Sri Lanka

Knowledge and Attitudes of Grassroots Family Health Workers about Contraceptive Methods

Asian Population Studies Series, No. 86-C

Economic and Social Commission
for Asia and the Pacific
Bangkok



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This volume is one of a series of seven volumes presenting the results of ESCAP's "Study of the Knowledge and Attitudes of Grassroots Family planning Workers about Contraceptive Methods: Implications for Management." The names of the authors and their affiliations are:

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86-A	China Heilongjiang Province	Zhao Xuan and Qiao Xinjian	State Family Planning Commission
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86-C	Sri Lanka	K. Wickramasuriya	Family Health Bureau, Ministry of Health
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86-G	Comparative study	ESCAP	

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Preface

Sri Lanka is one among five countries in Asia which have participated in a multi-country "Study of the Knowledge and Attitudes of Grassroots Family Planning Workers about Contraceptive Methods," a project funded by the United Nations Population Fund (UNFPA) and co-ordinated by the Economic and Social Commission for Asia and the Pacific (ESCAP). The other four countries were China, India, the Philippines and Viet Nam. A list of the country reports, the authors and the organizations participating in the study is given on the inside cover of this volume.

Most countries in the region, including Sri Lanka, have a policy of providing a "cafeteria" of contraceptive methods. Clients are encouraged to choose the contraceptive method which is most suited to their needs and tastes from a variety of methods. The choice is often influenced by an initial contact with a family planning worker.

This project has developed ways of measuring the ability of family planning workers to offer a choice of contraceptive methods. The report presents the results of a survey of family planning workers in Sri Lanka. The report was prepared by Dr. K. P. Wickramasuriya, Medical Officer, Evaluation, Family Health Bureau, Ministry of Health.

Introduction

Demographic situation

The Democratic Socialist Republic of Sri Lanka is an island in the Indian Ocean. The country has an area of 65,000 square kilometres and a population density of 240 per square kilometre.

The population according to the 1981 census was 14.86 million, and is currently estimated at 16.5 million (see figure I). Seventy-two per cent of the population live in rural areas and more than half the population is concentrated in the wet zone districts of the south-western part of the island. The population is young: approximately 50 per cent being less than 20 years of age. Twenty-six per cent of the total population consists of women in the reproductive age group (15-49 years). Literacy is high with an overall rate of 87 per cent in 1981. The female literacy rate increased from 71 per cent in 1971 to 82 per cent in 1981.

The crude birth rate declined from 31 in 1971 to 22 in 1986 (a provisional statistic). Despite a decrease in fertility (see figure II), the population of Sri Lanka will continue to increase in view of the young population structure, and, if the present trend continues, the population will reach a level of 19.7 million by the year 2000. (The current rate of natural increase is 1.7 per cent.)

Family planning

Organized family planning in Sri Lanka was begun in the early 1950s by the Family Planning Association. The work done by the Association was given government recognition in 1954 in the form of an annual grant.

In the mid-1950s the national authorities, in collaboration with the Royal Government of Sweden, conducted a pilot project to study community attitudes towards and acceptance of family planning. Based on the positive aspects of this project, family planning was accepted as a part of national policy and integrated with the already well developed maternal and child health services provided through

Figure I. Population of Sri Lanka 1871-1988

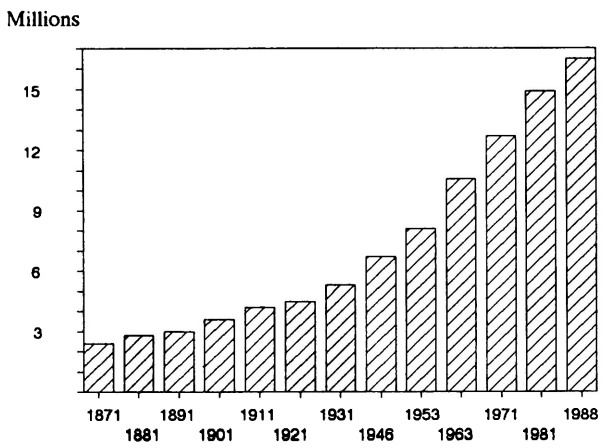
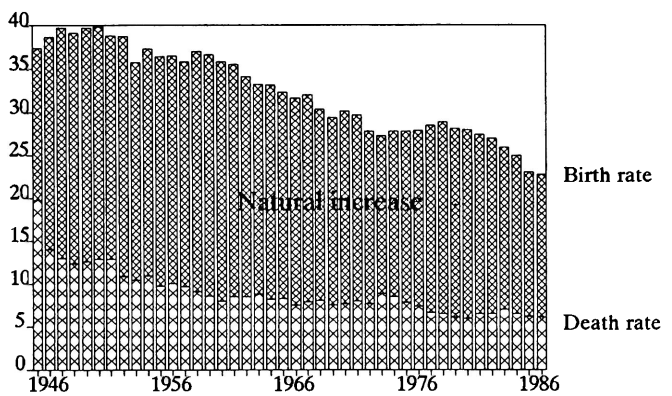


Figure II. Births, deaths and natural increase per 1000 population: 1946-1986



the Ministry of Health.

