

APPENDIX I**TRAINING PACKAGE FOR MALE WORKERS****A) Training of male workers****SESSION 1****Duration**

This session will last for ten days excluding holidays.

Objectives

To sensitize, to educate and to motivate workers by acknowledging the spirit of the program.

Message

Job description for workers (see Phase II)

Importance of family planning using Health Behavior Change Model (Figure 2. 2).

Training material

1. Training Schedule
2. An instruction manual will be provided to each of the worker. Instruction manual will be comprising of following parts.
 - Part A. Health Behavior Change Model. (Importance of family planning)
 - Part B. Contraceptive methods and their qualities and side effects
 - Part C. Criteria for selection of male worker and their job description.
 - Part D. Communication skills including counseling

3. Printed handouts like Leaflets, posters, banners, etc.
4. Overhead Projector and transparencies
5. White board/ Flannel board
6. Flip Charts
7. Slide Projector and slides
8. Videos

Methodology

The training during this session will be provided through

1. Lectures
2. Demonstrations
3. Group discussions
4. Reading Instruction Manual

SESSION 2

Duration

This session will last for ten days excluding holidays.

Objectives

To make workers competent enabling them

1. To identify contraceptives
2. To know the properties and side effects of contraceptives.
3. To identify potential clients (who is in need)(Figure 2. 3)
4. To help the clients to choose most appropriate contraceptive method in relation to their situation and needs

5. To distribute contraceptives
6. To make referrals to hospitals, whenever and wherever appropriate

Message

Knowledge about what, where, how, when and for whom about each of contraceptive methods, their appropriateness in a particular situation and for a particular client, their side effects and referrals for complicated cases and for vasectomy (Table)

Training Material

1. Instruction Manual
2. Contraceptives
3. Printed handouts like Leaflets, Posters and Banners
4. Flip chart for identification of potential client
5. White Board/ Flannel Board

Methodology

1. Lectures
2. Demonstration
3. Group discussions
4. Visit to outpatient department for consultation with complicated cases.
5. Reading Instruction Manual

SESSION 3

Duration

This session will last for ten days excluding holidays.

Objectives

To make workers effective through enabling them to

1. To convey the message appropriately and comprehensively
2. To satisfy their clients
3. To convince their clients to use contraceptives
4. To get feedback.

Message

Communication Skills(Appendix)

Training Material

1. Instruction Manual
2. Printed handouts like posters, leaflets, etc. And other communication material like banners, etc.
3. Flip Charts
4. White Board/ Flannel Board

Methodology

1. Lectures
2. Demonstration

3. Group discussions
4. Role play
5. Slides

SESSION 4

Duration

This session will last for five days excluding holidays.

Objectives

To make workers competent through enabling them

1. To keep record of full target population (approx. 500) with their household numbers in Target Population Register.
2. To maintain record of their consultations in Client consulted Register
3. To Maintain record of contraceptive distribution in Contraceptive expense book.
4. To maintain record of referrals made for vasectomy and for complications of contraceptives separately in Referral register.
5. To keep record of all births in the community in Birth Record Register

Message

key tasks for training will be

Record keeping and maintaining in different columns of the registers.

Training material

1. Instruction Manual
2. Registers
3. Flip Charts
4. White Board/ Flannel Board

Methodology

The workers will be described practically for how to fill in and to keep and maintain record in each and everyone of the registers.

SESSION 5**Duration**

This session will last for fifteen days excluding holidays, so that two of the thirty workers will be able to practice their knowledge and skills each day under supervision of the trainer. In fifteen days all of thirty workers will learn performing practically through making consultation with the clients.

Objectives

To make workers confident in order to apply their knowledge and skills learned during previous sessions.

Message

Key tasks during this session will be to perform and make consultation with clients in the presence of the trainers. Thus, the trainers will identify the shortcomings and refresh the knowledge and skills of the workers.

Training Material

1. Communication Material like printed handouts and banners
2. Contraceptives
3. Registers
4. Instruction Manual

Methodology

On site training for consultation with clients.

APPENDIX II

COMMUNICATION SKILLS

Communication contains two concepts. First it involves the transfer and sharing of meanings, which may be ideas, images, thoughts expressed in symbols. Second, communication is not possible without perception. Perception is defined as the process of forming impressions about something and then making a judgment about this. The perception and judgments are affected by senses i. e. sound, sight, touch, smell and taste. Good communication between people is fundamental to successful education of a client especially in family planning. By good communication means an unambiguous two way constructive exchanges, without distortion of the message between when it is given and when it is received. No cluster of traits describes a good communicator, who is universally effective.

To a greater extent, effective communication is the result of one's ability to feel for oneself / for others, to empathize, or able to put oneself in other's shoes. The communication should be in **SHAPE**, which means to be Sincere / sensitive, Humorous / honest, attentive / articulate, Proficient and Empathic / enthusiastic (IECH Bureau Bhutan, 1995). Following skills will help to develop better communication, but they should not be expected to provide a blueprint for every situation, or a quick or easy route to being a good communicator. They are a start, but improving communication is a life long developmental process (Ewels & Simnet, 1992).

A. Identifying and Qualifying a Potential Client is an organized way of selecting the priority potential clients who should be approached. A priority potential client is

one who has a definite need for a particular family planning method because of his size of family, his economic conditions and/or personal goals and aspirations, and would be benefited most by the use of family planning method. This will provide you a ready list, who need to be contacted and will save time and efforts used on unsuitable clients (Flow chart to identify Potential family planning clients) (IECH Bureau Bhutan, 1995).

B. Exploring Relationship with Clients by

a) Accepting people which means

- recognizing that people's knowledge and belief emerge from their life experience, whereas your own have been modified and extended by professional education and experience
- understanding your own knowledge, beliefs, values and standards
- understanding your client's knowledge, beliefs, values and standards from their own point of view
- recognizing that you and people may differ in their knowledge, belief, standards and values
- recognizing that these differences do not imply that you are a person of greater worth than your client

b) Do not judge people; judging people means

- equating people's intrinsic worth with their knowledge, beliefs, values, standards and behavior
- ranking knowledge and behavior

c) Be a creative opener by

- discussing a subject of mutual interest, especially knowing what can be of client's interest for example someone may be interested in music, etc.
- giving a sincere compliment on the prospective client's home, office, neighborhood, family (wife, children) or life progress
- shocking the prospect into listening i. e. a threat appeal focusing on family planning related consequences or implications
- teasing something unusual, aimed at arousing the prospect's curiosity like have you heard of \$10,000 baby?, the punchline is delivered through cesarean section
- making finance related pitch

d) Help the autonomy of your client by

- encouraging people to make their own decisions, and resisting the urge to take over the decision making
- encouraging people to think things out for themselves, even if it takes much longer than simply telling them
- respecting any unusual ideas they may have

e) Work in partnership with people by

- asking people for their views and opinions, which you accept or respect even if you disagree with them
- telling people when you learn something from them
- using informal, participative methods, drawing on the experience and knowledge which clients bring with them

- encouraging clients to share their knowledge with each other

f) Consider client's feelings - positive or negative. A change in people's knowledge, attitude and action will be helped if they feel good about themselves. You can achieve this by praising their progress, achievements, strengths and efforts; by discussing consequences of their behavior without implying that the behavior is morally bad; by spending time to explore how to overcome difficulties (Ewels & Simnet, 1992).

C. NON-VERBAL COMMUNICATION

is another component of an effective communication and sometimes called body language. Following are main categories

a) Bodily contact for example shaking hands, holding hands or putting arm around someone shoulders convey a meaning from one person to another.

b) Proximity means how close people are to each other. However people vary in the amount of personal space they need. But, do not remain too far away while conveying message.

c) Orientation means individual position in relation to other people for example chairs placed in a circle without a table to act as a barrier imply that everyone is encouraged to join in, and that no individual is expected to dominate.

