

## Appendix - I

### Curriculum of Family Planning Counselling Training in Gajuri Primary Health Centre

**General Objective of Training:** To improve counselling knowledge and skills of health workers who interact with family planning clients.

S. No	Subject	Specific objectives	Content	Methods	Materials
1	Introduction	After completion of this chapter, participants will be able to: 1. describe the objectives for the training course. 2. describe their expectations for the training course. 3. describe the rules for the training.	1. Introduction of trainers and participants.	Partner Exercise	None
			2. Objectives of the training.	Discussion	None
			3. Organization and schedule.	Lecture	Training Schedule
			4. Training logistics.	Lecture	None
			5. Training rules.	Discussion	None
			6. Participant's handbook.	Presentation	Book

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S. No	Subject	Specific objectives	Content	Methods	Materials
2	Introduction to counselling	1. describe basic rights of clients.	1. Principles of counselling.	Lecture	Newsprint
		2. define informed choice.	2. Quality of care and client's rights.	Visualization of Partner Exercise, Discussion	None
		3. define interpersonal communication.	3. Free and informed Choice.	Discussion	None
		4. describe purpose of counselling.	4. Interpersonal communication.	Exercise	None
		5. describe the counsellor's role in ensuring free and informed choice.	5. The purpose of counselling	Discussion	None
		6. list personal qualities, skills and knowledge needed to be a good counsellor.	6. The role of counselor in ensuring free and informed choice.	Discussion, Case Studies	None
		7. list six steps in counselling process.	7. Characteristics of family planning counselors.	Brainstorming, Discussion	None
			8. The basic steps of counselling	Discussion, Lect.	Newsprint
			9. Assuring client's rights and contributing to quality of care	Discussion	None

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S. No	Subject	Specific objectives	Content	Methods	Materials
3	Value and attitudes	After completion of this chapter, participants will be able to: 1. explain the terms value and attitudes. 2. describe how value and attitudes can affect counselling. 3. to describe the relationship between sexuality, family planning and counselling.	1. Definition of value and attitudes.	Discussion	None
			2. Counsellor's values and their effects on counselling.	Exercise with worksheet Role play	None
			3. Sexuality, Family Planning and counselling	Visualization, Discussion and Partners Exercise	None
4	Factor influencing client decision	1. describe individual and . community factors that influence family planning decisions and how those factors affect counselling. 2. describe different reproductive goals that clients may have at different stages in life. 3. describe basic facts about STDs including HIV infection. 4. list possible effects that different contraceptive methods can have on sexuality.	1. Factor that influence client's choice.	Exercise Small Group	None
			2. How family planning needs change and differ.	Discussion Case study	None
			3. HIV infection and other STDs as factors for clients.	Lecture, Reading Discussion	None
			4. Effects of contraceptives on sexuality.	Exercise	None

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S. No	Subject	Specific objectives	Content	Methods	Materials
5	Effective Interpersonal Communication	After completion of this chapter, participants will be able to:  1. describe non-verbal communication skills and explain how they can affect the counselling relationship. 2. demonstrate effective listening skills, tone of voice and verbal encouragement. 3. give example of using non-technical language in counselling and explain why this is important. 4. demonstrate paraphrasing and clarifying skills. 5. apply the principles of giving effective and constructive feedback	1. Non-verbal communication	Discussion	None
			2. Active listening	Partner Exercise Discussion	None
			3. Verbal encouragement.	Demonstration, Role Play, Discussion	None
			4. Tone of voice.	Exercise	None
			5. Using simple language.	Exercise, Role Play Demonstration	None
			6. Paraphrasing and clarifying	Demonstration, Role Play, Discussion Lecture	None
			7. Feedback skills.	Discussion	None

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S. No	Subject	Specific objectives	Content	Methods	Materials
6	Contraceptive Methods Review	After completion of this chapter, participants will be able to:  1. tell about contraceptive methods , such as , Condom, Pills, Injectables, Norplant, IUD, Sterilization.	<ol style="list-style-type: none"> <li>1. What it is and how it works.</li> <li>2. Advantages and disadvantages.</li> <li>3. Effectiveness.</li> <li>4. How it is used.</li> <li>5. where it is offered.</li> <li>6. Cost of methods</li> <li>7. Contraindications.</li> <li>8. Possible side effects</li> <li>9. Warning sign of serious complications.</li> <li>10. What to do if side effects or serious complications occur.</li> <li>11. Follow-up visits.</li> <li>12. Common rumors and misconceptions</li> </ol>	Group  Discussion, Lecture	IEC Materials,  Manual of Medical Standard for Contraceptive

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S. No	Subject	Specific objectives	Content	Methods	Materials
7	GATHER technique "greet"	After completion of this chapter, participants will be able to:  1. describe norm of counselling. 2. explain how adhering to these norms helps to build good relationships with clients. 3. greet client in a manner that puts them at ease.	1. Norm for counselling.	Demonstration Role Play	None
			2. Greeting practice.	Discussion, Role Play	None

