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CULTURAL BELIEFS AND REPRODUCTIVE HEALTH DECISION-MAKING OF MOTHERS AT LEVY MWANAWASA TEACHING HOSPITAL: AN ETHNOGRAPHIC STUDY

BY

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A dissertation submitted to the University of Lusaka in partial fulfilment of the requirements of a Degree in Bachelor of Science in Public Health

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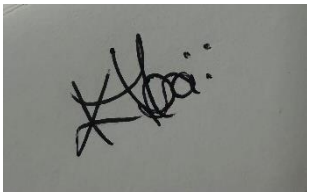
DECLARATION

Name of student and ID: LINAH KUTOBOKWA MUCHIMBA BSPH22114912

I Linah Kutobokwa Muchimba declare that this report titled "CULTURAL BELIEFS AND REPRODUCTIVE HEALTH DECISION-MAKING OF MOTHERS AT LEVY MWANAWASA TEACHING HOSPITAL" is my creative work and to the best of my acquaintance has not been presented for a degree in any other institution.

Signature  **Date: 21ST NOVEMBER, 2025**

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Supervisor Name: DR LYDIA HANGULU

This dissertation has been submitted with my approval as a University of Lusaka (UNILUS) supervisor.

School of Medicine and Health Sciences, Department of Public Health

Signature:  **Date: 21ST NOVEMBER, 2025.**

DEDICATION

This dissertation is dedicated to all mothers out there, whose strength, love, and sacrifices shape not only their families but entire communities. Your beliefs, values and wisdom guide generations and form the foundation of cultural identity. Through your courage in decision making and your constant care, you remind the world that motherhood is both a calling and a legacy. This work is a tribute to your resilience and an acknowledgement of your unspoken power.

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My heartfelt appreciation goes to my Mother, whose unconditional love, support and prayers have been my constant source of motivation. To my friends, thank you for your patience, understanding and encouragement during the challenging moments of this research.

To everyone who played a role, directly and indirectly, in the completion of this dissertation – your support has meant the world to me

CHAPTER ONE

INTRODUCTION

1.0 Introduction

Reproductive health decision-making is among the critical components of women's health which directly influences maternal and child well-being, family stability, and the health of the broader community. Reproductive health remains one of the major public health concerns worldwide, and according to Gipson et al. (2022), cultural beliefs and social norms have a very strong influence on the decisions made by women in regard to family planning, antenatal care, childbirth, and postpartum practices. According to the World Health Organization (WHO, 2020), cultural practices generally interact with access to healthcare services and contribute to disparities in maternal health outcomes across regions.

The WHO reports that 94% of all maternal deaths still occur in low- and middle-income countries, with sub-Saharan Africa alone contributing about 70% of these deaths. Recent studies have continued to identify cultural health beliefs that have significant impacts on the health outcomes for women. For example, one study conducted in Zambia in 2023 disclosed that 42% of births in rural areas still occur in the home without skilled attendance, largely because of persistent traditional beliefs.

Most of these studies confirm earlier findings on the pattern of maternal healthcare service utilization. For example, in Uganda, the proportion of women delivering from home stands at about 38%, mostly assisted by relatives or traditional birth attendants (Uganda Bureau of Statistics, 2023). This trend has persisted despite efforts by governments in increasing facility-based deliveries, and according to Nakimuli et al. (2023), many communities still perceive maternal death as expected rather than a tragedy that can be prevented. Traditional birth attendants remain popular, and in fact, 65% of rural Ugandan women report they prefer TBAs because they are culturally compatible and have flexible payment options. More importantly, these practitioners often incorporate traditional rituals, such as disposing of the placentas using specific methods, which hold deep cultural significance yet may go against biomedical recommendations.

Strong culturally specific issues, such as gender roles, fertility expectations, and traditional medicine in sub-Saharan Africa, have contributed within their context to reproductive health. The preference for larger family sizes usually shapes contraceptive uptake and family planning decisions because of very strong cultural and economic reasons (Cleland et al., 2020). According to Chibuye et al. (2022), this dynamic is further compounded by limited access to quality health services, socioeconomic inequalities, and dissimilarly high levels of education, thereby yielding suboptimal maternal health outcomes across this region.

Similar trends continue in Zambia. The current status of reproductive health behavior and decisions is heavily influenced by prevailing cultural beliefs. Even when the hospital offers maternal health services, there are some instances of delayed medical attention by mothers, rejection of certain medical interventions, or reliance on traditional practices that may at times go against modern medical advice. Indeed, local customs prevail in several communities: consulting traditional healers, following pregnancy taboos, and continuing to give birth at home rather than in institutions (Sitali et al., 2020). Meanwhile, high maternal mortality rates and high unmet needs for modern contraception stir questions about the appropriateness of culturally sensitive interventions in Zambia (Ministry of Health, Zambia, 2021).

These challenges have equally seen a number of interventions. According to Sialubanje et al. (2020), Community-Based Health Education Programs, including such initiatives as Safe Motherhood Action Groups, train community volunteers to conduct health education for women and their families on maternal health, promoting facility-based deliveries and antenatal care. Another intervention has been the integration of TBAs; some programs train them to work in collaboration with formal healthcare providers with the hope of reducing reliance on harmful traditional practices (Kaphle et al., 2023).

However, several gaps stand in the way of translating these interventions into practice. As identified by Banda et al. (2022), resistance to changing traditional practices stands out as one of the biggest barriers: many women and their communities trust TBAs and herbal remedies as more culturally appropriate than biomedical care. Interventions to encourage hospital births may thus be skeptically approached or rejected if they do not show respect for local beliefs.

Included among them are studies like Sialubanje et al. (2020), which explored psychosocial barriers to maternal healthcare in Kalomo, and Mula et al. (2021), which analyzed the cultural practices that affect ANC in rural Zambia. However, these studies have not deeply explored religious influences, nor have they adequately addressed urban settings such as Lusaka.

This ethnographic study, therefore, sought to explore the cultural beliefs influencing reproductive health decision-making by mothers who attend Levy Mwanawasa Teaching Hospital. The research, being placed within the global, regional, and local contexts, has been identified as an informative study in developing culturally attuned reproductive health policies and programs due to its interlink with cultural influences and health practices.

1.1 Background of the study

Thus, reproductive health decision-making in the world is still conditioned by the interaction of cultural beliefs, social norms, gender roles, and availability of healthcare services. As Smith et al. point out, reproductive health is a core component of women's general well-being and a strong correlate of maternal and child health outcomes. Globally, there are disparities in reproductive health outcomes; these are largely modulated by sociocultural contexts that shape how pregnancy, childbirth, contraception, and healthcare utilization are perceived by women. This is further supported by WHO (2020), which says that cultural practices often interact with healthcare access to produce differences in maternal outcomes across populations. In many low- and middle-income countries, reproductive health challenges remain critical. Sub-Saharan Africa is particularly affected, and it accounts for about 70% of maternal deaths in the world, according to WHO (2023). Deaths are related mostly to delays in seeking skilled care, reliance on traditional birth attendants, and adherence to practices that conflict with biomedical guidelines. For example, in Zambia, 42% of births in rural areas still take place at home without skilled attendance because of persistent cultural beliefs (Zambia Ministry of Health, 2023). Similar patterns are depicted in Uganda, where 38% of women still deliver at home because cultural perceptions normalize maternal complications and mortality (Uganda Bureau of Statistics, 2023; Nakimuli et al., 2023). Cultural beliefs on fertility, gender expectations, and traditional medicines further shape reproductive choices across the region. As Cleland et al. (2020) note, preference for larger families influences contraceptive uptake, while Chibuye et al. (2022) have added that socio-economic factors and inequalities reinforce these patterns. Traditional birth attendants remain influential figures in many communities; their practices resonate with cultural expectations and allow for flexible forms of payment systems, hence becoming accessible to rural populations. Besides, rituals such as placental disposal practices, as documented by Atuhairwe et al. (2023), epitomize cultural identity but sometimes contradict biomedical approaches. Zambia reflects these broader regional challenges. According to Mula et al. (2021), many women still rely on traditional healers, pregnancy-related taboos, and home-