The Family Health Bureau is the central organization of the Ministry of Health which plans, co-ordinates, monitors and evaluates family health activities. The Bureau provides in-service training in various aspects of family health and is also responsible for procurement and distribution of contraceptives, equipment and supplies needed for family health activities. In addition, the Bureau conducts health services research.

The basic components of the family health services are:

- Prenatal care, including maternal nutrition
- Natal and post-natal care
- Infant and child care with emphasis on
  - Immunization against common childhood diseases
  - Monitoring growth and development with appropriate nutrition interventions
  - Child mental health
  - Control of diarrhoeal diseases
- Care of the school child
- Family planning

Since its inception the family planning programme has received considerable external assistance, the principal donor agencies being the Swedish International Development Authority and the United Nations Population Fund (UNFPA). UNFPA continues to support the family planning programme with contraceptives, equipment, supplies and training. Other donor agencies like the International Planned Parenthood Federation, the Association of Voluntary Sterilization, Population International and the United States Agency for International Development also provide assistance, mainly to non-governmental organizations.

Political commitment to population control

Since independence in 1948, successive Governments have recognized the implications of population growth for economic development and the quality of life of the people and have expressed concern about population growth in Sri Lanka. Different population policies and programmes have been implemented and have achieved varying degrees of success.

The present Government, which assumed office in July 1977, proclaimed the following population policy:

- "The government is concerned with the rate of population growth and its policy is to take all meaningful steps to curb unplanned growth of population."
- "Enhanced family planning services will be provided by the State and financial incentives with a view to controlling the population explosion will be given to individuals who practice family planning."
- "In the field of family planning, emphasis of the Government will be in the field of service oriented programmes to enable motivated couples and individuals to receive family planning services and to undergo sterilization voluntarily."

In order to implement this policy, the Government established population committees for planning, implementing and monitoring its population policy in each of the 25 administrative districts of the country.

The organization of the delivery of family health services

Sri Lanka has a well developed health infrastructure with the capacity to provide efficient family health services throughout the country. The country is subdivided into 21 Health Regions headed by Regional Directors of Health Services, who are responsible for total health care within the region. Each health region is further subdivided into Health Unit areas, each headed by a Medical Officer of Health or a Divisional Health Officer, who are responsible for promotional and preventive health activities. There are on an average six to nine health units in each health region.

Each Health Unit Area has a network of medical institutions and health centres, which provide institutional and clinic-based maternal and child health services. The estate (plantation) sector is also served by maternal and child health/family planning clinics, conducted on the estates by estate health staff.

The *Public Health Midwife* is the front line health worker, providing domiciliary care to mothers and children within the community. Through systematic home visits, she provides care to pregnant mothers during the antenatal, natal and post natal periods and care to newborns, infants and preschool children. She provides advice and guidance on health-related activities and family planning. She also distributes oral pills and condoms and regularly follows up family planning users within her area. As part of her normal duties, she assists at the maternal and child health/family planning clinics within her area. Public Health Midwives receive a basic training of 18 months, 12 at a school of nursing and 6 in the community in a field training area.

The *Public Health Nursing Sister* performs a managerial role in maternal and child health and family planning activities within the MOH area. She also participates at the maternal and child health/family planning clinics and in school health activities conducted within the Health Unit area, and provides health education and advice on family planning whenever necessary.

The Public Health Nursing Sister receives a basic training for a period of three years at a school of nursing. After working in a hospital situation for a minimum period of five years she receives six months training in midwifery and thereafter training in community health for one year. On completion she receives a Diploma in Public Health Nursing awarded by the National Institute of Health Sciences.

Supervising Public Health Midwives are senior midwives (with at least 10 years experience) who have received three months of training to develop their supervisory capabilities.