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S. No	Subject	Specific objectives	Content	Methods	Materials
8	GATHER technique “ask” assess	After completion of this chapter, participants will be able to: 1. demonstrate the appropriate use of open-ended, closed and probing questions. 2. assess client’s needs. 3. assess client’s risk of contacting or transmitting STDs including HIV infection. 4. assess client’s knowledge of family planning.	1. Importance of assessing.	Lecture	None
			2. Asking questions.	Lecture Discussion	None
			3. Assessing the client’s needs.	Demonstration, Case Studies, Lect.	
			4. Assessing the client’s risk of HIV infection and other STDs.	Lecture Discussion	None
			5. Assessing client’s knowledge of family planning	Discussion, Role Play, Brainstorming	
			6. Summary	Discussion	None

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S. No	Subject	Specific objectives	Content	Methods	Materials
9	GATHER technique “tell”	After completion of this chapter, participants will be able to: 1. describe the anatomy and physiology of female reproductive system in relation to contraceptive methods. 2. describe the anatomy and physiology of male reproductive system in relation to contraceptive methods. 3. demonstrate appropriate use of informational materials. 4. tell clients about family planning methods. 5. tell clients about HIV infection. 6. address common misconceptions about temporary contraceptives and HIV infection.	1. Review of the female reproductive system.	Exercise Discussion	Drawing of female reproductive system
			2. Review of the male reproductive system.	Exercise	Drawing of the male reproductive system
			3. Using informational materials.	Lecture Role Play Discussion	Client informational materials available at participant’s worksheet (1 copy of each participant)
			4. Telling clients about temporary contraceptive methods.	Lecture Role Play Discussion	Boxes of sample temporary methods of contraceptives.
			5. Addressing misconception about temporary family planning methods.	Discussion Exercise	None
			6. Telling clients about HIV infection.	Lecture Discussion	None
			7. Addressing misconceptions about HIV infection.	Discussion	None



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S. No	Subject	Specific objectives	Content	Methods	Materials
10	GATHER technique “help”	After completion of this chapter, participants will be able to: 1. help clients make decision about contraception. 2. help clients who may be at risk of contracting or transmitting STDs specially HIV infection and consider or negotiate condom use.	1. The counsellor’s role in the decision making process	Discussion	None
			2. Helping clients make decisions	Demonstration Role Play	Flip Chart
			3. Condom and STD prevention.	Case Studies Discussion Role Play	None
11	GATHER technique “explain”	1. demonstrate, describing common side effects and warning signs associated with temporary and permanent contraceptives. 2. explain why it is important to discuss side effects and warning signs with clients. 3. explain how to use temporary and permanent family planning methods. 4. demonstrate how to counter rumors and misconception about contraceptives	1. Common side effects and their impact on clients	Lecture Discussion	None
			2. Explaining how to use temporary family planning methods	Demonstration Role Play	Flip Chart
			3. Counteract rumors and misconceptions.	Brainstorming Question and Answers	None

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S. No	Subject	Specific objectives	Content	Methods	Materials
12	GATHER technique “return/refer”	After completion of this chapter, participants will be able to: 1. counsel clients and refer for the method of choice not available. 2. counsel clients during routine return visits and referred as needed. 3. explain what to do if clients come to the clinic reporting warning signs of complications.	1. Return visit and referral	Role Play	None
			2. Summary of the GATHER steps	Lecture	None

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S. No	Subject	Specific objectives	Content	Methods	Materials
13. 1	Permanent Contraception, Introduction to counselling consideration	After completion of this chapter, participants will be able to:  1. list ways in which counselling for tubal ligation or vasectomy differs from counselling involving temporary methods. 2. give three reasons why reversal surgery is not a reliable option for many clients who have had tubal ligation or vasectomy. 3. describe the legal status and eligibility criteria for tubal ligation or vasectomy	1. What is different about counselling the sterilization requester ?	Discussion	None
			2. Legal Status and eligibility criteria	Discussion	National Medical Standard for Reproductive Health
13. 2	Telling clients interested in tubal ligation about the procedure	1. correct common misconceptions about tubal ligation. 2. tell clients who are interested in tubal . ligation and procedure.	1. The surgical procedure	Discussion Showing Video Tape	Cassette, Player, Monitor
			2. Tubal ligation: addressing common misconceptions.	Discussion	None
			3. Telling clients integrated in tubal ligation about the procedure.	Role Play	Flip Chart

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S. No	Subject	Specific objectives	Content	Methods	Materials
13. 3	Telling clients interested in vasectomy about the procedure	After completion of this chapter, participants will be able to:  1. correct common misconceptions about vasectomy  2. tell clients who are interested in vasectomy about the procedure.	1. The vasectomy procedure.	Showing Video	Cassette, Player, Monitor
			2. Vasectomy: addressing common misconception.	Discussion	None
			3. Telling clients interested in vasectomy about the procedure	Lecture Discussion	Flip Chart or Brochures of Female Repro. System
13. 4	Helping clients interested in permanent contraception make a decision	1. list factors associated with a sound decision. 2. list factors associated with dissatisfaction or regret after surgery. 3. assess the soundness of a client's decision for permanent contraception.	1. Identifying signs of a sound decision.	Discussion Lecture	None
			2. Assessing the client's decision for permanent contraception.	Case Studies	None