based childbirth practices even when health facilities are accessible. The Ministry of Health (2021) indicates that even though maternal health services are available at a wide coverage, their utilization is undermined by cultural barriers. Programs such as SMAGs, or Safe Motherhood Action Groups, were put in place, as mentioned by Sialubanje et al. (2020), and TBA collaboration programs, mentioned by Kaphle et al. (2023), to bridge these gaps, but the progress remains sluggish. The resistance toward abandoning familiar traditions, as Banda et al. (2022) explained, remains very strong, and skepticism also persists over giving birth in hospitals if the interventions fail to align respectfully with local beliefs. While these studies have been helpful, they do have some major gaps: Sialubanje et al. (2020) targeted psychosocial barriers in the district of Kalomo, without paying attention to religious influences. Mula et al. (2021) focused on rural settings, while urban settings like Lusaka were not explored. This provides a research gap with respect to how cultural beliefs influence reproductive decision-making in an urban hospital context. Therefore, this study explored the cultural beliefs influencing decision-making in reproductive health for mothers at Levy Mwanawasa Teaching Hospital. Identifying these influences in an urban Zambian context is important to informing culturally adapted health policies that would improve maternal health services both at community and institutional levels.

1.2 PROBLEM STATEMENT

Reproductive health decision-making among women in Zambia is significantly influenced by cultural beliefs, norms, and traditions, which often intersect with socioeconomic and gender dynamics to create barriers to accessing quality healthcare (Banda et al.,2022). Zambia continues to have high maternal mortality rates, estimated at 748 mothers and 16,000 newborns died and 5,000 births registered (UNICEF,2023), despite improvements in healthcare policies and infrastructure. Little progress has been made in addressing the underlying sociocultural factors that contribute to these outcomes (Central statistical office Zambia,2020).

Reliance on traditional medicine and cultural taboos also hinders timely access to modern healthcare. Pregnancy-related taboos and traditional healer consultations are two examples of practices that can deter or delay women from seeking institutional care, which can lead to avoidable complications during pregnancy and childbirth (Sitali et al., 2019). Furthermore, women are frequently alienated and reluctant to interact with the formal healthcare system due to a lack of culturally sensitive healthcare services (Muleya et al., 2021)

Despite the availability of maternal health services at the hospital, some mothers may delay seeking medical attention, reject certain medical interventions or rely on traditional practices that may not always align with modern medical recommendations (Zulu et al., 2018). Even though these challenges exist, there is limited research specifically examining how cultural beliefs influence reproductive health decision-making among mothers at Levy Mwanawasa Teaching Hospital. This gap in knowledge hampers the development of interventions and policies that align with women's cultural contexts and address their unique needs.

This study seeks to explore the influence of cultural beliefs on reproductive Health decision-making among mothers at levy Mwanawasa Teaching Hospitals, examine how these beliefs impact healthcare-seeking behaviors, maternal outcomes, and the integration of traditional and modern medical practices. By understanding these dynamics, the research seeks to inform the design of culturally appropriate healthcare policies and programs that empower women and improve maternal health outcomes. The findings will provide insights into how healthcare providers can bridge cultural gaps and enhance maternal health services in a culturally appropriate manner.

1.3 GENERAL RESEARCH OBJECTIVE

To explore how cultural beliefs, influence the reproductive health decisions of mothers at Levy Mwanawasa Teaching Hospital, particularly regarding family planning, pregnancy, and childbirth.

1.3.1 SPECIFIC RESEARCH OBJECTIVES

1. To identify the cultural beliefs that influence reproductive health decisions among mothers at Levy Mwanawasa Teaching Hospital
2. To examine how cultural beliefs, affect decisions related to family planning, pregnancy, and childbirth among mothers
3. To explore the role of family and community in shaping mothers' reproductive health choices

1.4 RESEARCH QUESTIONS

1. What cultural beliefs influence reproductive health decisions among mothers at Levy Mwanawasa Teaching Hospital?

1. How do cultural beliefs impact decisions relate to family planning, pregnancy, and childbirth among mothers?
2. In what ways do family and community dynamics shape mothers' reproductive health decisions at Levy Mwanawasa Teaching Hospital?

1.5 Significance of the Study

This study is important because it responds to the critical gap in knowledge on how cultural beliefs influence the reproductive health decision-making of mothers in an urban Zambian environment. According to Banda et al. (2022), cultural norms and traditional practices are still at the heart of influencing women's choices on maternal health, hence limiting timely access to skilled healthcare. Whereas maternal health services have expanded in Zambia, some cultural barriers exist that hinder optimal utilization. Muleya et al. (2021) also reiterated that when health care services are not sensitive to culture, women feel alienated. The study, therefore, understands these beliefs within Levy Mwanawasa Teaching Hospital with a view to providing necessary insights to inform the development of culturally respectful and contextually appropriate interventions. Additionally, this study contributes to literature mostly conducted within rural settings; prior research such as Mula et al. (2021) and Sialubanje et al. (2020) could not sufficiently explain urban maternal health dynamics. These findings, on the whole, support health care providers, policy makers, and community health educators in their designing of mechanisms which will enhance communication, minimize cultural resistance, and promote safe maternal practices. Equally important, the study goes a long way in informing maternal health policy by providing the evidence that must be used for aligning biomedical recommendations with the cultural realities that shape women's reproductive health decisions.

1.6 Scope of the Study

This study, however, limited in scope to an exploration of the cultural beliefs influencing reproductive health decision-making among mothers who attend Levy Mwanawasa Teaching Hospital in Lusaka, Zambia. According to Mula et al. (2021), cultural practices significantly affect maternal care-seeking behavior; hence, there is great importance attached to examining these influences within specific healthcare settings. Thus, this study focused on maternal decisions relating to antenatal care attendance, choice of place for delivery, acceptance or rejection of medical interventions, and reliance on traditional practices during pregnancy and childbirth. Geographically, the study will focus on this hospital and the communities from

which the participating mothers come, understanding that urban contexts may provide a different cultural landscape than the more rural contexts studied by earlier researchers such as Sialubanje et al. (2020). The study population will be limited to mothers of reproductive age who sought maternal health services at the hospital during the period of the research. While larger cultural and national trends are mentioned for context, the findings reflect experiences within this hospital setting specifically. Further, the study will not assess clinical outcomes or healthcare service quality, focusing only on the cultural factors that affect reproductive health decision-making.

1.7 Justification

Reproductive health is one of the important aspects of maternal wellbeing but is usually maintained or influenced by deep-seated cultural beliefs and practices. In most societies, cultural norms are usually at the center of reproductive health decision making, affecting choices regarding contraception, antenatal care, childbirth, and postnatal care (Maimbolwa et al., 2017).

One of the main motives for this study is to bridge the gap between cultural beliefs and biomedical health services. Most women base reproductive health decisions on traditional knowledge, community expectations, or religious teaching that at times conflict with modern medical recommendations (Chola et al., 2020). This study provides insight into such cultural influences, which health professionals will find useful in the development of culturally sensitive approaches to maternal care. The study purposed to improve maternal and child health outcomes. Zambia, like most other developing countries, still faces high risks such as maternal and infant mortality, unsafe pregnancies, and a severe lack of healthcare access (Zulu et al., 2018). Given that some of the cultural beliefs contribute to delays in seeking care, reluctance to use contraceptives, or adherence to harmful traditional practices, addressing these issues becomes paramount.

