

## **CHAPTER V**

### **Presentation**

I presented the overall view of my thesis on the topic, “ Counselling Services for Family planning Clients: A Strategy to Improve the Contraceptive Use in Nepal” on 8th October 1997 to the examination committee. The presentation was divided into four parts : introduction, essay, proposal and data exercise.

I presented problem addressed in the thesis, evidence and reasons for the problem in the introduction. I presented need for contraception, situation and trend of contraceptive use, analytical framework of factors affecting contraceptive use in Nepal, possible strategies for increasing contraceptive usage and conclusion in the essay.

In the proposal, I presented about my proposed study in Gajuri primary health centre, Dhading District, Nepal in order to provide counselling services to the family planning clients. The proposed program, which I presented, was mainly divided into 6 components such as family planning counselling training to health workers, implementation of counselling services, monitoring counselling services, supervision of counselling services and impact evaluation of the counselling services.

The fourth part of the study is data exercise which was done in Phahurat, Bangkok, Thailand. I presented the objectives of the data exercise and lesson learned from the data exercise. During presentation, the committee member asked me questions about my thesis, to which I tried to respond my best. Similarly, the committee members gave me advise to improve my study and incorporated those advise in my thesis.

The overhead transparencies were prepared and used for the presentation. The contents of the transparencies are mentioned as follows sequentially as shown to the examination committee.

## **TITLE OF THESIS**

**COUNSELLING SERVICES FOR  
FAMILY PLANNING CLIENTS:  
A STRATEGY TO IMPROVE  
CONTRACEPTIVE USE IN  
NEPAL**

## **PROBLEM**

**LOW OR NON-USE OF CONTRACEPTION AMONG  
CURRENTLY MARRIED WOMEN OF REPRODUCTIVE  
AGE 15-49 YEARS IN NEPAL**

## **EVIDENCE**

<b>KNOWLEDGE OF CONTRACEPTION</b>	<b>98.3%</b>
<b>TOTAL NEED OF CONTRACEPTION</b>	<b>60%</b>
<b>TOTAL USE (MET NEED) OF CONTRACEPTION</b>	<b>29%</b>
<b>UNMET NEED</b>	<b>31%</b>

(PRADHAN ET AL. , 1997)

## **REASONS**

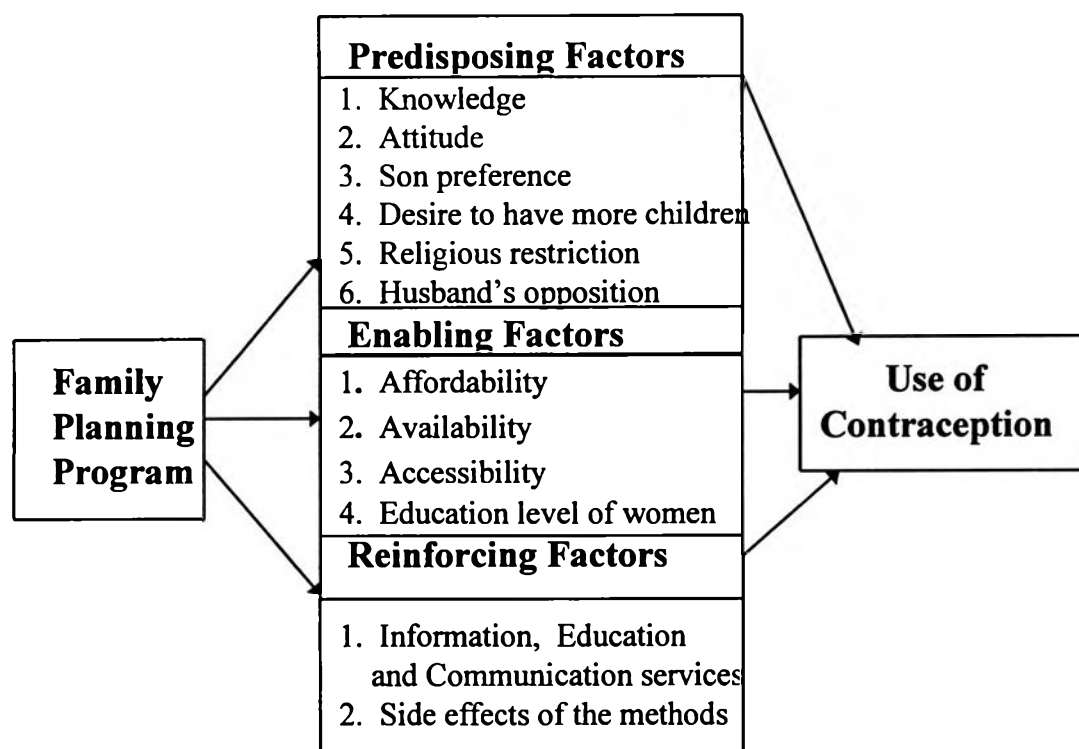
<b>1. SIDE EFFECTS OF THE METHODS</b>	<b>16%</b>
<b>2. DESIRE TO HAVE MORE CHILDREN</b>	<b>15%</b>
<b>3. RELIGIOUS RESTRICTION</b>	<b>9%</b>
<b>4. HUSBAND'S OPPOSITION</b>	<b>4%</b>