- d) Level refers to differences in height between people. Communication is more comfortable if people are on the same level.
- e) Posture means how people stand, sit or lie. Posture can convey a message for example, of tension or anxiety by being hunched up with arms crossed, or of welcome by being upright with arms outstretched.
- f) Physical appearance. All kinds of messages may be conveyed by physical appearance, such as personal social standing, personality, tidy habits or concern with fashion. A uniform may convey a message of professional competence, but it also may convey an unwelcome image of authority.
- g) Facial expression can indicate feelings of sadness, happiness, anger, surprise or puzzlement.
- h) Head and hand movements. Nods and shakes of the head obviously convey agreement and disagreement without need for words. Clenched fists, fidgeting hands reveal stress and tension, whereas open hands usually denote a relaxed frame of mind. Mental discomfort such as confusion or worry is often shown by putting hands to the head and playing with hair, stroking the beard or rubbing the forehead.
- l) Direction of gaze and eye contact. Looking at each other in a consultation process is significant, especially one to one. You need to be giving the client full attention,

and if the client looks up and sees you gazing elsewhere, the implication is that you are not listening.

j) Non-verbal aspects of speech. Tone and timing are two non-verbal aspects of speech which convey message to the listener. Consider how many ways a word like 'no' can be said. It can convey meanings such as anger, doubt or surprise. For example, a person who says 'yes' I understand' in a doubtful tone of voice, with a puzzled frown or with clenched fists clearly requires further help. Words alone are only part of a message, and can be misleading (Ewels & Simnet, 1992).

D. LISTENING

is an active process and is not merely hearing words. It involves a conscious effort to listen to words, to way they are said, to be aware of the feelings shown and of attempts to hide feelings. The task of a listener is to help people to talk about their situation unhurriedly and without interruption, to help them to express their feelings, views and opinions, and to explore their knowledge, values and attitudes. There are several techniques as follow

a) giving invitation to talk for example to say, you look worried - are you?

b) encouraging means making the occasional intervention to encourage someone to carry on talking, such as to saying yes or I see in between.

c) paraphrasing is responding to the speaker using your own words to state the essence of what the client has been saying e. g. you think she will not accept it

d) reflecting feelings involves mirroring back to the speaker, in verbal statements, the feelings he is communicating e. g. you seem pleased

e) reflecting meanings means joining feelings and content in one succinct response, to get a reflection of meaning e. g. you feel. because

f) summing up is a brief statement of the main content and feelings which have been expressed throughout a conversation. (Ewels & Simnet, 1992).

E. ASKING QUESTIONS AND GETTING FEEDBACK

After people have been given some information, it is your responsibility to ensure that the communication has been received and understood. It can be helpful to ask questions in a way which shows that it is your responsibility to 'get it cross'. Skillful questioning will help people to give clear, full and honest replies. This can be achieved by

a) asking open questions like 'What do you think about trying any family planning method ? and this will encourage a full response.

b) avoiding closed questions like 'Is this method correct?', which can be answered in a yes or no way. This will discourage talking and limits response.

c) avoiding biased or leading questions like 'Surely you are not going to do that, are you?', this indicates you are leading client to an expected answer.

d) avoiding multiple questions like 'Is it a serious problem for you- when did it start?

These type of questions usually confuse client and he does not remember all of them.

(Ewels & Simnet, 1992).

F. OVERCOMING COMMUNICATION BARRIERS

Identifying communication barriers is necessary for good communication so that work can begin to tackle the problems. There are no easy solutions, but increased awareness and skill can go a long way towards improvement. Communication barriers may be categorized as follow

a) Social and cultural gaps e. g. different ethnic background, different social class different cultural or religious beliefs, and different values and opinions.

b) limited receptiveness e. g. mental handicap or confusion, illness, tiredness or pain, emotional distress, distracted or preoccupied, not valuing themselves or not believing that family planning is important, and being too busy.

c) Negative attitudes to worker may be caused by previous bad experiences; lack of trust in worker; lack of credibility of worker; perceiving you as a threat; believing that they know all already; believing already that they can not comply with given

advice due to their own reasons; and not wishing to confront unpleasant issues, or the need to change practices.

d) Limited understanding and memory due to illiteracy , limited intelligence.

e) Insufficient emphasis by worker due to lack of confidence, skills and knowledge, being unmotivated and unsupportive to family planning activities and giving priority and spending time on other activities.

f) Contradictory messages from different individual workers, or friends and relatives may also act as barriers to good communication. (Ewels & Simnet, 1992).

In summary, interpersonal communication involves four basic skills (**PLOT**) that are **probing**, the act of questioning and searching into facts, feelings, opinions, contradictions, silence and other verbal and nonverbal expressions; **Listening** is paying attention to sounds, perceived with or through ears about facts, opinions, feelings, silence, hidden agenda, etc. ; **Observing** is the act of seeing , sensing, and taking note of something in a directed, organized and analytic manner, involves all of five senses to examine something to gain a better knowledge and understanding of it; **Telling** Is an act by which we make client known about facts, information, options, reasons, explanations, procedures, etc. (IECH Bureau Bhutan, 1995).

G. TIPS AS CLOSING SECRETS

Oftentimes, although the client has reached a positive decision, he is unable to translate this decision into action. Following techniques may help client to take action about family planning at that time (IECH Bureau Bhutan, 1995).

a) **Implied consent** is merely to request the client for action- set a time, place and date for vasectomy

b) **Decision on minor points.** The idea behind is that it is easier for a person to make a series of small decisions that add up to one major decision itself. It is easier for a client to agree to see a doctor to discuss the surgical procedures involved in vasectomy, than it is for him to agree to a vasectomy outright.

c) **Alternative choice** is offering the so called alternative assuming client has decided favorably and thus giving choice between two minor decisions. For example, will it be you or your wife? will help client to decide between two methods of sterilization. Shall I see you tomorrow or. ? choice of client.

d) **Start an action** is a closed technique and combines implied consent with a choice with two positive decisions e. g. Will you sign the consent form now or will you ?

e) **Take away** is a technique to create a psychological sense of urgency for making a decision now. Being able to select the right psychological moment for doing this

take away threat is crucial to the success of this emotional close. For example, it may be another three months before the doctor will be available for vasectomy or tubal ligation, if client does not decide now.

f) **Doorknob Close** is the last tactic to get the client into action, when all other techniques have failed. Admit defeat and then, just before you reach the door, turn to your client and ask “Before I go, will you do me one favor? To help me improve myself, will you please tell me, where I failed today? Why could I not get you interested in this topic? At this point client will give a truthful response and will state his real objection.

H. COUNSELING

empowers clients to seek the services of competent and caring providers and demand quality services. The six elements of the counseling process, represented by the acronym GATHER, are: greet the client warmly; ask the client questions; tell the client about available methods; help the client to choose a method; explain clearly how to use a method ; and reschedule for a return visit to refer (Jato; Vondrasek; Awasum, 1995). There are at least five stages involved in counseling with the aim of helping people to make a choice about family planning and contraceptive method.

Stage I. Identify the need and create the climate

Carl Rogers (a ‘founding father’ of counseling) has identified the qualities necessary for a counselor to establish a climate in which a client can ‘open up’; these are warmth, openness, genuineness, empathy and unconditional positive regard

irrespective of your liking or disliking. This means to ensure that you will not be interrupted and can not be overheard, that you have sufficient time, and that you are comfortably seated in the chairs of the same height, adopting an open posture and making direct eye contact when needed.

Stage II. Explore the needs and the concerns

A trust can be achieved by giving full attention and actively listening, by encouraging the client to talk and by asking questions. This will enable client to move from superficial issues to deeper needs and concerns.

Stage III. Help the client to set goals and identify options

The counselor may help the client to identify themes or to get a clearer vision of the future through asking key questions such as

‘How would you feel if. ?

‘If things were exactly how you wanted them to be, how it would be different from now. ?

The counselor may also provide the client with information in order to establish

options: ‘If you do X what’s likely to happen is. . . . ?

‘If you do Y the chances are that ?

‘You might find it helpful to consider that. ’ and so on.

Stage IV. Help the client to decide which option to choose

Making decisions, that is choosing between alternative options is a highly complex process. It involves

- weighing up the pros and cons of the alternative options;
- considering the likely consequences of pursuing each alternative;
- deciding which is the best alternative.

A “cafeteria approach” should be adopted that is offering a wide choice of contraceptives. There are two arguments for this. The first is ethical. Family planning programs which promote some methods at the expense of others risk being repressive of individual freedom.