Since a pregnant woman's belief can have an effect on her pregnancy and childbirth, knowledge gathered from this study has the potential to enhance the trust between women and health practitioners concerning their decision. Expectant mothers saw that healthcare providers care about their culture and well-being, which could encourage candid conversations about other health concerns. This study also aligned with Sustainable Development Goals, especially SDG 3, that seek to improve maternal health by reducing maternal mortality and ensuring universal access to reproductive health services. An understanding of how cultural beliefs influence

reproductive health decision-making will aid Zambia's efforts in pursuing these international goals and enhancing general health and well-being for women and families.

The study gave further insight into cultural beliefs that are useful in the design of health interventions which resonate with the local communities. This is particularly important because many healthcare systems fail to address the patients' cultural context, leading to a reduction in the utilisation of services offered (Sitali et al., 2019). Improvement of access to reproductive health services and reduction in maternal and child health inequities requires culturally sensitive interventions that uphold traditional beliefs and at the same time promote modern medical procedures.

1.8 Operational Definitions

Reproductive Health Decision-Making: Refers to the choices and actions taken by women regarding antenatal care, place of delivery, childbirth practices, contraception, and postpartum care, influenced by cultural, social, and personal factors.

Cultural Beliefs: Traditional norms, taboos, values, and practices passed through generations that shape perceptions and behaviors related to pregnancy, childbirth, and maternal health.

Traditional Birth Attendant (TBA): A non-formally trained individual, often culturally recognized, who assists pregnant women during childbirth and offers advice based on traditional knowledge and practices.

Maternal Healthcare Services: Health services provided during pregnancy, childbirth, and the postpartum period, including antenatal care, skilled delivery services, and postnatal care offered at healthcare facilities.

Healthcare-Seeking Behavior: The process and factors influencing how and when individuals decide to seek professional medical care, including delays or preferences shaped by cultural beliefs.

Modern Medical Recommendations: Evidence-based clinical practices and guidelines promoted by healthcare professionals to ensure safe pregnancy and childbirth outcomes.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The revised literature reviewed for this study reflects research in cultural beliefs and reproductive health decision-making of mothers, studies that relate to cultural beliefs and reproductive health, approaches, and methodologies from dissertations, books, and various articles used to interpret information related to the focus of this country. The literature review in this study looked at aspects of global, sub-Saharan, and local points of authors representing empirical evidence and facts. A review of the literature given through thematic analysis will be included in this part.

2.2 Cultural beliefs influencing reproductive health decisions

Cultural beliefs are strong influencers in the decisions pertaining to reproductive health, sometimes acting as enabling and sometimes causing barriers to safety. It has emerged from studies that cultures with religiosity, spirituality, gender roles, and ancestor practices influence reproductive decisions. For example, in many South Asian communities, believes that fertility is a marker of social status drive multi-parity even at the risk of maternal morbidity, as by Oluwole et al. in 2020. Similarly, as Lee et al. found, religiously or ancestrally intertwined communities often discourage family planning methods from being utilized among women, especially if they fall into categories of being at risk for maternal morbidity/mortality.

Moreover, the cultural taboos of menstruation and sexual health hinder free expression and, in turn, access to genuine information and services (Smith & Chen, 2021). Of importance, though these global studies evidence a strong presence of culture, most indicate heterogeneity within and across populations, and thus require culturally specific understanding (Patel et al., 2022). Some scholars have criticized the tendency to theorize in terms of culture and instead urge a sharper conceptualization of exactly how cultural beliefs cut across other sociocultural and political determinants to shape reproductive health outcomes (Williams, 2017).

More than this, the gendered cultural norms around female sexuality that demand its restriction from frank discussion about reproductive health can also limit women's access to much-needed information and services relating to contraception and safe sex.

Gendered power dynamics at the cultural level strongly impact women's reproductive decision-making, too. In male-dominated cultures, men usually control decisions about family size and the use of contraceptives, overriding women's needs and desires (Dixon-Mueller, 1993).

In Latin America, the tradition of marianismo - a cultural ideal that highly values maternal sacrifice - has been linked to delays in healthcare-seeking behavior in the setting of obstetric emergencies. On the other hand, spiritual rituals, such as blessing ceremonies, during pregnancy in certain Indigenous communities are said to promote maternal emotional well-being and thus demonstrate the dualistic nature of culture.

Cultural beliefs, especially in the sub-Saharan region, where these practices are diverse and deeply rooted, greatly influence reproductive health decision-making. Akinyi & Omondi, 2016; Nkosi et al., 2018 established that high value attached to large families for social security and prestige usually contributes to a low contraceptive prevalence rate, a finding similar to that of Mensah et al., 2021, who found that beliefs about the "naturalness" of conception and childbirth have contributed to modern family planning hesitancy or seek timely antenatal care.

Discussions in this area often highlight how traditional beliefs contrast with modern practices in healthcare and emphasize those situations in which cultural preferences for traditional birth attendants or remedies delay or impede access to necessary care in obstetrics. A critique within this body of work is that there is a need to move beyond the identification of cultural barriers toward an exploration of culturally sensitive interventions that build on existing positive practices and engage community leaders.

The influence of cultural beliefs in mother reproductive health decision-making is also evident in Zambia. Studies conducted in different communities within the country also established that some cultural beliefs associating pregnancy, fertility, postnatal care, and childbirth were different across communities (Banda et al., 2017; Zulu & Phiri, 2019). For instance, ideas on infertility causations are attributed to spiritual forces or witchcraft. This mostly drives a preference for traditional healers instead of scientific or biomedical interventions (Mwase & Chisenga, 2020).

In addition, cultural norms that include the involvement of the mother's in-law and other family members in pregnancy and childbirth decisions can have a strong impact on the decision that a mother makes regarding access to formal healthcare services during delivery (Michelo et al.,

2011), a fact which supports Sakala et al. (2023), who found that mothers' in-laws have more influence on the mother's reproductive decisions. The perpetuation of such beliefs has been related to a number of factors that include lack of education, poverty, and strong traditional social networks in many local studies conducted within the country (Chanda & Mwale, 2018).

The call from literature is for culturally adapted reproductive health programs that respect local belief systems as well as advance evidence-based practices. There is an increasing call for studies that will examine the agency of Zambian women within such cultural settings and identify pathways that can lead to their empowerment in making informed reproductive health choices (Ngoma & Sinyangwe, 2022).

2.3 Cultural beliefs and decision-making in family planning, pregnancy and childbirth

These cultural understandings of family planning, pregnancy, and childbirth often place traditional practices above scientific or biomedical interventions and have thus received varied levels of acceptability to antenatal care and hospital births (Campbell & Graham, 2017). One frequent criticism of global studies is that they reduce the cultural complexities to very simplistic entities, mostly overlooking the large within-culture differences across different populations. Culture intersects with socioeconomic variables such as education and economic status, adding further complexity to reproductive choices (Starbird et al., 2016).

The cultural beliefs in the sub-Saharan countries influence their reproductive health outcomes. This region has the highest fertility and maternal mortality rates, with low prevalence of contraception, often attributed to deep-rooted cultural norms (Bongaarts & Casterline, 2018).

Family Planning

The cultural norms usually dictate the family size and contraceptive use. Religious doctrines, for example Catholics oppose to abortion as well as artificial birth control make family planning quite complicated, especially in regions like Sub-Saharan Africa and Latin America Hrusa et al., 2020. Collectivist cultures like that of East Asia promote family consensus where elders preference for grandsons may pressurize the mothers to continue pregnancies till a male child is born Li & Zhang, 2021. On the other side, Shah et al., 2011 in a study conducted in Nigeria, Kenya and Senegal found many negative beliefs like impotence after condom use,

weakness after sterilization as well as women becoming barren after taking oral contraceptive pills.

Similarly, Dangat and Njau, (2013) in a study done in Haiti district northern Tanzania also established that their culture believed that the use of family planning services causes damage to the uterus, infertility in women, reduces sexual pleasure, cause diseases of the reproductive organs, severe bleeding, and caused deaths.