The *Public Health Inspector* is primarily responsible for the control of communicable diseases and the improvement of environmental sanitation. Of late he also plays an important role in school health activities and actively participates in immunization activities. In addition, he provides health education and advice on family planning, especially on male methods of contraception.

Family planning service delivery

Family planning services are provided by the Ministry of Health and the Ministry of Women's Affairs and Teaching Hospitals through their existing infrastructures, which consist of a wide network of medical institutions and health centres.

The Government of Sri Lanka on principle has adopted a "cafeteria approach to family planning," whereby a client is given the option of selecting any

method from a wide range made available through the national programme. To facilitate decision making by the client, advice and counselling on family planning is provided by the health workers at all levels, and services are provided through a network of service outlets.

Facilities for male and female sterilizations are provided through 118 medical institutions. Sterilization programmes are also conducted by medical teams visiting smaller medical institutions and estates where routine services are not available. Facilities for laparoscopic sterilization are available at the Family Health Bureau in Colombo. Sterilizations are done free of charge and at present an "out of pocket allowance" is given to acceptors of sterilization to meet the cost of travel and incidental expenses incurred by the client in obtaining the service.

IUD (intra-uterine device) services are available in most medical institutions and family planning clinics. These services are offered free of charge to clients. At present, there are 742 clinics equipped with facilities for IUD services. Long acting injectable contraceptives were introduced into the National Programme in 1977. Initially their use was restricted to areas where other temporary modern methods of contraception were not popular. However since 1985, their use has been gradually expanded to cover all districts. The injectable (DMPA) is provided free of charge at government clinics.

Oral contraceptives and condoms are available through public health personnel in the field, sales outlets at medical institutions, MCH clinic centres and estates. A nominal amount is charged for pills (about 1.6 US cents per packet) and condoms (less than 0.2 cents a piece). Trained medical and paramedical health staff are authorized to prescribe the pill.

There are several non-governmental organizations that are actively engaged in family planning activities, but sterilization services and the provision of the IUD and injectable contraceptives by these organizations are restricted to only a few centres. Some non-governmental organizations market oral contraceptives and condoms through a network of retail outlets, which are located both in urban and rural areas.

Contraceptive prevalence

The acceptance pattern of modern contraceptives is illustrated in figures III and IV. A marked increase in the acceptance of modern methods was recorded in 1980, when 171,100 new acceptors were recruited by the programme. This increase was the result of a dramatic rise in the acceptance of sterilization, following the introduction of an incentive in the form of an "out of pocket allowance." Thereafter, the acceptance of sterilization fluctuated with the amount of payment.

The proportion of new users accepting oral contraceptives remained reasonably constant, while the number accepting the IUD showed a steady decline from

Figure III. New acceptors of family planning methods, 1970-1987

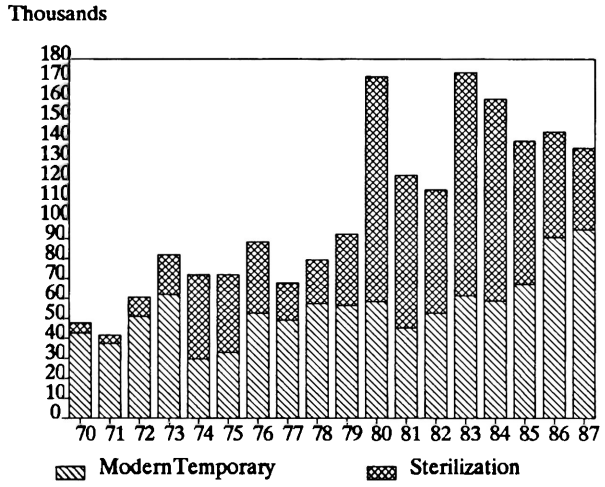
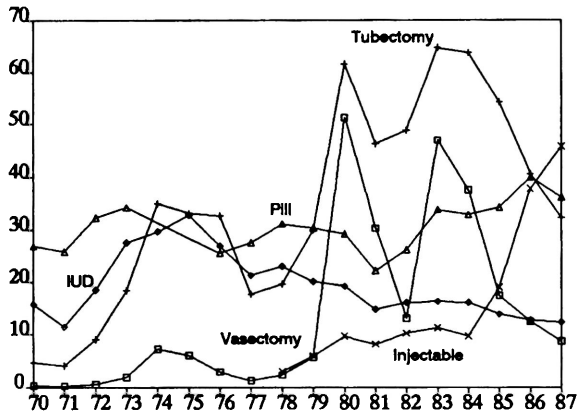


