 Discussion and Implication.....	60
5.3.1 Sample Demographics	60
5.4 Practice on dual contraception	63
5.5 Relationship between Knowledge levels and Practice of dual contraception.....	65
5.6 Theoretical Framework.....	65
5.7 Implications to Maternal Child Care /Midwifery Practice, Education, Research Midwifery/ Nurse Practice	65
5.8 Education and Research recommendations	66
5.9 Limitations	66
Summary	66
REFERENCES	68
APPENDICES.....	75

List of Tables

Table 1: Sample Demographics	42
Table 2: Knowledge levels on dual contraception	44
Table 3: Knowledge on dual contraception	46
Table 4: Categories of knowledge levels on dual contraception	47
Table 5: Total scores on levels of knowledge on dual contraception	48
Table 7: Practice on dual contraception.....	50
Table 8; Practice on dual contraception.....	51
Table 9: Practice on dual contraception.....	53
Table 10: Categories for practice on dual contraception	54
Table 11: Total scores for practice on dual contraception.....	55
Table 12: Pearson's Correlation output for knowledge levels on practice of dual contraception	56
Table 13: Regression Analysis.....	57

List of figures

Figure 1: Diagrammatic illustration of the Health belief model as applied to women aged 15 to 24 years' knowledge or use of dual contraception. 11

list of Appendices

APPENDIX I: English Informed Consent Form75

APPENDIX II: Shona Informed Consent Form79

APPENDIX III: English Data Collecting Form.....82

APPENDIX IV: Shona data Collecting Form88

APPENDIX V: Permission Letters.....92

APPENDIX VI: Time table96

APPENDIX: VII:Budget for the study97

ACRONYMS

ANC; Antenatal care

AIDS; Acquired Immune Deficiency Syndrome

HBM; Health Belief Model

HIV; Human Immune Virus

MOHCC; Ministry of Health and Child Care

UNICEF; United Nations Children's Fund

UNPFA; United Nation Population Fund

UNAIDS; United Nation Programmes on HIV/AIDS

UNDP; United Nations Development Programmes

STI; Sexual Transmission Infections

SAFAIDS; Southern African HIV/AIDS Information Dissemination Service

WHO; World Health Organization

ZDHS; Zimbabwe Demographic Health Survey

ZNFPC; Zimbabwe Family Planning Council