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S. No	Subject	Specific objectives	Content	Methods	Materials
13. 5	Explaining permanent contraception to clients who have chosen this method	After completion of this chapter, participants will be able to:  1. define informed consent and list its six points. 2. document informed consent. 3. give preoperative instructions for tubal ligation and vasectomy.	1. Preparing the client for surgery.	Lecture	None
			2. Informed consent.	Lecture Discussion	None
			3. Using the informed consent form.	Lecture Discussion	None
			4. Preoperative instructions	Reading Discussion	Reading Materials
13. 6	Postoperative instructions and return visits	1. give postoperative instructions for female sterilization and vasectomy. 2. counsel clients during return visits.	1. Postoperative instructions.	Lecture Reading	None
			2. Return visit.	Lecture Discussion	None

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S. No	Subject	Specific objectives	Content	Methods	Materials
14	Counselling needs of special population	After completion of this chapter, participants will be able to:  1. describe common client concerns and counselling issue for: - pregnant and postpartum women, - men, - post abortion women, - unmarried adolescents and - other special cases.	1. Defining special population introduction.	Lecture	None
			2. Special needs	Small Group Discussion	None
			3. Counselling clients from special population.	Discussion	None
			4. Assessing individual needs.	Case Studies	None
			5. Other special cases in family planning counselling.	Discussion	None
			6. Postpartum tubal ligation and the postpartum IUD.	Discussion	None

## Appendix- II

### Potential Member of Project Implementation Team

1. Director,	National Health Training Centre	Chairman
2. Director,	National Health Education, Information and Communication Centre	Member
3. Director,	Family Health Division	Member
4. Sr. Training Officer	National Health Training Centre	Member
5. Sr. Public H. Officer	Family Health Division	Member
6. Sr. Public H. Nurse	National Health Training Centre	Member
7. Medical Officer	Gajuri Primary Health Centre	Member
8. Health Edu. Officer (Researcher)	National Health Education, Information and Communication Centre	M. Secretary

**Appendix- III**

**Family Planning Counselling Training  
Observation Checklist for Health Workers  
Behavior Change Evaluation During Counselling Services**

Observer Name:

Provider Name:

Date:

**A. General counselling**

<b>S. N.</b>	<b>Activity</b>	<b>Condition</b>
1	Is patient with the client.	
2	Is respectful of the client and non-judgmental.	
3	Is knowledgeable of family planning methods.	
4	Reassure the clients that the information in the counselling session is confidential.	
5	Listen to client actively; gives client complete attention	
6	Is brief, gives only important points about the method.	
7	Use body language to show interest in and concern for client.	
8	Ask questions appropriately.	



### A. General counselling

S. No	Activity	Condition
9	Ask questions that need more answer than “yes” or “No questions.	
10	Encourage the client to ask questions.	
11	Use language that the client can understand.	
12	Gives specific and concrete instructions to the client.	
13	Explains information in different ways to be sure the client understands.	
14	Uses visual aids such as posters, flipcharts, drawings, samples of methods and anatomic model.	
15	Ask the client to repeat what she or he has understood as a way to be sure that she or he has the correct information.	

**Please rate your opinion in the performance of each task/activity observed using the following rating scale in the cases.**

<b>1.</b>	<b>Needs Improvement:</b> Step not performed correctly or out of sequence (if required) or omitted.
<b>2.</b>	<b>Competently performed:</b> Step performed correctly in proper sequence (if required) but health worker does not progress from step to step efficiently.
<b>3.</b>	<b>Proficiently performed:</b> Step efficiently and precisely performed in proper sequence (if required).
<b>N/O.</b>	<b>Not observed:</b> Step not performed by health worker during observation.

### **B. Initial counselling**

<b>S. No</b>	<b>Activity</b>	<b>Condition</b>			
1	Greet the clients respectfully and with kindness, makes them comfortable.				
2	Introduces with the clients.				
3	Ask which methods interest the clients.				
4	Briefly tell the clients about the family planning methods available and how they work.				
5	Tells the clients the advantages and disadvantages of the available methods.				
6	Determines what the clients already know about these methods.				
7	Appropriately corrects any misinformation that clients may have.				
8	Answers any questions the clients may have.				