The other argument is that cafeteria approach is ultimately best way to reduce fertility. People need a variety of methods because there is no one method suitable for all couples. Sterilization is of no use to couples who want to delay, rather than to terminate childbearing. The IUD is not suitable for women who have not yet had a child. Pills are not recommended for women over 40, or who tend to be forgetful. The rhythm method, because of its high risk of failure, is not advisable for couples who definitely do not want another child (ESCAP, 1990:1).

The important thing about this stage is that choice must be the client’s, not the counselor’s. If the client is reluctant to commit himself to a decision, then both parties need to consider whether it is worth undertaking further work at stages II and III. If the client chooses an alternative which the counselor feels won’t work, she should nevertheless back the client’s choice and help the client to develop an action plan, explaining that if it does not work, the door is still open for exploring other options.

Stage V. Help the client to develop an action plan

Having made a decision, the client now needs to think about turning that decision into action. Once an action plan has been agreed, the final details are to set a review date and to clarify how progress will be monitored.

APPENDIX III

TEACHING AND INSTRUCTING SKILLS

There are some basic principles for effective teaching as follow (Promoting Health by Ewels & Simnett, 1992).

1. Work from known to unknown.

Your starting point should be what people know already. Your aim is build new information, or new skills, on to what is already known. You may start saying 'some of you will probably know this, but I'll talk about it briefly because it will be new to others. ' and then may come to your point.

2. Aim for maximum involvement.

First try to involve audience in deciding the aim and content of the teaching. You might begin by explaining your aims, asking for comments and suggestions, and then going on to discuss the content. This will help to motivate audience and stimulate them to think that they, themselves, are responsible for their own learning. secondly, keep your audience involved by asking questions and with eye contact.

3. Vary your teaching methods.

You can create an interest on part of audience by varying your teaching methods.

Following methods can be applied

a. Demonstration about the issue and clarifying values. This may be done using Polarized views that is phrased to reflect extremely different views. For example, if the issue was 'is family planning good for you?', polarized views could be summed

up as 'Family planning kills people and only be practiced in emergencies to pregnant mothers. ' or 'family planning is very beneficial and all should practice it and they would be benefited even if they need or don't. ' In this technique, ask learners to work in pairs and one person develop arguments in favor and other to develop arguments against without any discussion and then after some time ask them to start arguing their case. List all favorable points taking from each pair and similarly list all opposite views taking from each pair. Then ask group, what they have learnt. This technique help people to consider whole range of arguments, which help them to understand other people's point of view, tolerate difference of opinions, clarify their own views.

b. Role play. This means taking on the role of another person in a specified situation, and acting out what that other person might do and say in that situation. This is a useful way of practicing a new skill or rehearsing for a future event. For example, you can play a role of worker at the time of consultation with his client. This will help them to understand, how they have to introduce and convey his message to his client.

c. Communication Materials. You can use a huge range of available communication materials like leaflets, handouts, posters, charts, video tapes, audio tapes, slides, flip-charts, blackboards, whiteboards and overhead projector transparencies to convey your message. Each one of these methods has its particular uses, advantages and limitations; it is you who has to decide which one is most

appropriate for achieving your aims keeping in view its relevance to your workers and your particular message.

4. Ensure relevance. When teaching you should ensure that, as far as possible, what you say is relevant to your topic and needs, interests and circumstances of the audience.

5. Identify realistic goals and objectives. A common mistake is to attempt too much. Three or four key points is all that you can ever expect people to remember from a teaching session. Teaching more than that does not mean that they learn more; it usually means that they forget more.

6. Organize your material. It will help your audience if you organize your material into a logical framework. For example, First, what we have found out is that.
 . . . ; secondly, I think that. and finally it will need.

7. Evaluation and feedback. These are very important to know whether your audience has received your message correctly and can be done by asking questions at the end of session and making clarifications, if required.

APPENDIX IV

INTERVIEWING SKILLS

The main reason for conducting interviews is to understand how individuals construct meanings and significance of their situations from complex framework of beliefs and values which they have developed over their lives in order to help explain and predict events in their world. Researchers must therefore, be able to conduct interviews so that the opportunity is present for those insights to be gained. In order to be able to achieve these insights the Researchers will need to be sensitive enough and skilled enough to ensure that he understands other person's views but also at times assists individuals to explore their own beliefs

1. The skills of an interviewer center around the ability to recognize what is relevant and remember it or tape it so that afterwards detailed notes can be made.
2. The interviewer should be perceptive and sensitive to events so that lines of inquiry can be changed or adopted accordingly during interview
3. further interviewers needs to be able to listen and to refrain from projecting their own opinions or feelings into the situation
4. The interviewer needs to understand the importance placed on the social interaction between interviewer and interviewee. An important ingredient in all methods is trust. Failure to develop trust may result in interviewee simply resorting to telling the researcher what they think the researcher wants to know.

PERSONAL INFORMATION

In what month and year you were born?	year day	month	A1
What is the highest level of School you attended?	1	None	A2
	2	Primary	
	3	Middle	
	4	Secondary	
	5	Higher	
What kind of work you mainly do?	1	Government Service	A3
	2	Private service	
	3	Self employment	
	4	Cultivation	
	5	Unemployed	
In your opinion, what is total income of all members of family living in same household?	1	Less than Rs 3000	A4
	2	Rs 3000-5000	
	3	Rs 5000-10000	
	4	More than Rs 10000	

FAMILY PLANNING INFORMATION

KNOWLEDGE

1.1 Have you ever heard about a birth control pill woman can take every day?(if no skip to 2.1)	1	Yes	2	no	K1
1.2 Has your wife ever used birth control pill?	1	Yes	2	no	K2
1.3 Do you know where a person could go to get birth control pill?	1	Yes	2	no	K3
1.4 How long does it take to travel to get birth control pill?	Hours Minutes				K4
1.5 Do you find easy to get there?	1	Yes	2	no	K5
1.6 How much does a packet of birth control pill for a month cost to you?	Rs				K6
1.7 Where did you get information about birth control pill?	1	Health worker			K7
	2	Another health personnel			
	3	Your wife			
	4	Newspaper, Radio, TV or Another mass media			

2.1 Have you ever heard about a loop or coil, woman can place inside them by a doctor or nurse?(if no skip to 3.1)	<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	no	K8
2.2 Has your wife ever used loop?	<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	no	K9
2. 3 Do you know where a person could go to get loop?	<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	no	K10
2. 4 How long does it take to travel to get loop?	Hours Minutes				K11
2.5 Do you find it easy to get there?	<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	no	K12
2.6 How much does loop cost to you?	Rs				K13
2.7 Where did you get the information about loop or coil?	<input type="checkbox"/> 1	Health worker			K14
	<input type="checkbox"/> 2	Another health personnel			
	<input type="checkbox"/> 3	Your wife			
	<input type="checkbox"/> 4	Newspaper, Radio, TV or			
		Another mass media			
3.1 Have you heard about injection a woman can have to avoid pregnancy?(if no skip to 4. 1)	<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	no	K15
3.2 Has your wife used injection?	<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	no	K16
3. 3 Do you know where a person could go to get injection?	<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	no	K17
3. 4 How long does it take to travel to get injection?	Hours Minutes				K18
3.5 Do you find it easy to get there?	<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	no	K19
3.6 How much does an injection cost to you?	Rs				K20
3.7 Where did you get the information about injection?	<input type="checkbox"/> 1	Health worker			K21
	<input type="checkbox"/> 2	Another health personnel			
	<input type="checkbox"/> 3	Your wife			
	<input type="checkbox"/> 4	Newspaper, Raio, TV or			
		Another mass media			
4.1 Have you heard about Diaphragm, foam, jelly, sponge, suppository or cream a woman can place inside before intercourse? (if no skip to 5. 1)	<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	no	K22
4.2 Has your wife used any of these?	<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	no	K23
4.3 Do you know where a person could go to get that?	<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	no	K24
4.4 How long does it take to travel there to get that?	Hours Minutes				K25