Pregnancy and Child birth

Cultural perceptions of risk and safety are highly influential in childbirth practices. For example, in rural Netherlands, home births attended by traditional midwives remain preferred, due to views that birth is personal, natural and not a disease (Hollander et al., 2017) which concurs with Shiferaw & Modiba, (2020) who also found that women in sub-Saharan Africa believe birth is a natural process that should occur at home rather than in the hospital. In central Uganda for instance, a study by Atuyambe et al. (2009) revealed that culture respected traditional customs for instance placental rites after child birth.

In Zambia, Maimbolwa et al. (2003) studied the cultural childbirth practices and beliefs amongst the women who escorted pregnant women to the health facility during labour as they encouraged pregnant women to use natural herbs because they believed that these herbs helped to precipitate labour and widened the birth canal but any sort of complications occurring during labour were attributed to witchcraft or were seen as punishment for misdeeds committed by the pregnant woman.

2.4 Role of family and community in shaping reproductive choices

Family and community structures often enforce cultural norms: in many contexts, mothers-in-law or male partners have decision-making power over women's reproductive health. Such studies indicate that in Nigeria, mothers-in-law's disapproval of contraception reduces uptake by 40% among young brides. This is similar to a study done in the peri-urban area of Nairobi, Kenya, by Allmang et al., who found that mothers were more supportive than fathers because mothers could understand the social risks of using family planning and could advise their daughters on how to do so in discreet ways. Because of physical location or others living in remote areas where health care services are not easily accessed or far away from them, women

would rather get reproductive information from their families and community members, hence shaping the manner in which they make decisions or reproductive choices. In countries such as China, the reproductive decisions of women were shaped with a one-child policy, which was a disadvantage to families who wanted to have more than one child, not until 2021 when the one-child policy was removed and the country allowed couples to have three children. Community stigma further marginalizes women who deviate from their norms in conservative Middle Eastern societies; social ostracization awaits unmarried mothers or those using contraceptives.

Community-based initiatives by mother support groups and community health workers are also key in the provision of information and support for pregnant women (Chitah et al., 2021). Evidence also exists that shows the engagement of male partners and other close family members assists in shared decision-making processes and in supporting maternal health interventions, hence supporting women's reproductive health (Zulu et al., 2017).

However, community networks can also protect. Among the matrilineal societies of Indonesia, for instance, the Minangkabau woman's kinship network provides education and advocates safe maternal practices (Bennett, 2018). Equally, participatory programs engaging community leaders have aligned interventions with local values, improving acceptance of skilled birth attendants in Nepal (Shrestha et al., 2022).

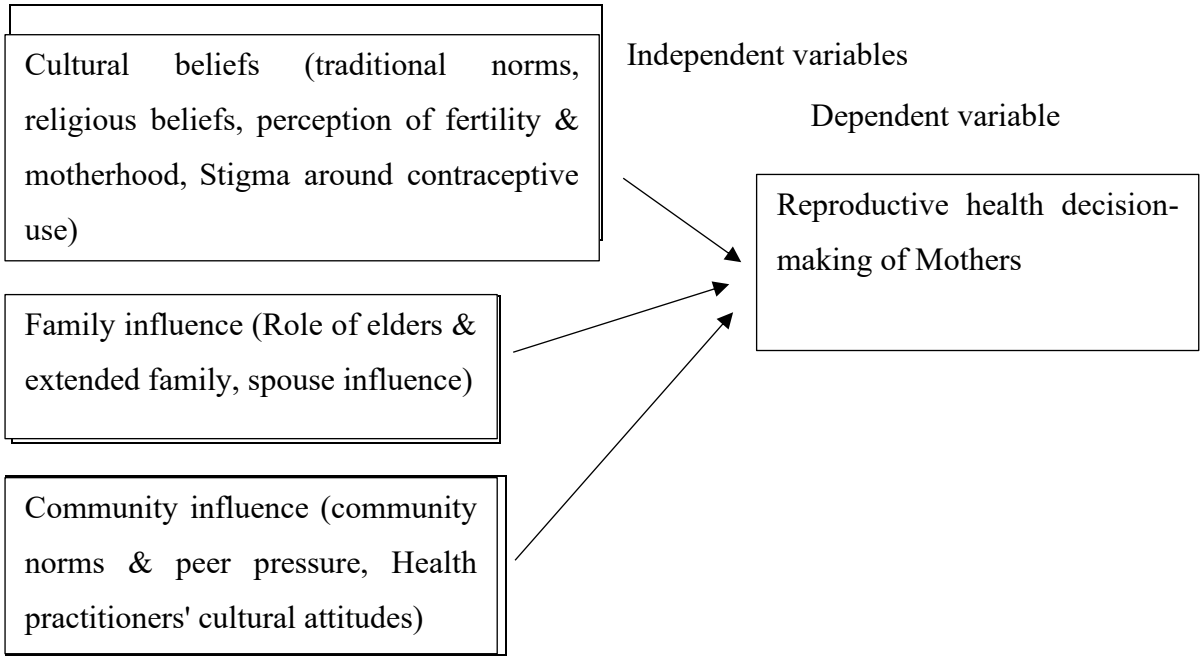
2.5 Theoretical framework

Grounded theory is qualitative research methodology that tries to unravel meanings of peoples' social actions, beliefs, experiences, and interactions. Anselm Strauss, 1994 described the grounded theory as a research method concerned with the generation of a theory which is ‘grounded’ in data which have been systematically collected and analyzed. It is used to reveal things such as social relationships, beliefs, and behaviors of a community. Grounded theory has a well-known reputation for the study of human behavior and for making knowledge claims about how individuals interpret reality (Suddaby, 2006). According to Hamalik (1983), learning is described as a form of growth or change of individuals which is stated by a new behaviour as the result of experience and practice. He adds that the sample of behaviour are changing from unknowing to knowing, appearing some new understanding, change in attitude, skill.

The current study has adopted the approach of a grounded theory in an effort to understand and explore the complex relationship between cultural beliefs and mothers' decision-making about reproductive health. Grounded theory focuses on induction in theory development by comparing data continually during collection and analysis, without testing any pre-existing theories or hypotheses. This approach is especially suitable for explorations of complex social phenomena, such as the influence of cultural beliefs on reproductive health decision-making for which existing theories may be inadequate.

This study highly values the grounded theory approach, as it allows the investigation of cultural beliefs and practices that may not be captured by the existing theoretical framework. It shows respect for a mother's point of view and her culture. Besides, the approach allows the derivation of theories which are directly relevant to the specific context of this study. This approach is opportune for the investigation of different dynamics and the evolving nature of cultural beliefs and their impact on the mother's reproductive health decisions.

2.6 Conceptual framework



Source: Researcher, 2025

CHAPTER THREE

METHODOLOGY

3.1 INTRODUCTION

In order to successfully understand the research questions and achieve the studies objectives, this chapter describes how this research was be carried out. This section consists of the following components namely study approach, study design, study population/research setting, sample size, sample size procedure, data collection methods, data analysis and lastly ethical consideration.

3.2 STUDY APPROACH

This study utilised a qualitative approach in assessing cultural beliefs and reproductive health decision-making of mothers at Levy Mwanawasa Teaching Hospital. The use of this approach was critical because it got respondents who took part in the research a platform to speak freely in order to collect important data for the study.

3.3 STUDY DESIGN

For this research, an ethnographic study design was used because they are important for gaining deep, complex understanding of different cultures and human behavior by immersing the researcher in their natural context of the subjects, offering insights into their perspectives, practices, and social dynamics.

3.4 STUDY POPULATION/ RESEARCH SETTING

This study will be conducted Levy Mwanawasa Teaching Hospital.