### C. Method-specific counselling

S. No	Activity	Condition			
1	Greet client/couple respectfully and with kindness; makes them comfortable.				
2	Introduces with the clients.				
3	Asks which methods clients interest and what clients already know about those methods.				
4	Appropriately corrects misinformation that the clients have.				
5	Tells the client about and discusses how each of these methods works, how it is used, its effectiveness and its advantages and disadvantages.				
6	Asks about the client's reproductive goals: how many more children a client wants  - is client interested in spacing pregnancies or preventing them completely ?  - how long a time does client want between pregnancies ?				
7	Takes a reproductive and basic medical history of the client.  - age  - number of births  - number of living children, their ages and gender				

### C. Method-specific counselling

S. No	Activity	Condition			
7	<ul style="list-style-type: none"> <li>- any family planning methods client may have used in the past: for how long, why stopped, any problems with the methods.</li> <li>- family planning method using at this time.</li> <li>- any medical conditions that may be precaution for the methods the client is interested in using.</li> <li>- history of STD.</li> </ul>				
8	Assists the client to make a preliminary choice of an appropriate method based on clients reproductive goals and history.				
9	Conducts any additional evaluation or client assessment that is necessary for the preliminary method chosen; refers the client for this evaluation if unable to do it.				
10	Helps the client choose a different method if the preliminary choice is found to be unsuitable after additional evaluation.				
11	Provides the method of choice, if available or refers the client to the nearest facility where it is available.				
12	<p>Gives the client instruction on:</p> <ul style="list-style-type: none"> <li>- how to use the method</li> <li>- its side effects and their management</li> </ul>				

### C. Method-specific counselling

S. No	Activity	Condition			
12	<ul style="list-style-type: none"> <li>- possible problems or complications that mean the client must return to the health centre right away</li> <li>- any other relevant information</li> </ul>				
13	Allows the client to repeat the instructions to be sure they understand.				
14	Asks the clients if they have any questions or concerns.				
15	Discusses return visits and follow-up with the clients: <ul style="list-style-type: none"> <li>- where to go for more supplies</li> <li>- side effects and their management</li> <li>- early identification of problems</li> <li>- when to return to the health centre</li> </ul>				
16	Encourages the client to return at any time they have a question or problem.				
17	Politely says good-bye to the client and invites them to return again.				

### D. Follow-up counselling

S. No	Activity	Condition			
1	Greets the client respectfully and with kindness; makes her or him comfortable.				
2	Introduces with the client.				
3	Explores changes in the client's current health status or life style that may mean client needs a different method or may not need a method at all.				
4	Finds out if the client is satisfied with the method and still using it.				
5	Explores how the client is using the method to be sure client is using correctly, if appropriate, has the client repeat the instructions.				
6	Asks about any problems, the client may be having with the method.				
7	Reassure the client about any minor side effects may have and treats them if appropriate.				
8	Checks for medical complications and refers the client for medical evaluation if necessary.				
9	Asks for questions from the client and answers them.				
10	Provides supplies if necessary.				
11	Makes a return appointment for the clients, if necessary.				
12	Says good-bye to the client and invites them to return again.				

**Appendix - IV****Family Planning Counselling Training  
Training process evaluation questionnaires for health workers**

**A. Please rate your opinion of each course component using the following scale.**

**5=Strongly agree, 4=Agree, 3=No opinion, 2=Disagree, 1= Strongly disagree**

1. Pretesting questionnaires helped me to study more effectively.
2. The role plays on counselling skills were helpful in improving my counselling skills.
3. There was sufficient time schedule for practicing counselling skills in classroom using role plays.
4. There was sufficient time schedule for practicing counselling skills with clients in the clinic.
5. I am now confident in counselling clients.
6. Training approach used in this course make it easier for me to learn how to provide family planning services.

**B. Please rate your opinion of the training methodologies using the following scale**

5=Strongly agree, 4=Agree, 3=No opinion, 2=Disagree, 1= Strongly disagree

1. The trainers clearly stated their learning objectives.
2. The trainers communicated clearly and effectively.
3. The information presented in course was new to me.
4. The trainers used a variety of audio-visual materials.
5. The trainer was enthusiastic about the subject they taught.
6. The course content was too theoretical.
7. The session was well organized.
8. The trainers asked questions and involved me in the session.
9. Content of the course was useful to my work.
10. The course made me feel more competent and skillful in my work.

**C. Additional comments (use other sides also if you need more space).**

1. What did you like most in this training ?
2. What did you dislike most in this training ?
3. Did the course achieve its objectives ?
4. What topics (if any) should be added (and why) to improve the course ?
5. What topics (if any) should be deleted (and why) to improve the course.



**Appendix - V****Family Planning Counselling Training  
Pretest - posttest questionnaires for health workers**

I. Please circle in the right statement of the following:

1. Family planning counselling is:

- A. an objective and honest advise of provider with regard to which method to use by client.
- B. an interaction in the needs, feeling and idea between client and provider in which provider helps to make decision to choose a best method by the clients.
- C. All of above
- D. None of above

2. Difference between motivation and counselling is:

- A. only facts are mentioned in the motivation whereas facts and feeling both are mentioned in the counselling.
- B. Counselling can be done in private place whereas motivation can be done anywhere.
- C. Motivation don't try to influence in the practice but counselling try to encourage client to make decision.
- D. All of above
- E. None of above

3. In counselling process GATHER, " A " means:

- A. Asking clients themselves to their matters and provide advise about best method.
- B. Asking clients themselves to their matters and provide advise about available method.
- C. Asking clients themselves to their matters of family planning needs and evaluate how much they have knowledge about contraception.
- D. All of above
- E. None of above

4. Family planning counselling is different from other types of counselling because:

- A. it does not give specific advise.
- B. it keeps relationship with those persons who is without sick.
- C. it can be perform by middle level health worker while they are trained.
- D. all of above
- E. none of above

5. In family planning counselling process GATHER, major difference between tell and explain is:

- A. under the telling process, counsellor tells to client about all methods based on the clients reproductive needs whereas under the explain process, counsellor explains to the clients about how to use the method of their choice.