4.5 Do you find easy to get there?	1	Yes	2	no	K26
4.6 How much does it cost to you per one application?	Rs				K27
4.7 Where did you get the information about any of these methods you know?	1	Health worker			K28
	2	Another health personnel			
	3	Your wife			
	4	Newspaper, Radio, TV or Another mass media			
5.1 Have you heard about a rubber sheath or condom a man can use during sexual intercourse? (if no skip to 6. 1)	1	Yes	2	no	K29
5.2 Have you ever used a condom?	1	Yes	2	no	K30
5.3 Do you know where a person could go to get a condom?	1	Yes	2	no	K31
5. 4 How long does it take to travel to get condom?	Hours Minutes				K32
5.5 Do you find it easy to get there?	1	Yes	2	no	K33
5.6 How much does a condom cost to you?	Rs				K34
5. 7 Where did you get the information about condom?	1	Health worker			K35
	2	Another health personnel			
	3	Your wife			
	4	Newspaper, Radio, TV or Another mass media			
6.1 Have you heard about an operation a woman can have to avoid having anymore children?(if no skip to 7.1)	1	Yes	2	no	K36
6.2 Has your wife been operated?	1	Yes	2	no	K37
6.3 Do you know where a person could go to get operated?	1	Yes	2	no	K38
6.4 How long does it take to travel to get operated?	Hours Minutes				K39
6.5 Do you find it easy to get there?	1	Yes	2	no	K40
6.6 How much does it cost to you?	Rs				K41
6.7 Where did you get the information about this operation?	1	Health worker			K42
	2	Another health personnel			
	3	Your wife			
	4	Newspaper, Radio, TV or Another mass media			
7.1 Have you heard about an	1	Yes	2	no	K43

operation a man can have to avoid having more children?(if no skip to 8.1)					
7.2 Have you been operated?	1	Yes	2	no	K44
7.3 Do you know where you could go to get operated?	1	Yes	2	no	K45
7.4 How long does it take to travel to get operated?		Hours Minutes			K46
7. 5 Do you find easy to get there?	1	Yes	2	no	K47
7.6 How much does it cost to you?		Rs			K48
7.7 Where did you get the information about this operation?	1	Health worker			K49
	2	Another health personnel			
	3	Your wife			
	4	Newspaper, Radio, TV or Another mass media			
8.1 Have you heard about avoiding sexual intercourse on certain days of the month, when a woman is more likely to become pregnant?(if no skip to 9. 1)	1	Yes	2	no	K50
8.2 Have you ever used this method to avoid pregnancy?	1	Yes	2	no	K51
8.3 Do you know where a person could go to get advice about this method?	1	Yes	2	no	K52
8.4 How long does it take to travel to that place to get advice?		Hours Minutes			K53
8. 5 Do you find it easy to get there?	1	Yes	2	no	K54
8. 6 How much does it cost to you?		Rs			K55
8. 7 Where did you get the information about this method?	1	Health worker			K56
	2	Another health personnel			
	3	Your wife			
	4	Newspaper, Radio, TV or Another mass media			
9. 1 Have you heard about a man can pullout before climax (if no skip to 10. 1)	1	Yes	2	no	K57
9. 2 Have you ever used it?	1	Yes	2	no	K58
9. 3 Where did you get the information about this method?	1	Health worker			K59
	2	Another health personnel			
	3	Your wife			
	4	Newspaper, Radio, TV or Another mass media			

10.1 Have you heard about any other method a man or a woman can use to avoid pregnancy? (if no, skip to 11)	1	Yes	2	no	K60
10.2 Have you ever used it?	1	Yes	2	no	K61
10.3 Where did you get the information about this method?	1	Health worker			K62
	2	Another health personnel			
	3	Your wife			
	4	Newspaper, Radio, TV or Another mass media			
11 How many times a Health worker visited you during last two years?	1	Never	2	once	K63
	3	Twice	4	thrice	
	5	More than three times			

FAMILY PLANNING PRACTICE

1.1 Are you and your wife currently using any method to delay pregnancy? (if no skip to 3)	1	Yes	2	no	P1
1.2 Who decided to use contraceptives?	1	Husband	2	wife	P2
	3	Both			
2. Which method are you using? (if using any method skip 3)					
2.1. Pill	1	Yes	2	no	P3
2.2. IUD	1	Yes	2	no	P4
2.3. Injection	1	Yes	2	no	P5
2.4. Diaphragm/ foam/ jelly	1	Yes	2	no	P6
2.5. Condom	1	Yes	2	no	P7
2.6. Tubal ligation	1	Yes	2	no	P8
2.7. Vasectomy	1	Yes	2	no	P9
2.8. Periodic abstinence	1	Yes	2	no	P10
2.9. Withdrawal	1	Yes	2	no	P11
2.10. other	1	Yes	2	no	P12
3. What is the main reason that you are not using a method to delay or avoid a pregnancy?	1	Want more children			P13
	2	Lack of knowlege			
	3	Wife opposed			
	4	Costs too much			
	5	Side effects			
	6	Tubal ligation			
	7	Vasectomy			

	8	Periodic abstinence	
	9	Withdrawal	
	10	Infrequent sex	
	11	Hard for wife to get Pregnant	
	12	Menopause/ Hysterectomy	
	13	Inconvenient	
	14	Wife absent	
	15	Wife pregnant	
	16	Wife breast feeding	
	17	Other (specify)	

ATTITUDE ABOUT FAMILY PLANNING

1.1 Do you intend to use a method to delay or avoid a pregnancy in future?(if no skip to 2)	1	Yes	2	no	T1
1.2 Which method would you prefer to use?(if intend to use, skip to 3)	1	Pill			T2
	2	IUD			
	3	Injection			
	4	Tubal ligation			
	5	Withdrawal			
	6	Periodic abstinence			
	7	Diaphragm/ jelly/ foam			
	8	Condom			
	9	Vasectomy			
2. What is the main reason you do not intend to use a method?	1	Want more children			T3
	2	Lack of knowledge			
	3	Wife opposed			
	4	Costs too much			
	5	Side effects			
	6	Tubal ligation			
	7	Vasectomy			
	8	Periodic abstinence			
	9	Withdrawal			
	10	Infrequent sex			
	11	Hard for wife to get pregnant			
	12	Menopause/ Hysterectomy			
	13	Inconvenient			
	14	Wife absent			

	15	Wife pregnant	
	16	Wife breast feeding	
	17	Other (specify)	
3. How many wives you have?	1	One	<input checked="" type="checkbox"/> 2 Two
	3	More than two	
3. 2 Have you been married only once or more than once?	1	Once	T5
	2	More than once	
4. 1 How many living children you have?			T6
4.2 Would you like to have another child or prefer not to have?(if no skip to 4.4)	1	yes	<input checked="" type="checkbox"/> 2 no
	3	Up to God	
4.3 Would you prefer your next child to be a boy or a girl or does not it matter?	1	Boy	<input checked="" type="checkbox"/> 2 Girl
	3	Does not matter	
4.4 How many children in total would you like to have in your whole lifetime?		total	T9
	0	Does not matter	
4.5 How many of these would you like to be boys and how many girls?		Boys Girls	T10
4.6 I would like to know how much schooling you expect your sons to have?(including all the children you might have in future)?	1	None	T11
	2	Primary	
	3	Middle	
	4	Secondary	
	5	Higher	
4.7 How about your daughter's level of schooling?	1	None	T12
	2	Primary	
	3	Middle	
	4	Secondary	
	5	Higher	
5.1 Have you and your wife ever discussed the number of children you would like to have	1	yes	<input checked="" type="checkbox"/> 2 no
5.2 How often have you talked to your wife about family planning during last year?	1	never	T14
	2	Once or twice	
	3	More than twice	
5.3 Do you think your wife wants same number of children that you want?	1	yes	<input checked="" type="checkbox"/> 2 no
5.4 Do you think your wife approves or disapproves family planning in general?	1	approves	T16
	2	disapproves	

6.1 How long you would like to wait after the birth of a child before the birth of another?	1	Less than 2 year	T17		
	2	2-3 years			
	3	More than 3 years			
6.2 How long should a husband and wife wait before starting sexual intercourse after birth of a baby?	1	Less than 2 year	T18		
	2	2-3 years			
	3	More than 3 years			
6.3 Should a mother wait until she has completely stopped breast feeding before starting sexual relations again, does not it matter?	1	wait	T19		
	2	No matter			
7.1 What do you think is the ideal age at marriage for boys?		years	T20		
7.2 And what is the ideal age at marriage for girls?		years	T21		
8.1 What is age of your wife?		years	T22		
8.2 What is highest level of education Your wife attended?	1	None	T23		
	2	Primary			
	3	Middle			
	4	Secondary			
	5	Higher			
8.3 Is your wife working to earn some money?	1	yes	2	no	T24
8.4 If your wife needed to go to a Hospital, could she go alone herself Or would she need to be Accompanied by someone else?	1	Could go	T25		
	2	no			
	3	It depends...			