Inclusion criteria

- Women who have given birth atleast once. This ensured that the participants have experienced pregnancy and childbirth which will align with the focus on the current reproductive health decisions.
- Participants who were willing and able to share their cultural beliefs related to family planning, pregnancy and childbirth.

- Participants who are willing to provide insights into the role of family and community members in shaping their reproductive health decisions.

Exclusion criteria

- Women who have never given birth.
- Participants who are not willing to participate

3.5 SAMPLE SIZE

The research sample size range from 20 to 30 participants as it was an appropriate range to reaching the point of saturation and owing to the fact that this study took a qualitative approach where the data collected from different respondents was similar to the data that was collected if the sample size was over 30 participants.

3.6 SAMPLE SIZE PROCEDURE

This study adopted a purposive sampling technique which involved selecting participants (women) at the maternity ward of levy Mwanawasa hospital with the help of midwifes (Nurses) who are more familiar with their patients and the ward. This sampling technique was based on the women's experience, knowledge and their diverse cultures being studied.

3.7 DATA COLLECTION METHODS

This study adopted in-depth interviews to gather data from its participants. In-depth interviews in the form of semi-structured interviews will be carried out in order for the researcher to obtain all perspectives on the subject matter of cultural beliefs and reproductive health decision-making of mothers. The researcher asked open-ended questions which allowed the participants or respondents to speak and express themselves in their own views. Nevertheless, the interviews will be captured using a phone audio recorder.

3.8 DATA ANALYSIS

A thematic analysis was employed in order to verify the original data so as to provide the researcher with reliable information. The following are the steps which will be used when carrying out a thematic analysis;

Familiarization: This is where the researcher deeply engaged with the data, reviewing it multiple times in order to thoroughly understand the content and pinpoint possible areas of interest.

Coding: This is where the researcher carefully broke down the data into significant parts and assigns codes to these sections based on their content.

Generating themes: this is where the researcher grouped related codes together to identify broader patterns or themes within the data.

Reviewing themes: This is where the researcher reviewed and refined the identified themes, ensuring they accurately reflect the data and are different from each other.

Defining and Naming Themes: The researcher developed brief and meaningful names for each theme, ensuring they are clear and accurately represent the underlying concept.

Reporting: The researcher gathered and shared the results in a direct and brief report, which includes the identified themes, supporting information, and all explanations.

3.9 ETHICAL CONSIDERATION

This study took into consideration the ethical principles which includes beneficence, respect for autonomy, justice and confidentiality to all respondents who will be included in this study.

Beneficence: This guided the researcher to actively prevent harm while prioritizing the well-being and interests of the research participants.

Respect for Autonomy: The researcher emphasized the importance of respecting the respondent's decision-making capacity have the right to hold their own views, make choices based on their values and beliefs, and act voluntarily without coercion or undue influence of money or any other form of bribe.

Justice: The researcher sought to ensure that respondents are treated fairly and equitably.

Confidentiality: the researcher protected private information that were entrusted to them.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.0 Introduction

This chapter presents the findings of the study on cultural beliefs influencing reproductive health decision-making among mothers at Levy Mwanawasa Teaching Hospital. The study sought to explore how cultural traditions, family influences, and community norms shape women's choices regarding family planning, pregnancy, and childbirth. Using a qualitative approach and an ethnographic study design, the researcher conducted in-depth semi-structured interviews with 25 respondents who had experienced pregnancy and childbirth. Thematic analysis was employed to identify patterns, relationships, and insights in the data.

The findings are organized according to major themes derived from the interview guide, including background information of respondents, traditional beliefs related to pregnancy, childbirth, and postpartum practices; influence of cultural beliefs on health facility attendance; cultural beliefs about family size and childbearing; barriers to accessing reproductive health information and services; influence of family and community on reproductive decisions; changes in cultural beliefs over time; and cultural beliefs in family planning, pregnancy, and childbirth. Illustrative quotes from two respondents are provided under each theme to enrich the analysis.

4.1 Background Information of Respondents

The study sought to understand the demographic characteristics of respondents to provide context for interpreting their reproductive health decisions. A total of 25 mothers who had experienced at least one pregnancy and were accessing services at Levy Mwanawasa Teaching Hospital participated in the study. The respondents' ages ranged from 20 to 45 years, with most (40%) aged between 25 and 30 years, followed by 32% aged 31 to 35 years. Respondents aged 20–24 years and 36–45 years accounted for 16% and 12% respectively. Understanding the age distribution was important as it provided insights into the reproductive stage and experiences of the respondents, which in turn influenced their perspectives on cultural beliefs and healthcare practices.

The study also sought to capture other demographic characteristics, including marital status, education, and employment. Most respondents were married or in stable partnerships (80%), while 14% were single mothers and 6% were widowed. In terms of education, the majority (60%) had completed secondary education, 20% had primary education, and 20% had attained tertiary education. Employment patterns indicated that 74% of respondents were engaged in informal sector work, 14% were formally employed, and 12% were unemployed or home-based.

Regarding reproductive experiences, respondents reported having between one and six children, with most respondents (66%) having two to three children. A smaller proportion had only one child (12%), while 14% had four to five children, and 8% had six or more children. Collectively, these demographic details illustrate the diversity of respondents in terms of age, family composition, education, and occupation. Such information is essential for contextualizing the findings, as it highlights how cultural beliefs, family structures, and socio-economic factors intersect to shape reproductive health decision-making among mothers at Levy Mwanawasa Teaching Hospital.

4.2 Cultural beliefs influence reproductive health decision-making among mothers at Levy Mwanawasa Teaching Hospital.

The researcher sought to establish the cultural beliefs that underpin reproductive health decision-making among mothers by asking about the traditional customs, norms, and taboos that shape reproductive health-related choices. Indeed, the participants shared experiences where cultural values and beliefs still guide these communities in making decisions concerning their bodies, their fertility, and their reproductive practices.

Several of the mothers said that within their communities, reproductive decisions are deeply embedded in traditional beliefs focused on family continuity and male authority. One respondent narrated that,

"*This suggests that in our culture, a woman is expected to bear many children because it shows that she is fertile and able to continue the family line. A woman cannot decide to stop giving birth even when she wants to in Zambia, without the approval of her husband or his family*".

One mother expressed how cultural beliefs around fertility and womanhood dominate or dictate women's choice in the timing and number of children to have:

"*Where I come from, a woman who fails to conceive is considered cursed or weak. People will start talking, saying she has been bewitched or offended the ancestors. So, most women keep trying to get pregnant even when doctors advise them to stop*."

In some instances, mothers narrate that the traditional healer or elder plays a crucial role in guiding reproductive choices. One participant explained that,

"*Before I went to the hospital, my mother-in-law instructed me to first go to a traditional healer for herbs to help me conceive. It is believed that the hospital only treats physical issues, but the real problem is spiritual*. *I was also asked to bath herbs but I refused even though am not so tough or strict on them now*"

Similarly, another participant narrated that,

"*In our culture, women who experience complications during childbirth are often told that they did not perform the right rituals during pregnancy. This makes some women afraid to go against cultural expectations, even if they are advised otherwise by health professionals*."

The findings further showed that taboos about discussing sexual and reproductive issues openly have a strong influence on the way mothers access reproductive health services. One woman explained that,

"*In our community, we don't talk about issues like family planning or sex openly. It's considered disrespectful, especially to talk about it in front of elders. So, some women just keep quiet even when they need help*."

Another mother echoed this by saying,

"*My own mother told me that discussing family planning is shameful and that it can bring conflict between husband and wife. So, I learned to keep those things to myself or share only with a close friend secretly*."

Overall, responses show that many mothers continue to base reproductive decisions on certain cultural norms of fertility, male authority, and ancestral beliefs, even when medical advice indicates the importance of doing otherwise.