- B. in fact, there is no difference between tell and explain process of counselling, it is kept in the GATHER system to ensure that client would keep an important information about family planning method.
- C. under the telling process, counsellor tells about which one is best method for the clients whereas under the explain process, counsellor explains method of choice by the clients.
- D. all of above
- E. none of above

**II. In the space following, write the letter “T” if the statement is true and the letter “F” if the statement is false in each statements.**

1. A new combined oral contraceptive user should begin taking her pack of pills within the first seven days of her menstrual cycle. -----
2. If a women taking combined oral contraceptives forgets to take one of her pills, she should stop taking that packet and start again when she has a menstrual period. -----
3. Common side effects of combined oral contraceptives such as nausea, breast tenderness and weight gain, continue as long as the woman is taking the pills. --
4. A women who is taking combined oral contraceptives should return to her service provider immediately if she has sever lower abdominal pain, sever headaches or sever chest pain with difficulty breathing. -----
5. Before giving a women her first package of combined oral contraceptives the service provider should be sure that the woman does not have thromboembolic disease (blood clots in the lungs, legs or eyes). -----

6. The most common side effects of injectable is changes in the menstrual cycle specially no bleeding at all (amenorrhoea). -----
7. A injectable is effective in preventing pregnancy for 6 months. -----
8. One of the best times for the first injectable is during the first 7 days of the menstrual cycle. -----
9. Before giving a woman her first injectable the service provider should be sure that the woman does not have active liver disease. -----
10. Norplant implants consists of 6 capsules of flexible rubber that are inserted just under the skin of the woman's inner, upper arm. -----
11. Norplant capsules provide protection from pregnancy for 8 years. -----
12. One advantage of Norplant implants is that they effectively prevent pregnancy immediately after insertion. -----
13. Norplant implants do not have any effect on the menstrual cycle of the user- her bleeding pattern and amount do not change when she uses Norplant capsules. ---
14. An IUD should never be inserted during the menstrual period. -----
15. The copper T 380A IUD must be removed after 8 years of use. -----
16. The main mechanism by which the copper T 380A IUD prevents pregnancy is by preventing fertilization of the egg by the sperm. -----
17. If a woman with an IUD can't feel the strings of her IUD when she checks them, she should return to the clinic to have her IUD checked. -----
18. For woman with a recent history of STDs (within the past 3 months) her first choice of family planning methods should be the IUD. -----

19. If a condom breaks during intercourse the couple should not worry about pregnancy because the condom will catch most of the sperm. -----
20. If a woman should absolutely not get pregnant for medical reasons, her first choice of contraceptive method should be the condom. -----
21. One advantage of condom is that they encourage the husband to take an active role in family planning. -----
22. One disadvantage of spermicides is that they are very messy to use. -----
23. If a person has multiple sexual partners, he or she should use a condom only with those partners they knew are infected with HIV. -----
24. The most effective contraceptive method is voluntary sterilization, for both male and female. -----
25. One characteristic of voluntary sterilization that should be stressed in counselling is that it is a permanent procedure. -----
26. The three voluntary sterilization procedures available are vasectomy, minilaprotomy and hysterectomy. -----
27. Men that must work to support their families should not have vasectomies because the operation will make them become weak and unable to work. -----
28. Clients who receive good counselling while choosing their contraceptive methods are likely to use the method longer than clients who are not well counselled. -----
29. An effective counsellor tells the client which contraceptive method is the best for her. . . . .

30. when a client returns for her follow-up visits, it is not necessary to repeat the instructions on how to use the method correctly. -----
31. Initial family planning counselling provides clients with information on all the contraceptive methods available. -----
32. In the counselling process “ explain” , counsellor explain those method which already selected by the client. -----
33. To counsel a client for family planning is appropriate but not only in one method.....
34. Counselling is a process of helping client to decide contraception. -----
35. It is unsuccess of a counsellor if a client does not decide to use contraception after counselling. -----
36. The role of counsellor is finished when client has got their method of choice. ---
37. Counsellor should tell advantages and disadvantages of each and every methods available in the clinic. -----
38. The possible side effects are not mentioned of their method of choice because it makes them hurt and they did not use contraception. -----
39. In counselling process “help” , counsellor helps to choose a method by client not to tell his decision to client. Counsellor role is to stress in their method of choice. ----
40. Telling possible side effects of the methods to a client cause to stop their follow-up visits. -----

**Appendix - VI****Focus Group Discussion Guideline for Family Planning****Clients**

1. Respondent's general background questions.

<b>S. No</b>	<b>Name</b>	<b>Sex</b>	<b>Age</b>	<b>Marital Status</b>	<b>No. of Children</b>	<b>Education</b>

2. Which method are you using currently ?
3. Who had decided to use this method for you ?
4. How many methods have you heard about contraception ?
5. Where did you get this information from ?
6. Where did you obtain this method from ?
7. Why did you choose this place to obtain method ?
8. What are the reasons of choosing this method ?
9. Did you get any advise from any health facilities within this 12 months ?
10. Did health workers pay attention and show interest for your problem ?
11. How many minutes they had spent for you when you went there ?
12. How was health workers behavior towards you ?