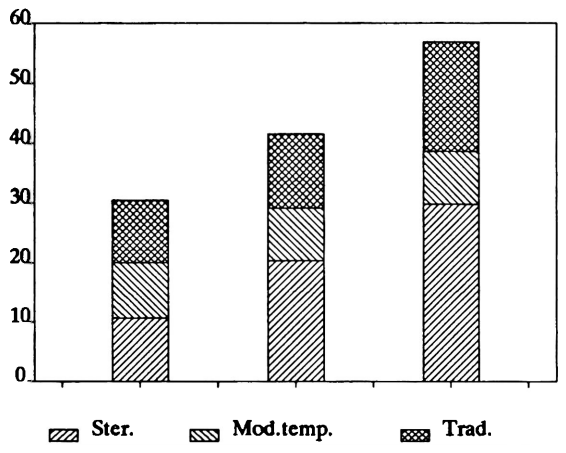
Figure IV. New acceptors of family planning methods, by method, 1970-1987



32,755 in 1975 to a low level of 12,337 in 1987. The acceptance of the injectable has increased steadily since its introduction in 1977, reaching an acceptor level of 45,827 in 1987.

The current use of contraception, as measured in sample surveys, has shown a substantial increase since the World Fertility Survey of 1975 (see figure V). Contraceptive use (modern and traditional methods) increased from 34 per cent in 1975 to 62 per cent in 1987 (these figure exclude the north and north-east of the country, where contraceptive use has always been lower than average). The use of

Figure V. Current use of contraception 1975, 1982 and 1987



modern contraceptive methods increased from 19 to 41 per cent during the same period.

This increase has been mainly due to an increase in the use of sterilization. The use of temporary modern methods showed only a slight change, from 9 to 11 per cent. The use of traditional methods (excluding abstinence) increased from 13 per cent in 1975 to 19 per cent in 1987.

The substantial increase in the use of sterilization mentioned above was mainly due to the greater emphasis laid on permanent methods. Because of the high fertility rates experienced in Sri Lanka during the recent past (the total fertility rate reported by the Registrar General was 3.8 in 1979), the Government initiated a scheme of incentives for sterilization. Monetary inducements have been given to medical teams performing sterilizations since 1979 and an "out of pocket allowance" to acceptors of sterilization since 1980. These have resulted in an increase in the number of sterilizations, which has skewed the contraceptive mix towards the permanent methods.

At the same time there has been an increase in the use of traditional methods of family planning, while the use of temporary modern methods (pill, IUD, injectable and condom) has remained more or less static. This has caused concern, since it is thought that the traditional methods are not used effectively by many couples. The national programme has attempted to improve the availability and coverage of temporary modern methods throughout the country so that facilities can be provided more readily to couples who need such services.

One effort made in this direction was to expand the availability of the injectable contraceptive. Up to 1984 its use was limited to areas where other temporary modern methods were not popular. Since 1985, the availability of the injectable has

been extended to cover the rest of the country and this has resulted in the steady increase in acceptance seen in figure IV.

Another recent project[1] of the Ministry of Health, in collaboration with the Family Planning Association of Sri Lanka, attempted to increase the acceptance of the IUD. In the project areas, the use of "satisfied acceptors" as motivators and Public Health Nursing Sisters for IUD insertion resulted in a dramatic increase of IUD acceptors. These strategies are being tested on a larger population for possible replication on a countrywide basis.

There is much scope for expanding the use of temporary modern methods. The 1987 Demographic and Household Survey[2] showed that a considerable proportion of the population who either desired no more children or wished to space the next pregnancy, were not using an efficient method of contraception. When asked the main reasons, 10 per cent expressed a lack of knowledge about contraceptive methods, 18 per cent mentioned health reasons and 14 per cent reported their husbands' disapproval.

Some of these objections could be overcome if proper education on contraceptive methods was provided. Since in many instances, a woman first receives detailed information about contraceptives from a health worker, it would be useful to assess the quality of information provided by health workers at the interpersonal level. This was the major objective of the study.

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[1]Family Health Bureau, Ministry of Health, and Family Planning Association of Sri Lanka, *Operations Research Study to Increase IUCD Acceptance in Sri Lanka* (Colombo, October 1985).

[2]Department of Census and Statistics, *Demographic and Health Survey 1987* (Colombo, Ministry of Plan Implementation, 1988).

The study

The broad aim of the study is to encourage family planning programmes to offer a wide range of contraceptives, enabling couples to select the method most appropriate for their use. This is expected to improve user satisfaction and increase the duration of use, thereby contributing to a reduction in the fertility.