(PRADHAN ET AL. , 1996)

## **NEED FOR CONTRACEPTION**

- 1. CONTROL POPULATION GROWTH**
- 2. CONTROL FERTILITY**
- 3. PREVENT MATERNAL MORTALITY**
- 4. PREVENT HIGH INFANT AND  
CHILD MORTALITY**

Figure 1. The causal relationship of factors affecting contraception behavior.



Source: Green L. W., Kreuter M. W. (1991). Health Promotion Planning, An Educational and Environmental Approach.

## **POSSIBLE STRATEGIES**

- 1. MAXIMIZING ACCESS TO GOOD QUALITY OF FAMILY PLANNING SERVICES**
- 2. FOCUS ON MEN AS WELL AS WOMEN**
- 3. INTEGRATION OF CONTRACEPTIVE SERVICES WITH OTHER HEALTH SERVICES**
- 4. EMPHASIZE COMMUNICATION ACTIVITIES**

(Robey et al. , 1996)

## **CONCLUSION**

**PROVIDING COUNSELLING SERVICES FOR FAMILY PLANNING CLIENTS**

**GENERAL OBJECTIVE OF THE STUDY**

**TO IMPROVE THE FAMILY PLANNING COUNSELLING SERVICES THROUGH TRAINED HEALTH WORKERS TO INCREASE THE USE OF CONTRACEPTION AMONG CLIENTS IN GAJURI PRIMARY HEALTH CENTRE, DHADING, NEPAL**

**SPECIFIC OBJECTIVES OF THE STUDY**

- 1. TO TRAIN HEALTH WORKERS OF GAJURI PRIMARY HEALTH CENTRE IN FAMILY PLANNING COUNSELLING SERVICES.**
- 2. TO IMPLEMENT THE COUNSELLING SERVICES THROUGH TRAINED HEALTH WORKERS TO THE FAMILY PLANNING CLIENTS OF GAJURI PRIMARY HEALTH CENTRE.**
- 3. TO FACILITATE HEALTH WORKERS BY PROVIDING AVAILABLE IEC MATERIALS FOR COUNSELLING TO THE CLIENTS.**
- 4. TO MONITOR COUNSELLING ACTIVITIES CONDUCTED BY HEALTH WORKERS IN ORDER TO LOOK AT THE SERVICE ACHIEVEMENT IN THE PRIMARY HEALTH CENTRE.**
- 5. TO SUPERVISE COUNSELLING ACTIVITIES CONDUCTED BY HEALTH WORKERS IN ORDER TO IMPROVE THEIR COUNSELLING PERFORMANCES.**
- 6. TO EVALUATE THE IMMEDIATE IMPACT OF COUNSELLING SERVICES PROVIDED THROUGH TRAINED HEALTH WORKERS AFTER TRAINING IN ORDER TO INCREASE CONTRACEPTIVE USE AMONG CURRENTLY MARRIED WOMEN OF REPRODUCTIVE AGE 15-49 YEARS.**

## **INTRODUCTION OF GAJURI VILLAGE**

- 1. ONE OF THE VILLAGE OF DHADING DISTRICT, NEPAL**
- 2. POPULATION** **7, 105**
- 3. HOUSEHOLDS** **1, 071**
- 4. TARGET POPULATION** **1367**
- 5. PRIMARY HEALTH CENTRE (PHC)  
- 3 BEDS WITH 2 EMERGENCY 1 MATERNITY**
- 6. PROVISION OF FAMILY PLANNING SERVICE SUCH AS PILLS, CONDOM, IUD, INJECTABLE, NORPLANT MALE & FEMALE STERILIZATION**
- 7. USE OF CONTRACEPTION** **6. 8%**

**STAFF AVAILABLE IN PHC**

<b>1. MEDICAL OFFICER</b>	<b>1</b>
<b>2. HEALTH ASSISTANT</b>	<b>1</b>
<b>3. STAFF NURSE</b>	<b>1</b>
<b>4. AUXILIARY NURSE MIDWIFE</b>	<b>3</b>
<b>5. AUXILIARY HEALTH WORKER</b>	<b>2</b>
<b>6. LAB ASSISTANT</b>	<b>1</b>
<b>7. VILLAGE HEALTH WORKER</b>	<b>1</b>