13. How was their language ?
14. For how long have you been using this method ?
15. For how long would you like to use this method ?
16. Do you know, what are the advantages and disadvantages of this method ?
17. Did you feel any side effects after using this method ?
18. What are those side effects ?
19. Did you wish to stop this method when you felt side effects of the method?
21. Why did or did not you stop this method after feeling side effects ?
22. Have gone to health facilities again when you felt side effects of the methods?
23. Have gone to health facilities for follow-up as given by the health workers ?
24. Did you suggest anybody about contraception which you heard ?
25. Why did or did not suggest ?
26. What short of provision would you like to have in Primary health centre to help  
you to continue the family planning method in future ?



**Appendix - VII****Data collection instrument****Part I. Respondent's Background Questions**

A. Date of interview:

B. Place:

C. Interviewer:

D. Client's Name:

Address:

**Age of Respondent**

1. In what month and year were you born ?

1. Day   
 2. Month   
 3. Year   
 4. Don't know

2. How old were you at your last birth day ?

1. Age in completed years

**Education and Literacy**

3. Have you ever attended school ?

1. Yes   
 2. No  (If no go to seven)

4. What is the highest grade you completed ?

1. Primary (1-5)   
 2. Lower Secondary (6-8)   
 3. Secondary (9-10)   
 4. Higher Secondary (10+)

5. Can you read and write ?

1. Yes  2. No

6. Can your spouse read and write ?

1. Yes  2. No

### **Religion**

7. What is your religion ?

- 1. Hindu
- 2. Buddhism
- 3. Christianity
- 4. Muslim

### **Marital Status**

8. What is your current marital status ?

- 1. Currently Married
- 2. Widowed
- 3. Divorced
- 4. Separated  ( Legally married)

### **Occupation**

9. What is your occupation ?

- 1. Farming
- 2. Govt. Service
- 3. Self employed
- 4. Housewife
- 5. Daily wages
- 6. Unemployed
- 7. Other if any:

10. What is your spouse's occupation ?

- 1. Farming
- 2. Govt. Service
- 3. Self employed
- 4. Daily wages
- 5. Unemployed
- 6. Other if any:

### **Children**

11. Have you any children ?

- 1. Yes
- 2. No

12. If you have children, how many son and daughters ?

- 1. Alive No. of son
- 2. Alive No. of daughter

13. Do you wish to have another child ?

1. Yes  (Why):

a.

b.

2. No  (Why):

a.

b.

## **Part II. Questions for Contraceptive Users**

### **Knowledge of contraception**

14. Can you tell me, how many methods have you heard about contraception ?

- |                          |                          |
|--------------------------|--------------------------|
| 01. Pills                | <input type="checkbox"/> |
| 02. Condom               | <input type="checkbox"/> |
| 03. Injectable           | <input type="checkbox"/> |
| 04. IUD                  | <input type="checkbox"/> |
| 05. Norplant             | <input type="checkbox"/> |
| 06. Female Sterilization | <input type="checkbox"/> |
| 07. Male Sterilization   | <input type="checkbox"/> |
| 08. Diaphragm/Jelly      | <input type="checkbox"/> |
| 10. Other if any         | <input type="checkbox"/> |

### **Current use of Methods**

15. Which method are you using currently ?

- |                          |                          |
|--------------------------|--------------------------|
| 01. Pills                | <input type="checkbox"/> |
| 02. Condom               | <input type="checkbox"/> |
| 03. Injectable           | <input type="checkbox"/> |
| 04. IUD                  | <input type="checkbox"/> |
| 05. Norplant             | <input type="checkbox"/> |
| 06. Female Sterilization | <input type="checkbox"/> |
| 07. Male Sterilization   | <input type="checkbox"/> |
| 08. Diaphragm/Jelly      | <input type="checkbox"/> |
| 10. Other if any         | <input type="checkbox"/> |

### **Decision to use method**

16. Who had decided to use this method for you ?

- |                  |                          |
|------------------|--------------------------|
| 1. Yourself      | <input type="checkbox"/> |
| 2. Health worker | <input type="checkbox"/> |
| 3. Husband       | <input type="checkbox"/> |
| 4. Other if any: | <input type="checkbox"/> |

### **Source of information and method**

17. Where did you get this information from ?

1. Health personnel
2. Relatives/friends
3. Neighbor
4. Radio
5. Husband
6. FCHV
7. Newspapers
8. Magazines
9. Other if any:

18. Where did you obtain this method from ?

1. Primary Health Centre
2. FCHV
3. Village Health Worker
4. Other if any:

### **Preference of method and place**

19. Why did you choose this place to obtain method ?

1. Closer to home
2. Availability of transport
3. Staff more competent, helpful, and friendly
4. Offers more privacy
5. Shorter waiting time
6. Longer hours of service
7. Use other services at the facility
8. Recommended by health worker
9. Other if any:

20. What is the reason of you choosing this method ?

1. Convenient to use
2. Easy accessibility
3. Easy availability
4. Less side effects
5. Permanent
6. Temporary
7. Other if any

### **Counselling services and Health workers behaviors**

21. Did you get any advice from primary health centre within this 12 months ?  
 1. Yes                       2. No
22. Can you tell me, how many minute did you wait for taking services ?
23. How was the waiting place ?
24. Where did health workers provide you counselling services ?
25. Did they pay attention and show interest for your problem well about contraception ?  
 1. Yes       2. No
26. Can you estimate, how many minute spent for you about counselling ?  
 1. Less than 5 minutes                        
 2. 6-15 minutes                                        
 3. 16-25 minutes                                        
 4. 26-35 minutes                                        
 5. More than 35 minutes
27. What was their behavior on your problem ?  
 1. Friendly                                        
 2. Trustworthy
28. How was their language used with you while you were in the counselling session ?  
 1. Very easy to understand                        
 2. Easy to understand                                        
 3. Difficult to understand

### **Continuation of methods**

29. For how long you have been using this method ?  
 1. Less than 1 year                                        
 2. 1 and half year                                        
 3. 2 years                                                        
 4. Other if any:

30. (Don't ask this question to sterilization users) For how long would you like to use this method ?

1. Less than 1 year
2. 1 and 1/2 year
3. 2 -3 years
4. Other if any:

### **Advantage and disadvantage of method**

31. Before using this method did any body tell you its advantages and disadvantages ?

1. Yes
2. No

32. Who told you about advantages and disadvantages ?

1. Husband
2. Relatives/friends
3. Neighbor
4. Health personnel
5. VHW
6. FCHV
7. Radio
8. Other if any:

33. Can you tell me , what are the advantages ?

Specify:

- 1.
- 2.
- 3.

34. Can you tell me, what are the disadvantages ?

Specify:

### **Information about available method**

35. Did he/she tell you any other methods except your used method ?

1. Yes
2. No

36. Can you tell me, What are those methods ?

01. Pills
02. Condom
03. Injectable
04. IUD
05. Norplant

06. Female Sterilization   
 07. Male Sterilization   
 08. Diaphragm/Jelly   
 10. Other if any

### **Information about side effects**

37. After using this method did you feel any different ?

1. Yes  2. No

38. If you have any difference (Side effects of the methods) what are they ?

39. Did you wish to stop this method and use another method ?

1. Yes  2. No

40. Which method do you want to use ?

01. Pills   
 02. Condom   
 03. Injectable   
 04. IUD   
 05. Norplant   
 06. Female Sterilization   
 07. Male Sterilization   
 08. Diaphragm/Jelly   
 10. Other if any

41. Why don't you stop this method after feeling differences (Side effects) ?

Reason:

1.  
2.

### **Dissemination of received information**

42. After using contraception, did you ever give suggestions to your relatives or friends or neighbor about family planning methods which you have heard ?

1. Yes  2. No

43. How many people did you give suggestions about family planning ?

1. 1 person   
 2. 2 persons   
 3. 3 persons   
 4. More than 3 persons

44. Which method did you suggest to them ?

- 01. Pills
- 02. Condom
- 03. Injectable
- 04. IUD
- 05. Norplant
- 06. Female Sterilization
- 07. Male Sterilization
- 08. Diaphragm/Jelly
- 10. Other if any

45. Why did you suggest this method to them ?

Reason:

- 1.
- 2.
- 3.

46. Why did not you suggest them ?

Reason

- 1.
- 2.
- 3.

### **Follow-up visit**

47. Did you go to primary health centre again after using that method ?

- 1. Yes
- 2. No

48. How many times did you go to primary health centre ?

- 1. One time
- 2. Two times
- 3. Three times
- 4. More than 3 times

### **Part III. Questions to the Contraception Discontinuers Knowledge of contraception**

49. Can you tell me, how many methods have you heard about contraception ?

- 01. Pills
- 02. Condom
- 03. Injectable
- 04. IUD
- 05. Norplant



06. Female Sterilization   
 07. Male Sterilization   
 08. Diaphragm/Jelly   
 10. Other if any

### **Previous use of contraception**

50. Have you used any family planning method before ?

1. Yes  2. No

51. Which method of family planning were you using before ?

01. Pills   
 02. Condom   
 03. Injectable   
 04. IUD   
 05. Norplant   
 06. Female Sterilization   
 07. Male Sterilization   
 08. Diaphragm/Jelly   
 10. Other if any