Note: This questionnaire has been prepared with help of Husband's Questionnaire presented in PDHS, which in turn, was based on the DHS Model B Questionnaire, which is designed for use in countries with low contraceptive prevalence.

APPENDIX VI

**REVISED MALE SAMPLE QUESTIONNAIRE TO EVALUATE KAP OF
TARGET POPULATION**

IDENTIFICATION

VILLAGE-----

WARD(IF ANY)-----

HOUSE NUMBER-----

NAME OF HOUSEHOLD HEAD-----

NAME OF RESPONDENT-----

RELATIONSHIP WITH HOUSE HOLD HEAD-----

TOTAL NUMBER OF PERSONS LIVING IN SAME HOUSEHOLD-----

INTERVIEWER'S NAME-----

INTERVIEWER'S VISITS 1 2 3

DATE -----

RESULT -----(1 completed,

2 not at home, 3 postponed, 4 refused, 5 partly completed)

NEXT VISIT DATE----- TIME-----

LANGUAGE OF INTERVIEW-----

LANGUAGE OF RESPONDENT----- (1 URDU, 2

PUNJABI, 3 ENGLISH)

TRANSLATOR USED-----

(1 YES, 2 NO)

RECORD CURRENT DATE-----

RECORD CURRENT TIME-----

PERSONAL INFORMATION

In what month and year you were born?	year day	month	A1
What is the highest level of School you attended?	1	None	A2
	2	Primary	
	3	Middle	
	4	Secondary	
	5	Higher	
What kind of work you mainly do?	1	Government service	A3
	2	Private service	
	3	Self employment	
	4	Cultivation	
	5	Unemployed	
In your opinion, what is total income of all members of family living in same household?	1	Less than Rs 3000	A4
	2	Rs 3000-5000	
	3	Rs 5000-10000	
	4	More than Rs 10000	

FAMILY PLANNING INFORMATION**KNOWLEDGE**

1.1 Have you ever heard about a birth control pill woman can take every day?(if no skip to 2.1)	1	yes	2	no	K1
1.2 Has your wife ever used birth control pill?	1	yes	2	no	K2
1.3 Do you know where a person could go to get birth control pill? (if no skip to 1.7)	1	yes	2	no	K3
1.4 How long does it take to travel to get birth control pill?	Hours Minutes				K4
1.5 Do you find easy to get there?	1	yes	2	no	K5
1.6 How much does a packet of birth control pill for a month cost to you?	Rs				K6
1.7 Where did you get information about birth control pill?	1	Health worker			K7
	2	Another health personnel			
	3	Your wife			

	4	Newspaper, Radio, TV or Another mass media			
2.1 Have you ever heard about a loop or coil, woman can place inside them by a doctor or nurse?(if no skip to 3.1)	1	yes	2	no	K8
2.2 Has your wife ever used loop?	1	yes	2	no	K9
2. 3 Do you know where a person could go to get loop? (if no skip to 2.7)	1	yes	2	no	K10
2. 4 How long does it take to travel to Get loop?	Hours Minutes				K11
2.5 Do you find it easy to get there?	1	yes	2	no	K12
2.6 How much does loop cost to you?	Rs				K13
2.7 Where did you get the Information about loop or coil?	1	Health worker		K14	
	2	Another health personnel			
	3	Your wife			
	4	Newspaper, Radio, TV or another mass media			
3.1 Have you heard about injection A woman can have to avoid Pregnancy?(if no skip to 4. 1)	1	yes	2	no	K15
3.2 Has your wife used injection?	1	yes	2	no	K16
3.3 Do you know where a person could go to get injection? (if no skip to 3.7)	1	yes	2	no	K17
3. 4 How long does it take to travel to Get injection?	Hours Minutes				K18
3.5 Do you find it easy to get there?	1	yes	2	no	K19
3.6 How much does an injection Cost to you?	Rs				K20
3.7 Where did you get the Information about injection?	1	Health worker		K21	
	2	Another health personnel			
	3	Your wife			
	4	Newspaper, Raio, TV or another mass media			
4.1 Have you heard about Diaphragm, foam, jelly, sponge, Suppository or cream a woman can Place inside before intercourse? (if no Skip to 5. 1)	1	yes	2	no	K22
4.2 Has your wife used any of These?	1	yes	2	no	K23
4.3 Do you know where a person	1	yes	2	no	K24

could go to get that? (if no skip to 4.7)					
4.4 How long does it take to travel there to get that?	Hours Minutes				K25
4.5 Do you find easy to get there?	<input type="checkbox"/> 1	yes	<input type="checkbox"/> 2	no	K26
4.6 How much does it cost to you per one application?	Rs				K27
4.7 Where did you get the information about any of these methods you know?	<input type="checkbox"/> 1	Health worker			K28
	<input type="checkbox"/> 2	Another health personnel			
	<input type="checkbox"/> 3	Your wife			
	<input type="checkbox"/> 4	Newspaper, Radio, TV or another mass media			
5.1 Have you heard about a rubber sheath or condom a man can use during sexual intercourse? (if no skip to 6. 1)	<input type="checkbox"/> 1	yes	<input type="checkbox"/> 2	no	K29
5.2 Have you ever used a condom?	<input type="checkbox"/> 1	yes	<input type="checkbox"/> 2	no	K30
5.3 Do you know where a person could go to get a condom? (if no skip to 5.7)	<input type="checkbox"/> 1	yes	<input type="checkbox"/> 2	no	K31
5. 4 How long does it take to travel to get condom?	Hours Minutes				K32
5.5 Do you find it easy to get there?	<input type="checkbox"/> 1	yes	<input type="checkbox"/> 2	no	K33
5.6 How much does a condom cost to you?	Rs				K34
5. 7 Where did you get the information about condom?	<input type="checkbox"/> 1	Health worker			K35
	<input type="checkbox"/> 2	Another health personnel			
	<input type="checkbox"/> 3	Your wife			
	<input type="checkbox"/> 4	Newspaper, Radio, TV or another mass media			
6.1 Have you heard about an operation a woman can have to avoid having anymore children?(if no skip to 7.1)	<input type="checkbox"/> 1	yes	<input type="checkbox"/> 2	no	K36
6.2 Has your wife been operated?	<input type="checkbox"/> 1	yes	<input type="checkbox"/> 2	no	K37
6.3 Do you know where a person could go to get operated? (if no skip to 6.7)	<input type="checkbox"/> 1	yes	<input type="checkbox"/> 2	no	K38
6.4 How long does it take to travel to get operated?	Hours Minutes				K39
6.5 Do you find it easy to get there?	<input type="checkbox"/> 1	yes	<input type="checkbox"/> 2	no	K40
6.6 How much does it cost to you?	Rs				K41
6.7 Where did you get the	<input type="checkbox"/> 1	Health worker			K42

information about this operation?	2	Another health personnel		
	3	Your wife		
	4	Newspaper, Radio, TV or another mass media		
7.1 Have you heard about an operation a man can have to avoid having more children?(if no skip to 8.1)	1	yes	2	no
7.2 Have you been operated?	1	yes	2	no
7.3 Do you know where you could go to get operated? (if no skip to 7.7)	1	yes	2	no
7.4 How long does it take to travel to get operated?		Hours		
		Minutes		
7. 5 Do you find easy to get there?	1	yes	2	no
7.6 How much does it cost to you?		Rs		
7.7 Where did you get the information about this operation?	1	Health worker		
	2	Another health personnel		
	3	Your wife		
	4	Newspaper, Radio, TV or another mass media		
8.1 Have you heard about avoiding sexual intercourse on certain days of the month, when a woman is more likely to become pregnant?(if no skip to 9. 1)	1	yes	2	no
8.2 Have you ever used this method to avoid pregnancy?	1	yes	2	no
8.3 Do you know where a person could go to get advice about this method? (if no skip to 8.7)	1	yes	2	no
8.4 How long does it take to travel to that place to get advice?		Hours		
		Minutes		
8.5 Do you find it easy to get there?	1	yes	2	no
8. 6 How much does it cost to you?		Rs		
8.7 Where did you get the information about this method?	1	Health worker		
	2	Another health personnel		
	3	Your wife		
	4	Newspaper, Radio, TV or another mass media		
9.1 Have you heard about a man can pullout before climax (if no skip to 10.1)	1	yes	2	no
9.2 Have you ever used it?	1	yes	2	no