**REASONS FOR CHOOSING GAJURI  
VILLAGE AS A STUDY AREA**

- 1. THE USE OF CONTRACEPTION IS 6.8%**
- 2. TECHNICAL STAFF ARE AVAILABLE**



**TRAINING OBJECTIVE**

**TO IMPROVE THE FAMILY PLANNING  
COUNSELLING KNOWLEDGE AND SKILLS OF  
HEALTH WORKERS**

**EXPECTED OUTCOME OF TRAINING**

- 1. DESCRIBE THE DIFFERENCE BETWEEN MOTIVATION, EDUCATION & COUNSELLING**
- 2. DISCUSS THE BENEFITS OF FAMILY PLANNING COUNSELLING.**
- 3. EXPLAIN THE PRINCIPLES OF FAMILY PLANNING COUNSELLING.**
- 4. DEMONSTRATE THE QUALITIES AND SKILLS OF AN EFFECTIVE COUNSELLOR.**
- 5. DEMONSTRATE INTERPERSONAL COMMUNICATION SKILLS IN FAMILY PLANNING COUNSELING**
- 6. DEMONSTRATE THE STEPS OF COUNSELLING PROCESS USING GREET, ASK, TELL, HELP, EXPLAIN CLIENTS AND RETURN FOR FOLLOW-UP (GATHER).**
- 7. DESCRIBE AND DEMONSTRATE INITIAL, METHOD SPECIFIC AND FOLLOW-UP COUNSELLING.**
- 8. EXPLAIN ABOUT CONTRACEPTIVE METHODS.**

## **TRAINING APPROACH**

- 1. COMPETENCY BASED**
- 2. PARTICIPATORY**

## **TRAINING METHODS**

- 1. GROUP DISCUSSION**
- 2. ROLE PLAY**
- 3. DEMONSTRATION**
- 4. CASE STUDIES**
- 5. EXERCISE**
- 6. BRAINSTORMING**
- 7. LECTURE**

## ACRONYMS GATHER MEANS

<b>G</b>	<b>GREET EACH CLIENT WARMLY</b>
<b>A</b>	<b>ASK THE CLIENT ABOUT PURPOSE OF COMING</b>
<b>T</b>	<b>TELL THE CLIENT ABOUT EACH FAMILY PLANNING METHOD AVAILABLE THROUGH PROGRAM AND THROUGH REFERRAL</b>
<b>H</b>	<b>HELP THE CLIENT CHOOSE A METHOD</b>
<b>E</b>	<b>EXPLAIN HOW TO USE THE METHOD THAT THE CLIENT CHOOSES</b>
<b>R</b>	<b>RETURN FOR FOLLOW-UP. AGREE ON A TIME TO MEET AGAIN</b>

SOURCE: CHURCH AND RINEHART, 1990. POPULATION REPORTSSERIES A, NO. 8.

**OTHER ACTIVITIES OF THE PROPOSED PLAN**

- 1. PROVISION OF IEC MATERIALS**
- 2. MONITORING OF COUNSELLING SERVICES**
- 3. SUPERVISION OF COUNSELLING SERVICES  
WITH CLINIC OBSERVATION**

## **TRAINING PROCESS EVALUATION**

**TRAINING OBJECTIVES,**

**CONTENTS,**

**METHODS,**

**MATERIALS,**

**FACILITIES,**

**DURATION,**

**EFFECTIVENESS OF THE TRAINERS IN  
CONDUCTING TRAINING**

**APPLICATION OF THE TRAINING IN THE  
WORK PLACE**

## **LEARNING OUTCOME EVALUATION**

- 1. PRE-TEST OF TRAINEES WITH WRITTEN QUESTIONNAIRE**
- 2. POSTTEST WITH WRITTEN QUESTIONNAIRES**

## **HEALTH WORKERS BEHAVIORAL CHANGE EVALUATION**

- 1. COUNSELLOR'S BEHAVIOR**
- 2. PROCESS OF DELIVERING COUNSELLING**

## **IMPACT EVALUATION**

### **METHOD**

- 1. CLIENT SURVEY**  
**- SEMI-STRUCTURE INTERVIEW**
- 2. FOCUS GROUP DISCUSSION**
- 3. REVIEW OF OFFICIAL STATISTICS**

## **OBJECTIVES OF DATA EXERCISE**

- 1. REFINE DATA COLLECTION METHODS**
- 2. DEVELOP DATA COLLECTION INSTRUMENT**

## **DATA COLLECTION TECHNIQUE**

### **THE FOCUS GROUP DISCUSSION**

- KNOWLEDGE**
- ATTITUDE**
- PRACTICE**

## **LESSON LEARNED FROM FOCUS GROUP DISCUSSION**

- 1. FOCUS GROUP DISCUSSION IS INCORPORATED IN THE PROPOSAL**
- 2. WAITING TIME, COMFORTABLE PLACE FOR WAITING, PRIVACY IS INCORPORATED IN THE DATA COLLECTION INSTRUMENT**