The knowledge and attitudes of field health workers about family planning have an important influence on the selection of a contraceptive method. This study was designed to identify certain aspects of the knowledge and attitudes of the peripheral health workers about contraceptive methods, and to assess the type of information provided to clients about each of the contraceptive methods made available through the national programme.

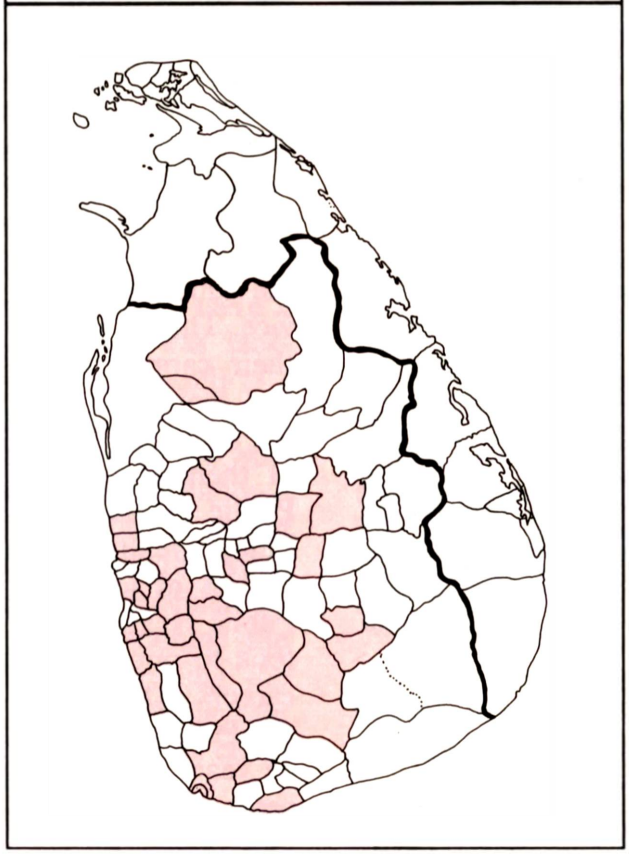
Study design

Study population

The study population comprised Public Health Midwives, Supervising Public Health Midwives and Public Health Nursing Sisters from all Health Unit areas which had a minimum of 20 health workers in the above categories. Owing to the conditions of unrest that prevailed in certain parts of Sri Lanka, Health Unit areas in the Northern and Eastern Provinces and also in certain parts of North Central Province had to be excluded from the study.

Based on the above criteria, 82 of the 118 Health Unit areas were identified for the study. Of these areas, 41 were randomly selected. The geographic distribution of the Health Units is shown in the map. The area to the north and east of the thick line was excluded from the study.

Location of Health Units included in the study



The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations.

Methodology

In each of the selected areas, the Public Health Midwives, Supervising Public Health Midwives and Public Health Nursing Sisters were called to the office of the Medical Officer of Health or Divisional Health Officer and, after the necessary briefing, were requested to participate in the study.

The study used two approaches, the use of a structured questionnaire (the questionnaire is reproduced in the annex), and an "observational approach." The questionnaire was self-administered. Its purpose was to assess the

knowledge and attitudes of health workers towards the use of different contraceptive methods. This part also had a section to identify those topics which the respondents thought needed strengthening during future refresher training courses. The questionnaire was discussed in depth prior to self-administration, so that the participants had a very clear understanding of the questions.

The "observational approach" was aimed at finding out what information the health workers provided to clients when introducing a contraceptive method. For each contraceptive method, the health workers were asked to describe, as they would to a potential client, all the information a couple needed to select the method of choice. The interviewers, who were trained medical officers and public health nursing sisters, were provided with checklists with the important points, which could be ticked off as mentioned (see pages A-32 to A-45 of the questionnaire in the annex).

Both the structured questionnaire and the check-list used in the observational approach were designed by a panel of experts from the five countries participating in the study. To ensure accuracy, the questionnaire was subjected to close scrutiny by a panel of medical experts. In order to make sure that the questions were understood correctly, it was tested under actual field conditions in Sri Lanka and India.

Data processing

The interview schedules were carefully scrutinized to ensure completeness of information at the end of each session. They were subsequently edited, and the open ended questions were coded according to a classification prepared for this purpose by the staff of the Evaluation Unit of the Family Health Bureau. The data were processed and analyzed on microcomputer using the program Data Flex for data entry and SPSS for analysis.