9.3 Where did you get the information about this method?	1	Health worker	K59		
	2	Another health personnel			
	3	Your wife			
	4	Newspaper, Radio, TV or another mass media			
10.1 Have you heard about any other method a man or a woman can use to avoid pregnancy? (if no, skip to 11)	1	yes	2	no	K60
10.2 Have you ever used it?	1	yes	2	no	K61
10.3 Where did you get the information about this method?	1	Health worker	K62		
	2	Another health personnel			
	3	Your wife			
	4	Newspaper, Radio, TV or another mass media			
11 How many times a Health worker visited you during last two years?	1	never	2	once	K63
	3	twice	4	thrice	
	5	More than three times			

FAMILY PLANNING PRACTICE

1.1 Are you and your wife currently using any method to delay pregnancy? (if no skip to 3)	1	yes	2	no	P1	
1.2 Who decided to use contraceptives?	1	Husband	2	wife	P2	
	3	both				
2. Which method are you using? (if using any method skip 3)						
1	Pill	2	IUD	3	Injection	P3
4	Condom	5	Tubal ligation	6	Vasectomy	
7	Diaphragm/ foam/ jelly	8	Periodic abstinence	9	Withdrawal	
10	other					
3. What is the main reason that you are not using a method to delay or avoid a pregnancy?					P4	

ATTITUDE ABOUT FAMILY PLANNING

1.1 Do you intend to use a method to delay or avoid a pregnancy in future?(if no skip to 2)	1	Yes	2	no	T1
1.2 Which method would you prefer to use?(if intend to use, skip to 3)	1	Pill			T2
	2	IUD			
	3	Injection			
	4	Tubal ligation			
	5	Withdrawal			
	6	Periodic abstinence			
	7	Diaphragm/ jelly/ foam			
	8	Condom			
	9	Vasectomy			
2. What is the main reason you do not intend to use a method?					T3
3. How many wives you have?	1	One	2	Two	T4
	3	More than two			
3. 2 Have you been married only once or more than once?	1	Once			T5
	2	More than once			
4. 1 How many living children you have?					T6
4.2 Would you like to have another child or prefer not to have?(if no skip to 4.4)	1	yes	2	no	T7
	3	Up to God			
4.3 Would you prefer your next child to be a boy or a girl or does not it matter?	1	Boy	2	Girl	T8
	3	Does not matter			
4.4 How many children in total would you like to have in your whole lifetime?	total				T9
	0	Does not matter			
4.5 How many of these would you like to be boys and how many girls?	Boys Girls				T10
4.6 I would like to know how much schooling you expect your sons to have?(including all the children you might have in future)?	1	None			T11
	2	Primary			
	3	Middle			
	4	Secondary			
	5	Higher			
4.7 How about your daughter's level of schooling?	1	None			T12
	2	Primary			
	3	Middle			

	4	Secondary		
	5	Higher		
5.1 Have you and your wife ever discussed the number of children you would like to have	1	yes	2	no
5.2 How often have you talked to your wife about family planning during last year?	1	never		
	2	Once or twice		
	3	More than twice		
5.3 Do you think your wife wants same number of children that you want?	1	yes	2	no
5.4 Do you think your wife approves or disapproves family planning in general?	1	approves		
	2	disapproves		
	3	Do not know		
6.1 How long you would like to wait after the birth of a child before the birth of another?	1	Less than 2 year		
	2	2-3 years		
	3	More than 3 years		
6.2 How long should a husband and wife wait before starting sexual intercourse after birth of a baby?	1	Less than 2 year		
	2	2-3 years		
	3	More than 3 years		
6.3 Should a mother wait until she has completely stopped breast feeding before starting sexual relations again, does not it matter?	1	wait		
	2	No matter		
7.1 What do you think is the ideal age at marriage for boys?		years		
7.2 And what is the ideal age at marriage for girls?		years		
8.1 What is age of your wife?		years		
8.2 What is highest level of education Your wife attended?	1	None		
	2	Primary		
	3	Middle		
	4	Secondary		
	5	Higher		
8.3 Is your wife working to earn some money?	1	yes	2	no
8.4 If your wife needed to go to a Hospital, could she go alone herself Or would she need to be Accompanied by someone else?	1	Could go		
	2	no		
	3	It depends...		

APPENDIX VII

QUESTIONNAIRE TO EVALUATE KNOWLEDGE, ATTITUDE AND PRACTICE OF WORKERS ABOUT CONTRACEPTIVE METHODS.

Basic Information

Name

Village

Ward (if any)

Contraceptive Knowledge

1. If not using birth control, when is the easiest time for a woman to get pregnant?	1	A week before menstruation	K1
	2	During menstruation	
	3	A week after menstruation	
	4	Middle of menstrual cycle	
	5	No answer	
2. Which method changes lining of the uterus, making it impossible for egg to be embedded?	1	Oral pill	K2
	2	IUD	
	3	Vasectomy	
	4	Tubectomy	
	5	Injectables	
3. Which method cuts off the seminal ducts?	1	Oral pill	K3
	2	IUD	
	3	Vasectomy	
	4	Tubectomy	
	5	Injectables	
4. Which method prevents ovulation?	1	Oral pill	K4
	2	IUD	
	3	Vasectomy	
	4	Tubectomy	
	5	Injectables	
5. Which method prevents sperms from getting into vagina?	1	Oral pill	K5
	2	IUD	
	3	Vasectomy	
	4	Tubectomy	
	5	Injectables	
6. which method produces following side effects, which disappear shortly: nausea, irregular bleeding, weight gain?	1	Oral pill	K6
	2	IUD	
	3	Vasectomy	
	4	Tubectomy	
	5	Injectables	
7. Which method makes menstrual	1	Oral pill	K7

period heavier and causes backache and stomachache?	2	IUD	
	3	Vasectomy	
	4	Tubectomy	
	5	Injectables	
8. Among following methods which one is least effective?	1	Oral pill	K8
	2	IUD	
	3	Vasectomy	
	4	Tubectomy	
	5	Injectables	
9. Which is the method, people can use anytime, and for which they do not need any artificial contraceptives?	1	Oral pill	K9
	2	IUD	
	3	Vasectomy	
	4	Tubectomy	
	5	Injectables	
10. In which method, husband and wife should not have sex for a few days in a month ?	1	Oral pill	K10
	2	IUD	
	3	asectomy	
	4	Tubectomy	
	5	Injectables	
11. which method women needs to remember everyday otherwise can get pregnant?	1	Oral pill	K11
	2	IUD	
	3	Vasectomy	
	4	Tubectomy	
	5	Injectables	
12. The usage of oral pill is	1	One pill three times a day	K12
	2	Once a day, 30 pills a month	
	3	Once a day, 22 pills a month	
13. What is the average time for a woman to get pregnant after stopping the pill?	1	Within three months	K13
	2	4-6 months	
	3	6-12 months	
14. At what interval a woman should take an injectable?	1	One week	K14
	2	One month	
	3	Three months	
	4	4-6 months	
	5	One year	
15. After stopping the injectable, time for woman to get pregnant is----- after stopping the pill	1	Longer than	K15
	2	Shorter than	
	3	3. The same as	
16. Is it correct that an advantage of	1	Yes	K16

the pill is alleviation of painful menstrual period?	2	No	
17. Please list following methods from 1 to 6 according to their effectiveness	1	-----Oral pill	K17
	2	-----IUD	
	3	-----Withdrawal	
	4	-----Safe period	
	5	-----Condom	
	6	-----Vasectomy	
18. Which of the following is the situation with IUD?	1	Menstrual period begins earlier, lasts longer, flows more heavily	K18
	2	Menstrual period begins later, is shorter, flows less heavily	
	3	Same as without IUD	
19. After tubectomy, menstruation is:	1	Same as before	K19
	2	Same as before, but with earlier menopause	
	3	Stops after several months	
20. If a condom falls off or is broken during use is there a remedy?		Yes	K20
	2	No	
21. Can a couple have sex immediately after putting in spermicide?	1	Yes	K21
	2	No	
	3	Do not know	
22. If a woman forgets to take a pill, is there a remedy ?	1	Yes	K22
	2	No	
23. Having abortion after 12 weeks is more harmful than under 12 weeks?	1	Yes	K23
	2	NO	
	3	Do not know	
24. Do you think it is correct that vasectomy is easier and safer than tubectomy?	1	Yes	K24
	2	NO	
	3	Do not know	
25. Women with some diseases should not use some kind of contraceptives. For each method please circle the number of contraindications for that method			
25.1 Vasectomy	1	High Blood Pressure	K25
	2	Serious Heart Block	
	3	Blood Diseases	
	4	Acute and Chronic Hepatitis	