4.3 Influence of cultural beliefs on family planning, pregnancy, and childbirth decisions

In understanding how cultural beliefs influence family planning decisions, pregnancy, and childbirth, the researcher aimed to understand how mothers negotiated between traditional expectations and modern health practices. The respondents were asked to describe the ways in which their culture influences decisions about the use of contraceptives, pregnancy care, and delivery methods.

Indeed, several of the respondents identified that family planning was viewed by some as running counter to traditional values associating many children with blessings and prosperity. As one mother said,

"*In our culture, children are regarded as wealth, am Tonga by tribe. A woman who limits her pregnancies is considered lazy or disrespectful to her husband. So, even if you want to use family planning, you have to hide it."*

She went on further to say; "*Your decision as a woman isn't really respected when it come to child birth in our culture, unless if you have a good relationship with your husband and he listens to your concerns*"

Another respondent gave a similar view thus:

"*My husband doesn't allow me to use contraceptives because he believes that it makes women sick eventually. He says a real Zambian woman should give birth naturally without controlling the number of children through other foreign means*."

Regarding pregnancy, the mothers narrated that cultural rituals and beliefs are observed to ensure a safe delivery. According to one respondent,

"*My grandmother advised me during pregnancy not to eat certain foods like eggs or fish because they are believed to make the baby stubborn or cause complications during labour*."

Another participant elaborated that,

"*It is often said in our community that pregnant women should not walk at night because the evil spirits may attack the unborn child. So, even when you have to go to the clinic, you must wait until morning, but those practices are not being practiced here in Lusaka*".

Cultural beliefs also play a role in childbirth practices; some mothers prefer home deliveries assisted by traditional birth attendants due to long-held customs. As one respondent stated,

"*Some women in my village in Mansa prefer giving birth at home, for that is what our mothers and grandmothers did. They say hospitals are for those women who are weak or those who have angered their ancestors.*"

Another mother explained it as,

"*With my first child 10 years ago*, *my mother-in-law insisted that I deliver at home with the help of a traditional birth attendant so that the umbilical cord could be buried near our house, which is believed to strengthen the bond between the child and the family*."

The findings also revealed that some women do not seek maternal healthcare due to cultural taboos. One participant reported,

" Since Solwezi is a bit primitive, they tell a woman in my community who miscarries not to go to the hospital, as it's a sign that the gods are upset. Iam originally from there but we moved here a year ago(Lusaka). Its primitive but they say she has first to perform some cleansing rituals before seeking medical assistance".

Another explained that,

"*After delivery in the village, a woman has to stay indoors for 40 days and is not allowed to be seen by men except the husband. This creates an obstacle for some women in seeking postnatal check-ups, this is practiced in Mumbwa in my fathers village*."

These accounts illustrate how reproductive decisions are greatly affected by cultural expectations related to fertility, purity, and family honor and may narrow down women's options in healthcare choices.

4.4 Role of family and community in shaping mothers' reproductive health choices

The interviewer also probed into details regarding the roles of family and community in influencing reproductive health choices by asking to what extent relatives, spouses, and community leaders influence mothers' decisions on family planning, pregnancy, and childbirth. Respondents said it was largely a collective decision with some social pressures from both family and community members that decided their reproductive behavior.

Many of the participants reported that husbands and elders are the principal decision-makers concerning reproductive issues. According to one of the mothers,

"*In my home, I cannot decide to use family planning without telling my husband, he is very traditional still even after being together for 12 years. Even if the nurse advises me, I must first ask him because in his culture, a man is the head of the house, which extends to reproductive decisions.*"

Another respondent narrated that,

"*When I wanted to go for antenatal care, my mother-in-law said there was no need to visit the hospital too often because in their time women delivered safely at home. But we just laughed it off*."

Likewise, the extended family influence was also manifested wherein some of the respondents reported that reproductive decisions are often a collective decision. As stated by one participant,

"When I became pregnant with my first baby, it was my aunties and older women in the family who told me what to do and not to do. They even decided which name the baby would be given before I gave birth. Caught traditionally I have to go home to be taken care of when am almost giving birth and a few weeks after giving birth".

One more clarified,

"*In my family, women cannot talk about reproductive matters themselves. The elders decide, especially in matters concerned with spacing the birth of children. I see that things have started changing with younger couples"*.

Community norms and gossip were also found to influence reproductive behavior. As one respondent related,

"*If a woman is seen going to the clinic too often, people start saying she is using family planning secretly. So, most women avoid going because they fear being talked about.*"

Another participant said that,

"*In our communities, women who delay having children are mocked and called names, even in a town like Lusaka. Some say you are barren or proud. You end up having children when you are not ready*."

The findings further revealed that community leaders and traditional healers sometimes discourage the use of modern health services. One respondent said,

"*The headman in our locality always tells the women to first go by traditional practices before going to the hospital (Chongwe). He says that hospitals sometimes destroy our traditions*."

Another mother narrated that,

"*When I had complications, my family took me to a traditional healer because they said the hospital would only give me tablets and not solve the real problem. They said the spirits must be appeased first*."

These testimonies show how collective cultural authority from husbands, elders, and community leaders plays a powerful role in determining the reproductive health decisions of mothers.

4.6 Summary

This chapter presented the findings from the study on the cultural beliefs influencing reproductive health decisions among mothers at Levy Mwanawasa Teaching Hospital. The results indicated that reproductive choices among mothers are still being dictated by traditional norms, community expectations, and family structures. Cultural beliefs around fertility, purity, gender roles, and spirituality strongly influence family planning, pregnancy, and childbirth decisions. Family members and community leaders serve as enforcers in making sure these

beliefs are adhered to, and thus reproductive health choices in families are a collective decision rather than an individual one.

CHAPTER FOUR

DISCUSSION OF FINDINGS

5.0 Introduction

This chapter discusses the findings on the influence of cultural beliefs on reproductive health decisions among mothers at Levy Mwanawasa Teaching Hospital. The discussion flows in line with the objectives of the study and integrates the qualitative findings with existing literature on the research topic. A critical analysis of the findings indicates how traditional beliefs, familial influences, and community expectations remain vital ingredients in shaping women's choices regarding reproductive health issues in modern urban settings. Such findings are compared to similar studies carried out both locally and internationally, indicating areas of convergence and divergence to provide an expanded understanding of the place of culture in reproductive health decision-making among mothers in Lusaka.

5.1 Cultural ideas effect on Mother's Choices at Levy Mwanawasa teaching hospital

This aspect of the study explored the cultural beliefs that influence the reproductive health choices that mothers at Levy Mwanawasa Teaching Hospital make. Indeed, while Lusaka is a modern city in terms of healthcare delivery, cultural beliefs still play a dominant role in how women are made to think and what they decide upon regarding their reproductive health. These include the association of womanhood with babies, the notion that men should dominate reproductive decisions, traditional spiritual beliefs, and the sense that one cannot really talk about sex.

This study established that for many families, babies remain the way women prove themselves. This assertion by Munyenyembe (2019) correlates with the fact that women from Zambia believe their worth depends on having a couple of children. Gausset (2020) also observes something similar: the children mean continuation of the family line, so often it is not the woman's choice to make on when to stop having children. These ideas stick around even as people live in cities and can get education and good healthcare, because they're so deeply rooted.

Many of the mothers, on the other hand, felt that the last word belonged to the husband and families regarding children. This aligns with what Zulu et al. (2021) stated: that even in Zambia

today, men still have the final say in reproductive health decisions. Similarly, Chilufya and Mumba (2020) noted that often women may not usually have much to say in the family, especially in the issue of having children. Therefore, it appears men are seen as in charge and limit what women can determine with their bodies.