52. Where did you obtain this method from ?

1. Primary Health Centre   
 2. FCHV   
 3. Village Health Worker   
 4. Other if any:

### **Decision to use contraception**

53. Who had decided to choose that method ?

1. Yourself   
 2. Health personnel   
 3. Husband   
 4. Other if any

### **Continuation of method**

54. For how long did you use that method ?

1. Less than one year   
 2. 1 year   
 3. 2 years   
 4. 3 years   
 5. More than three years   
 6. Other if any

### **Duration and reason for stopping to use contraception**

55. For how long have you stopped taking that method ?

1. Less than one year
2. 1 to 2 years
3. 2 to 3 years
4. More than three years

56. What are the reasons for stopping that method ?

01. Don't know other method
02. Don't know how to use
03. Don't know where to get other method
04. Desire to have more children
05. Recently pregnant or breastfeeding
06. Method unavailable
07. Method inconvenient to use
08. Husband oppose
09. Afraid of side effects
10. Religious restriction
11. Other if any

57. With whose suggestions did you stop that method ?

1. Yourself
2. Health personnel
4. Husband
5. Other if any:

### **Counselling services**

58. Did you get advise from primary health centre when you had used that method ?

1. Yes
2. No

59. Can you tell me, how many minute did you wait for taking services ?

60. How was the waiting place ?

61. Where did health workers provide you counselling services ?

### **Time spent**

62. Can you estimate, how many minute spent for you about counselling ?

1. Less than 5 minutes
2. 6-15 minutes
3. 16-25 minutes

4. 26-35 minutes
5. More than 35 minutes

### **Health workers behaviors**

63. Did they show good interest and behavior for your problem about contraception ?
1. Yes  2. No
64. Can you tell me, how was their behavior on your problem ?
1. Friendly
2. Trustworthy

### **Language of interaction**

65. How was their language used with you while you were in the counselling session ?
1. Very easy to understand
2. Easy to understand
3. Difficult to understand

### **Advantages and disadvantages**

66. Before taking this method did any health personnel tell you about its advantages and disadvantages ?
1. Yes  2. No
67. Can you tell me, what are the advantages and disadvantages ?
- Specify advantages
- 1.
- 2.
- Disadvantages
- 1.
- 2.

### **Follow-up visit**

68. Did you go to primary health centre again after using that method ?
1. Yes  2. No
69. How many times did you go to primary health centre ?
1. One time
2. Two times
3. Three times
4. More than 3 times

### **Intention to use contraception**

70. Did you wish to use other methods of family planning ?

1. Yes  2. No

71. Do you know, which method did you wish to use ?

01. Pills   
 02. Condom   
 03. Injectable   
 04. IUD   
 05. Norplant   
 06. Female Sterilization   
 07. Male Sterilization   
 08. Other if any:

72. Why did not you wish to use?

01. Don't know other method   
 02. Don't know how to use   
 03. Don't know where to get other method   
 04. Desire to have more children   
 05. Recently pregnant/breastfeeding   
 06. Method unavailable   
 07. Method inconvenient to use   
 08. Husband oppose   
 09. Afraid of side effects   
 10. Religious restriction   
 11. Other if any

### **Expectation towards health facilities**

73. What short of provisions would you like to have in primary health centre to help you to continue the family planning ?

## **Curriculum Vitae**

**Name** : **Badri Bahadur Khadka**

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**Nationality** : **Nepali**

**Date of Birth** : **19th November 1964**

**Education** : **B. A., B. Ed., Nepal**

**Area of Interest** : **Health System Development  
Health Education, Information and Communication**

**Work Experience** : **Health Education Officer, National Health Education,  
Information and communication Centre, Department of  
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# NEPAL

## HEALTH FACILITIES

### 1996

- | KATHMANDU |                           |
|-----------|---------------------------|
| 1.        | BIR HOSPITAL..            |
| 2.        | KANTI HOSPITAL.           |
| 3.        | TEKU HOSPITAL.            |
| 4.        | MATERNITY HOSPITAL        |
| 5.        | EYE HOSPITAL.             |
| 6.        | T. B. HOSPITAL..          |
| 7.        | AYURVEDIC CHIKITSALAYA.   |
| 8.        | TOKHA SWASTHYA NIWAS.     |
| 9.        | TEACHING HOSPITAL.        |
| 10.       | ROYAL ARMY HOSPITAL.      |
| 11.       | HIRENDRA POLICE HOSPITAL. |
| 12.       | TILGANGA EYE HOSPITAL.    |
| LALITPUR  |                           |
| 1.        | MENTAL HOSPITAL..         |
| 2.        | PATAN HOSPITAL.           |
| 3.        | HOME HOSPITAL..           |
| 4.        | LEPROSY HOSPITAL.         |

**INDEX**

**BOUNDARIES:**  
International, Regional, Zonal, District.

**HEAD QUARTERS:**  
Regional, Zonal, District.

**HOSPITALS:**  
Central, Regional, Zonal, District.  
E, RA/Police, Mission/Others.  
Health Centre, Primary Health Centre.

**Health Post, Sub-Health Post, Diet.H.O. (in number)**

**AYURVEDIC AUSHADHALAYA:**  
Chikitsa-ya, Zonal, District, Health Centre. (in number)