	5	Acute and Chronic Nephritis	
	6	Diabetes Mellitus	
	7	Breast Tumor	
	8	Uterus Tumor	
	9	Breastfeeding	
	10	Cervicitis	
	11	Vaginal Infection	
	12	Damage of vagina and Uterus	
	13	Irregular menstruation	
	14	Inflammation of fallopian tubes	
	15	Deferentitis	
	16	Allergy to rubber	
25.2 Tubectomy	1	High Blood Pressure	K26
	2	Serious Heart Block	
	3	Blood Diseases	
	4	Acute and Chronic Hepatitis	
	5	Acute and Chronic Nephritis	
	6	Diabetes Mellitus	
	7	Breast Tumor	
	8	Uterus Tumor	
	9	Breastfeeding	
	10	Cervicitis	
	11	Vaginal Infection	
	12	Damage of vagina and Uterus	
	13	Irregular menstruation	
	14	Inflammation of fallopian tubes	
	15	Deferentitis	
	16	Allergy to rubber	
25.3 IUD	1	High Blood Pressure	K27
	2	Serious Heart Block	
	3	Blood Diseases	
	4	Acute and Chronic Hepatitis	
	5	Acute and Chronic	

		Nephritis	
	6	Diabetes Mellitus	
	7	Breast Tumor	
	8	Uterus Tumor	
	9	Breastfeeding	
	10	Cervicitis	
	11	Vaginal Infection	
	12	Damage of vagina and Uterus	
	13	Irregular menstruation	
	14	Inflammation of fallopian tubes	
	15	Deferentitis	
	16	Allergy to rubber	
25.4 Oral pill and Injectables	1	High Blood Pressure	K28
	2	Serious Heart Block	
	3	Blood Diseases	
	4	Acute and Chronic Hepatitis	
	5	Acute and Chronic Nephritis	
	6	Diabetes Mellitus	
	7	Breast Tumor	
	8	Uterus Tumor	
	9	Breastfeeding	
	10	Cervicitis	
	11	Vaginal Infection	
	12	Damage of vagina and Uterus	
	13	Irregular menstruation	
	14	Inflammation of fallopian tubes	
	15	Deferentitis	
	16	Allergy to rubber	
25.5 Spermicide	1	High Blood Pressure	K29
	2	Serious Heart Block	
	3	Blood Diseases	
	4	Acute and Chronic Hepatitis	
	5	Acute and Chronic Nephritis	
	6	Diabetes Mellitus	

	7	Breast Tumor	
	8	Uterus Tumor	
	9	Breastfeeding	
	10	Cervicitis	
	11	Vaginal Infection	
	12	Damage of vagina and Uterus	
	13	Irregular menstruation	
	14	Inflammation of fallopian tubes	
	15	Deferentitis	
	16	Allergy to rubber	
25.6 Rhythm	1	High Blood Pressure	K30
	2	Serious Heart Block	
	3	Blood Diseases	
	4	Acute and Chronic Hepatitis	
	5	Acute and Chronic Nephritis	
	6	Diabetes Mellitus	
	7	Breast Tumor	
	8	Uterus Tumor	
	9	Breastfeeding	
	10	Cervicitis	
	11	Vaginal Infection	
	12	Damage of vagina and Uterus	
	13	Irregular menstruation	
	14	Inflammation of fallopian tubes	
	15	Deferentitis	
	16	Allergy to rubber	
25.7 Condoms	1	High Blood Pressure	K31
	2	Serious Heart Block	
	3	Blood Diseases	
	4	Acute and Chronic Hepatitis	
	5	Acute and Chronic Nephritis	
	6	Diabetes Mellitus	
	7	Breast Tumor	

	8	Uterus Tumor	
	9	Breastfeeding	
	10	Cervicitis	
	11	Vaginal Infection	
	12	Damage of vagina and Uterus	
	13	Irregular menstruation	
	14	Inflammation of fallopian tubes	
	15	Deferentitis	
	16	Allergy to rubber	

ATTITUDE OF WORKERS

Please mention if each of the following methods is appropriate or not

1. For a couple with a child of one year, who wants to postpone pregnancy					
1.1 Vasectomy	1	Yes	2	No	K32
1.2 Tubectomy	1	Yes	2	No	K33
1.3 IUD	1	Yes	2	No	K34
1.4 Oral pill	1	Yes	2	No	K35
1.5 Injectables	1	Yes	2	No	K36
1.6 Condom	1	Yes	2	No	K37
1.7 Rhythm	1	Yes	2	No	K38
1.8 Withdrawal	1	Yes	2	No	K39
1.9 Rhythm plus condom or withdrawal	1	Yes	2	No	K40
2. For a newly married couple who do not want to have a child right away					
2.1 Vasectomy	1	Yes	2	No	K41
2.2 Tubectomy	1	Yes	2	No	K42
2.3 IUD	1	Yes	2	No	K43
2.4 Oral pill	1	Yes	2	No	K44
2.5 Injectables	1	Yes	2	No	K45
2.6 Condom	1	Yes	2	No	K46
2.7 Rhythm	1	Yes	2	No	K47
2.8 Withdrawal	1	Yes	2	No	K48
2.9 Rhythm plus condom or withdrawal	1	Yes	2	No	K49
3. For a couple with wife over 35 and two					

children, who do not want to have any more children and do not want sterilization					
3.1 Vasectomy	1	Yes	2	No	K50
3.2 Tubectomy	1	Yes	2	No	K51
3.3 IUD	1	Yes	2	No	K52
3.4 Oral pill	1	Yes	2	No	K53
3.5 Injectables	1	Yes	2	No	K54
3.6 Condom	1	Yes	2	No	K55
3.7 Rhythm	1	Yes	2	No	K56
3.8 Withdrawal	1	Yes	2	No	K57
3.9 Rhythm plus condom or withdrawal	1	Yes	2	No	K58
4. For a couple, with wife over 35 and two children, who do not want to have more children and willing to accept a permanent method					
4.1 Vasectomy	1	Yes	2	No	K59
4.2 Tubectomy	1	Yes	2	No	K60
4.3 IUD	1	Yes	2	No	K61
4.4 Oral pill	1	Yes	2	No	K62
4.5 Injectables	1	Yes	2	No	K63
4.6 Condom	1	Yes	2	No	K64
4.7 Rhythm	1	Yes	2	No	K65
4.8 Withdrawal	1	Yes	2	No	K66
4.9 Rhythm plus condom or withdrawal	1	Yes	2	No	K67
5. For a young couple, with a child of 8 weeks, who do not want to have another child right away and husband does not want to use condom					
5.1 Vasectomy	1	Yes	2	No	K68
5.2 Tubectomy	1	Yes	2	No	K69
5.3 IUD	1	Yes	2	No	K70
5.4 Oral pill	1	Yes	2	No	K71
5.5 Injectables	1	Yes	2	No	K72
5.6 Condom	1	Yes	2	No	K73
5.7 Rhythm	1	Yes	2	No	K74
5.8 Withdrawal	1	Yes	2	No	K75
5.9 Rhythm plus condom or withdrawal	1	Yes	2	No	K76