The other issue that arose was the dependence on traditional healers, where people believe that childlessness or any other delivery complications are spiritual. This goes in line with Munyumbwe (2018), who said some women first go to the healer before going to the doctor because they perceive their problem as spiritual. Aja et al. (2022) observed that people often use both modern medicine and traditional healers, going back and forth depending on what they perceive to be the cause of the problem. Thus, despite believing in hospitals for these conditions, they still uphold these beliefs about spiritual causes for infertility or otherwise.

The study also established that family planning or sex talk is a taboo in most families. This agrees with the findings of Mwansa (2021), who established that the lack of talk about these issues translates to children not learning about such issues from parents, which in turn makes it difficult for them to seek family planning services. Kamanga and Banda (2019) established that in some Zambian families, it was considered uncouth to talk about sex, which makes people not talk about protection. Thus, even in urban areas, these traditional strictures make it difficult to educate people on reproductive health.

Indeed, these findings align with the notion that cultural norms do indeed play a strong role in people's self-care practices. In essence, the study postulates that while there is increased awareness and access to health facilities, many mothers still base their decisions to give birth on traditional beliefs, spiritual notions, and power dynamics within the household.

5.2 Influence of cultural beliefs on family planning, pregnancy, and childbirth decisions

The study also investigated how cultural ideas influence decisions related to family planning and pregnancy, including births. The results showed that old traditions shaped what women think about birth control, what they eat when pregnant, how they act, and how they give birth. In many instances, however, there were statements to the effect that people were starting to do things differently because of school and because they knew more about healthcare.

The study revealed that family planning sometimes goes against the perception that big families are good. This is in line with what Mweemba and Phiri 2020 found: that to the Zambians, children are considered a form of wealth, and so not giving them is a form of disrespect or insult to the family. Alemu et al. (2019) in their study in Ethiopia reported that women feel obligated to have many children; hence, even when family planning methods were available, they would not use them. Some participants in this study reported using family planning in secret to avoid scolding from their husbands or parents.

Also, some people believed that modern birth control causes being childless or sick. Makasa et al. (2021) indicated that it is these wrong ideas of many people that hinder Zambians from using birth control. WHO, 2020 opined that such stories are embedded in the culture, and people regard medical stuff as alien to their culture and tradition. This affects their choices, especially when men strongly believe in old ideas about having children.

It was also established that old habits influence what is consumed and where one goes when pregnant. Inhabitants reported being told to avoid eating such foods as eggs or fish, or not walking around at night, to keep bad spirits away from the baby. Kalaba, 2020 adds that in most areas of Africa, not consuming certain foods is meant to protect the baby, but this is very bad if the women do not get the foods they need. According to Chanda, 2018, these beliefs may hinder women from arriving at the doctor when necessary, especially in emergencies.

For childbirth, some people said that giving birth at home is normal in some areas because of old traditions, like burying the baby's cord near the house. Bwalya et al. (2019) said that these traditions make people feel like they're part of the family and connected to their ancestors. Kebede (2022) said that, in some African places, childbirth traditions are seen as important to keep the culture alive, even if they're not the safest way to give birth. But, the study also saw that women in cities are starting to prefer going to the hospital because they know the risks of giving birth at home, which shows that old ways and ways are existing together.

In addition, people spoke about traditions such as not going out after giving birth. According to Tembo (2020), in some Zambian communities, going indoors is a form of cleansing for some time after birth. Traditions meant to safeguard the mother and baby pose some obstacles to having check-ups with healthcare professionals. Goma et al. (2021) stated that keeping indoors, at times, runs contrary to what doctors or healthcare providers suggested about seeking check-ups early.

Thus, the study indicated that even in urban settings, people's behavior in childbearing is still influenced by cultural beliefs. However, their influence varies by education, health knowledge, and urban residence. The findings are consistent with the health belief model that health behavior is a function of individual perceptions, barriers, and cues (Rosenstock, 1974)

5.3 Role of family and community in shaping mothers' reproductive health choices

The third objective was to verify how family and friends either helped or hurt healthcare choices. What was found was that relationships with family, community trends, and general needs played a big part in deciding. It is as if husbands, parents, leaders would help decide the use of birth control, where the woman should give birth, or just how good the pregnancy could be.

The study also did find birth needs to be a mixed bag, that men are the top dogs calling the shots. This runs with Kasongo and Tembo 2020, who noticed males run the show when it comes to all things health-wise. Similarly, Chanda and Zulu (2021) found that women needed signatures before birth support, which makes being independent difficult. These match with Agadjanian (2019) -how men gain strength from making plans such as when to get pregnant or family size.

Elder parents also advise during childbirth, showing where to go or what is best during labor. This goes alongside the work of Ngoma 2020, who thought that elder peers help in holding together traditions and that such support was not up for debate. During note taking through Lusaka, younger people mentioned trusting elders but making personal moves, an example of independence either by living in cities or due to education.

The review saw that community and local gossip did affect what a lady does. Examples would be going to the clinic was considered a secret for birth control which hurt service trips.

Mwape and Banda, in 2022, took into consideration the community panic that cut down on words for birth plans or scared women, more so in group settings. According to the World Bank in 2021, fame or getting called out blocks access to healthcare if a lady did not follow the norm.

Based on notes, chiefs would boost habits above seeking pro medical help. It came across that community leaders or healers were usual in findings. Mulenga (2019) saw leaders were guides

in the hood, which gave push back to trends if those fell outside area strength. Similarly, Aja et al. (2022) found community backs up habits even if it was a city which held water over public support.

Family remained crucial and these choices helped social levels. The idea could be urbanization and instruction brought new ideas but rules and social trust got in the way for ladies. To pair all together, Bronfenbrenner assumed private actions take impact across family and the public.

5.4 Summary of Discussion

The going back and forth finds cultural thought holds meaning for healthcare needs between mothers and Levy Mwanawasa. The feedback matched test runs through areas of Zambia that health is built on views of ladies or power struggles over family demands. These findings showed that women are still influenced by primitive cultural beliefs even though they are living in Lusaka(town). Trends have brought about change but has toned down the strength of these cultural norms, leaving the younger ladies to self-decide for the most part.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

This chapter gives the summary of conclusions and recommendations derived from the findings of the study of cultural beliefs and reproductive health decisions among mothers at Levy Mwanawasa Teaching Hospital, Lusaka. The study aimed to determine the cultural beliefs that influence reproductive health decisions, how such cultural beliefs impact family planning or pregnancy and childbirth choices, and how family and community play their roles in shaping such decisions. The chapter summarizes the findings briefly and proffers some recommendations that could help in improving reproductive health outcomes with respect for cultural values.

6.1 Conclusion

The study found that, although traditional beliefs and cultural norms do play a role in the reproductive health choices of people, modernization, education, and exposure to city life have changed the way women in Lusaka perceive and act on such beliefs. Mothers from Levy Mwanawasa Teaching Hospital showed different levels of adherence to cultural norms based on age, education level, and exposure to modern health systems.

This is related to the first objective, where it was established that some of the cultural beliefs include taboos on the disclosure of pregnancy, postpartum abstinence, and foods or behaviors restricted during pregnancy still persisted among the older women. However, younger and more educated mothers described such beliefs as outdated, emphasizing medical advice and personal choice over prescriptive traditions. Many mothers felt that, although they respected cultural traditions, their health and the wellbeing of their children had to be prioritized above expectations. This indicates a gradual shift in perceptions, showing the growing influence of urbanization and health education.

On the second objective, it emerged that though to varying degrees, cultural beliefs still influence decisions surrounding family planning, pregnancy, and child delivery. Some respondents observed that myths about the use of family planning-that family planning causes infertility or that it promotes infidelity among wives-are still believed by certain family

members and members of their communities. However, most of the women observed that they rely more on professional health information from hospitals than on cultural guidance. The findings further showed that modern mothers in Lusaka independently make their reproductive health choices, even though this is sometimes met with disapproval from older members of the family.

Regarding the third objective, it emerged that family and community still play a paramount role in reproductive decision-making. Specifically, older relatives, especially mothers-in-law and grandmothers, still maintain a position of power in advising younger women about childbirth and family planning. However, most younger respondents reiterated that while they respect elders' advice, they do make decisions based on what medical experts recommend; this reflects the gradual shift from a collectively made decision with traditional roots to an individual one with modern health awareness.

Overall, the study indicates that while cultural beliefs have not died away completely, modernization, urban dwelling, and education are weakening their power over mothers in reproductive health decision-making at Levy Mwanawasa Teaching Hospital. Younger women, especially, if living in Lusaka's urban areas, are increasingly placing more emphasis on medical science and their own well-being over rigid adherence to traditional practices. However, the elements of cultural influence are more obvious in older generations, thus depicting the coexistence of traditional and modern values in reproductive decision-making.

6.2 Recommendations

From the findings and the conclusions presented in the study, a number of recommendations are suggested for improving reproductive health outcomes while encouraging cultural sensitivity among communities in Lusaka:

Enhancing Health Education and Awareness Programs

There is a need to have sustained health education campaigns targeting the demystification of cultural misconceptions around reproductive health. The Ministry of Health should therefore conduct periodic outreach programs with, among other health institutions, Levy Mwanawasa Teaching Hospital, regarding family planning methods, safe pregnancy, and hospital-based

childbirth. Materials translated into culturally sensitive local languages should be used to reach mothers from all walks of life.

Engage Traditional and Religious Leaders

Because the practices are embedded within the cultural beliefs of the community, the traditional and religious leaders must be involved in ensuring positive reproductive health practices. The leaders can act as an intermediary to the medical world and the people, abandoning practices that are harmful but retaining those that promote well-being. Programs should emphasize enabling community leaders to become advocates for maternal health and responsible family planning.

Encourage Male Involvement in Reproductive Health

The study has shown that family and societal expectations place a high burden of reproductive decisions on women alone. Encouraging active participation from men in discussions and decisions on reproductive health would help in mutual understanding and shared responsibility. The hospitals and NGOs have to design male-inclusive programs and couple counseling sessions to increase the support given to mothers regarding reproductive health.

Improving Reproductive Health Services at the Hospital Level

The Levy Mwanawasa Teaching Hospital and other health facilities should continue to work on improving access and quality of reproductive health services. Health workers should be trained in culturally competent care to make mothers feel valued irrespective of their beliefs. This will involve understanding the patients' cultural background, being non-judgmental about their concerns, and building trust that will result in increasing confidence in utilizing health services. Community-Based Peer Education Programs These peer education groups may establish safe spaces for information sharing related to reproductive health, particularly for women of childbearing age. Peer educators can also act as models by challenging some outmoded beliefs that their cultures still maintain and can demonstrate good health practices. Such initiatives may be advocated by NGOs and local health departments, which play the role of catalysts for community involvement. Integrate cultural awareness into health policy and curriculum Policies in reproductive health should recognize the role of cultural belief and promote culturally sensitive healthcare delivery. Similarly, training curricula for nurses,

midwives, and community health workers should be designed to provide more modules on cultural sensitivity and communication to enhance the delivery of reproductive health information to diverse groups of women. Encourage Intergenerational Dialogue Community programs should, therefore, help bridge the gap between the older and younger generations through open discussions on reproductive health, where both can air their views. This would ease the tension between tradition and modernity and help in understanding each other better. The dialogues will bring gradual change in society without alienating the elder members of the family. Improve Media Participation in Reproductive Health Education The media should be used effectively through radio, television, and social media to provide correct and culturally sensitive reproductive health information. Since Lusaka is urban and technologically savvy, digital campaigns can successfully reach more people, especially among the youth, and help dispel myths related to family planning and childbirth. Encourage Research on Cultural and Health Intersections Further studies are recommended to understand how the cultural transformations are impacting reproductive health behavior in urban Zambia among different groups of socioeconomic status and educational level. This would help policy planners in designing more tailor-made interventions that respect cultural diversity and at the same time uphold evidence-based health practices.

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CONSENT FORM

SCHOOL OF MEDICINE AND HEALTH SCIENCES

My name is Linah Kutobokwa Muchimba, I'm a fourth-year Public Health student at the University of Lusaka seeking a bachelor's degree (BSc) in this field. I am conducting a research on "Cultural Beliefs and Reproductive Health Decision-Making of Mothers at Levy Mwanawasa Teaching Hospital."

This research is one of the university's criteria for obtaining a bachelor's degree in Public Health. Public health professionals and other researchers of the community may utilize the study's findings to safeguard and enhance the health of the targeted group, kindly feel free to answer the questions that follow and be as objective as you may possibly be. Please be rest assured that your responses will be treated with high levels of confidentiality and no information that will be provided by you will be passed on to any third party. However, should you feel uncomfortable at any point during the interview you are free to state so and may wish to withdraw from this interview.

Researcher's signature: ……

Participant's signature: ……

DATA COLLECTION TOOL

Name of Interviewee: ..... Date of Interview: …….....

RESPONDENT'S PARTICULARS

AGE: …….

SEX: ……..

INTERVIEW GUIDE

CULTURAL BELIEFS INFLUENCING REPRODUCTIVE HEALTH DECISIONS

1. Could you describe some of the traditional beliefs or practices related to pregnancy, childbirth, and the period after giving birth that are common in your community?.....
   How do these beliefs influence the decisions women make about their health during these times? .....
2. In your opinion, how do cultural beliefs influence whether a pregnant woman chooses to go the health facility for antenatal care and delivery, compared to seeking help from traditional healers or delivering at home? .....
   What are the reasons behind these choices?.....
3. What are the common beliefs in your community about family size and childbearing?.....
4. Are there any cultural or social beliefs in your community that make it difficult for women, especially young women, to access information or services related to contraception or safe abortion? .....
   Could you explain these beliefs? ……..
5. How do you think the roles and opinions of men, elders, and other family members in your community influence a woman's reproductive health decisions, such as seeking

care, using contraception, or deciding about abortion? ……

6. Have you noticed any changes in the traditional beliefs and practices related to reproductive health in your community over time? .....

   If so, what do you think are the reasons for these changes? …….
7. In your experience, how do religious beliefs in your community influence people's attitudes and decisions about reproductive health issues like family planning, abortion, and childbirth practices? .....

CULTURAL BELIEFS AND DECISION-MAKING IN FAMILY PLANNING, PREGNANCY AND CHILDBIRTH

1. What role do cultural traditions and beliefs play in your decision-making process regarding family planning, pregnancy and childbirth?.....
2. Are there any cultural beliefs or taboos surrounding discussions about family planning, pregnancy, or childbirth in your community?.....

   If so, how do these beliefs affect the decisions made by the woman?.....
3. How do these beliefs affect decisions about using contraception or planning the number of children you must have? .....
4. What cultural factors contribute to the acceptance or rejection of specific family planning methods?.....
5. What is the role of cultural beliefs or misconceptions during pregnancy, and how do they influence your decisions?.....
6. How do cultural beliefs about the process of labor and delivery influence choices about the birth setting e.g., home vs. hospital?.....
7. How do cultural beliefs about pain and its management during childbirth affect your decisions about pain relief options?.....

ROLE OF FAMILY AND COMMUNITY IN SHAPING REPRODUCTIVE CHOICES

1. How does the influence of your parents, spouses/partners and in-laws differ in shaping decisions about family planning methods?.....
2. What community-level factors, such as community leaders, religious institutions, or peer groups, exert the most significant influence on your reproductive choices?.....
3. How do community beliefs and values regarding pregnancy, fertility and childbirth shape your behaviors and decisions?.....
4. How does social pressure within the community affect your choices regarding family size, child spacing, or the use of contraception?.....
5. How do you navigate conflicting perspectives from different family members and community groups regarding your reproductive choices?.....