PERSONAL BIRTH CONTROL PRACTICES

1. Are you currently using any of the following method?					
1.1 Vasectomy	1	Yes	2	No	P1
1.2 Tubectomy	1	Yes	2	No	P2
1.3 IUD	1	Yes	2	No	P3
1.4 Oral pill	1	Yes	2	No	P4
1.5 Injectables	1	Yes	2	No	P5
1.6 Condom	1	Yes	2	No	P6
1.7 Rhythm	1	Yes	2	No	P7
1.8 Withdrawal	1	Yes	2	No	P8
1.9 Spermicide	1	Yes	2	No	P9
2. How long have you been using the present method?	1.	Less than one year			P10
	2.	2-5 years			
	3.	6-10 years			
	4.	More than 10 years			
3. Have you ever used any of the following methods					
1.1 Vasectomy	1	Yes	2	No	P11
1.2 Tubectomy	1	Yes	2	No	P12
1.3 IUD	1	Yes	2	No	P13
1.4 Oral pill	1	Yes	2	No	P14
1.5 Injectables	1	Yes	2	No	P15
1.6 Condom	1	Yes	2	No	P16
1.7 Rhythm	1	Yes	2	No	P17
1.8 Withdrawal	1	Yes	2	No	P18
1.9 Spermicide	1	Yes	2	No	P19
4. When you first used contraceptive method?	1	Before joining as family planning worker			P20
	2	After joining as family planning worker			
5. Which was the first contraceptive method you used.					
1.1 Vasectomy	1	Yes	2	No	P21
1.2 Tubectomy	1	Yes	2	No	P22
1.3 IUD	1	Yes	2	No	P23
1.4 Oral pill	1	Yes	2	No	P24
1.5 Injectables	1	Yes	2	No	P25
1.6 Condom	1	Yes	2	No	P26
1.7 Rhythm	1	Yes	2	No	P27
1.8 Withdrawal	1	Yes	2	No	P28

1.9 Spermicide	<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No	P29
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**POPULATION WELFARE
TENTATIVE YEAR-WISE ALLOCATIONS DURING EIGHTH PLAN 1993-98**

(Million Rupees)

S. No	Name of the Program	1993-94	1994-95	1995-96	1996-97	1997-98	1993-98 (Total)
1	2	3	4	5	6	7	8
1	Population Welfare Program, Federal	406. 155	600. 515	682. 513	742. 830	780. 627	3212. 640
2	Population Welfare Program, Punjab	443. 850	518. 920	677. 834	712. 003	720. 791	3073. 398
3	Population Welfare Program, Sindh	181. 470	221. 496	292. 316	293. 138	318. 310	1307. 000
4	Population Welfare Program, NWFP	148. 815	168. 110	223. 288	232. 607	232. 607	1005. 567
5	Population Welfare Program, Blochistan	67. 263	90. 358	107. 758	114. 468	121. 548	501. 395
	Total	1247. 823	1599. 399	1983. 709	2095. 046	2174. 023	9100. 000

SOURCE: Population Welfare Program (8th 5 Year Plan) 1993-98, Government of Pakistan, Ministry of Population Welfare Islamabad



18-Kamran Block Allama Iqbal
Town, Lahore Pakistan
Ph: 92-42-7831509
Mobile: 0342 7580932
E-mail:
drtanvir@paknet4.ptc.pk

Dr. Tanvir Ahmad Zaver

Experience

December 1997 to date (about 20 months) Lahore

**Assistant Project Director, Health Care Development Project,
Government of Punjab, Department of Health**

Responsibilities Assistance to Project Director in

- Planning of Project activities
- Management of all resources including human and financial resources
- Regular supervision and monitoring of Project activities through regular field visits
- Establishment & procurements

Achievements

- Within 20 months time, the utilization of funds increased to 55% from 20% which was achieved during the last four and a half years of Project life.
- The achievement of the physical targets increased to >80% from 40% which was achieved during the past 5 years of the project life
- The original PC1 form revised and got approved by the PDWP

(3 months)

Pakpattan

**District Coordinator Prime Minister Program for Family Planning
and Primary Health Care, District Pakpattan**

Responsibilities

- Planning of the UNICEF assisted activities of the Prime Minister's Program for Family Planning and PHC (PM Program) in the district
- Management of all resources including human and financial resources
- Regular supervision and Monitoring of PM Program through regular field visits and scrutiny of reports from the field.
- Generation of the feedback reports
- Operational Research

Achievements

- 100% recruitment of Female Health Workers and Female Supervisors in the district
- 100% training completed at different centers in the district
- Improvement in supplies
- Reduction in Absenteeism through supervision and management
- Initiation of Health education activities in the district
- Operationalization of system of PHC ward/mohalla committee in the district
- Fund generation through donations

(3 Years)

Arifwala

Assistant/Deputy District Health Officer, Tehsil Arifwala

Responsibilities

- Management of all resources including human and financial resources in Tehsil
- Regular supervision and monitoring of EPI/CDC activities through regular field visits in Tehsil
- Regular supervision and monitoring of BHUs/RHCs through regular field visits in Tehsil
- Establishment & procurements

Achievements

- EPI coverage more than 90% in Tehsil
- During the period of three years at all (six) National Polio Days, attained one of the most distinctive Tehsil in Punjab in performance.
- Initiated Health Education activities in Tehsil regarding personal Hygiene and Hepatitis especially Hepatitis C and after detection of large number of cases in Tehsil and achieved success in reduction of incidences.
- Reduction in Absenteeism through field and facility supervision and management; and increase in outpatient and in patient of facilities
- Reduction in pilferage of medicines in Tehsil through close monitoring.

(3 years & 6 months)

Arifwala

Medical Officer, Civil Hospital

Responsibilities

- Management of all resources including human and financial resources
- Supervision and control of all clinical and preventive health activities in Town

Achievements

- Provided curative care to the catchment area population. Maximum increase in number of in-patients and outpatients in the history of the Hospital
- Provided preventive care including Immunization, Growth Monitoring, Family Planning and Health Education etc. in catchment area
- Participated in flood relief activities in 1988

Managed human and physical resources

(5 years)

Muhammad Nagar

Medical Officer, In-charge, Basic Health Unit

Responsibilities

- Management of all resources including human and financial resources

- Supervision and control of all clinical and preventive health activities in village

Achievements

- Provided curative care to the catchment area population. Maximum increase in number of in-patients and outpatients in the history of the Hospital
- Provided preventive care including Immunization, Growth Monitoring, Family Planning and Health Education etc. in catchment area
- Participated in flood relief activities in 1991
- Managed human and physical resources

(12 Months)

Sahiwal

Medical Officer DHQ Hospital

Responsibilities

- Assisted in Anesthesia

(8 months)

House Surgeon

Responsibilities

- Pre-operative care
- Assistance in surgical procedures
- Post-operative care

Education

- 1997 College of Public Health Chulalongkom University, Bangkok, Thailand.

Candidate for Master of Public Health (yet revised thesis has to be accepted by the College)

- 1993 Southbank University, London
Postgraduate Diploma in Health services & Hospital management

- 1982 Nishtar Medical College, Multan
M.B.B.S

- 1975 Government College, Sahiwal
F.Sc (Premedical)

- 1973 M.C. High School, Arifwala
Matriculation

Conferences Attended

- **Following conferences attended:**
- Attended conference on "Rural Development" at Bangkok

- Interests**
- *Health Planning and Management*
 - *Family Planning*
 - *Primary Health Care*
- Publications**
- “Medical Forum, February 1999.” “ Few tips as communication skills for family planning workers.”**
- References**
- Dr. Naeem ud Din Mian**
Executive Director, Special Projects, Punjab
7 B, LDA Flats Huma Block, Allama Iqbal Town, Lahore, Pakistan
Ph-92-42-7843356
- Dr. M. Anwar Janjua**
Project Director, Health Care Development Project, Punjab
7 B, LDA Flats Huma Block, Allama Iqbal Town, Lahore, Pakistan
Ph-92-42-7846186
- Dr. Masood Amjad Chughtai**
Professor Biochemistry
Nishtar Medical College, Multan