Profile of the respondents

At the time of the study there were 3,250 Public Health Midwives in Sri Lanka. Thirty-eight per cent of them were interviewed in this study. Of the 150 Public Health Nursing Sisters, 55 per cent were interviewed, as were 35 per cent of the 160 Supervising Public Health Midwives.

The annex at the end of this report contains information on the demographic characteristics of the respondents. About half of the midwives were in the age group 25-34 and another quarter of them were in the age group 35-44. Most of the nursing sisters and supervisors were aged 45 or more. Seventy-nine per cent of the respondents were married.

Most of the midwives had five years or less of job experience, while almost all the supervisors had over 10 years of service. This is because many midwives start their careers as Public Health Midwives and thereafter may work in the hospitals for a specific period of time. Later, some of them may be selected as Supervising Public Health Midwives. Majority of the Public Health Nursing Sisters had 5 years or less of job experience in the field of Public Health Nursing since most of them took to public health late in their nursing careers. This would explain why most of the Public Health Nursing Sisters are over 45 years of age although they have only 5 years or less of public health nursing experience.

Half of the respondents had undergone refresher training in Maternal and Child Health and Family Planning within the last five years. Many who had not received any refresher training had only recently qualified as midwives.

RESULTS

Knowledge about contraceptives

In many of the questions the respondents were asked to identify a contraceptive method from a description of some of its properties. Over 85 per cent answered most of these questions correctly.

Oral pill

Almost all the respondents correctly identified the pill as the method which "had to be used daily;" but only 47 per cent recognized it as the one which "prevents conception by inhibiting ovulation." Ninety-three per cent knew that oral pill users might at first "experience side effects like nausea and bleeding between periods, which usually pass off after a few months."

However, in every case there were a few workers whose knowledge was lacking. Nine per cent categorized the pill as a method "which requires explanation as to its mode of use, but its use does not warrant any medical advice." In the national programme any paramedical person trained to prescribe the pill has to screen the client using a check-list provided by the Ministry of Health, and examine the client medically prior to prescribing the pill. In view of this, it is surprising that even 9 per cent stated that the pill could be used without any medical advice.

Most respondents correctly identified the common side-effects of the pill, occurring on the first day or two and then gradually passing off, as nausea (84 per cent), dizziness (75 per cent) vomiting (60 per cent) and headache (53 per cent). Side-effects like loss of appetite (24 per cent), sleepiness (15 per cent), a burning sensation in the abdomen (12 per cent), were also mentioned by a few respondents. However, these latter side-effects are not common, and it is worrisome that so many respondents mentioned them.

Eighty-four per cent of the respondents correctly stated that after stopping the pill, women would conceive within three months, 12 per cent stated that it would take 3 to 6 months, while 2 per cent said that it would take 12 months. Since one of the advantages of the pill is the rapid return of fecundity after discontinuation, the 14 per cent who exaggerated the length of time for the return of fecundity should be reinstructed.

Over two thirds of the respondents agreed that besides avoiding pregnancy, one of the advantages of the pill was that it alleviated painful menstruation. This is another advantage of the pill which a third of the workers were unaware of.

The respondents were also asked to list five contra-indications when the pill should not be used (the complete tabulation is given on page A-20 in the annex). The main contra-indications listed by the respondents are given in the box on the next page.

Hypertension, varicose veins, heart disease, jaundice and goitre came high in the list. Since the respondents were asked to state only five contra-indications for use of the pill, they would have probably mentioned the common ones which they frequently come across, though they may have also known most of the others.

Asked what instruction they would give to a woman who forgot to take a pill on a particular day, half of the respondents gave the correct answer (instructing the woman to take a pill as soon as she

Percentage of respondents mentioning contra-indications for the pill

Hypertension	67
Varicose veins	53
Goitre	45
Heart disease	43
History of jaundice	42
Lumps in the breast	34
Menstrual disturbances	18
Mental disturbances	17
Over 35 years of age	15
Diabetes	13
Breastfeeding	12
Malignancy	12
Swelling of joints	11
Discharge from nipple	8
Pregnancy	8
Bleeding after intercourse	5

Percentage of respondents according to the type of advice given to a woman who has forgotten to take a pill

1. Take a pill as soon as she realizes that she has forgotten to take one and thereafter take the pill at night as usual.	50
2. Take a pill immediately after she realizes that she has not taken one.	10
3. Take a pill the following day morning.	7
4. Take two pills at the usual time.	23
5. Take two pills the moment she realizes that she has not taken the pill.	4
6. Other answers	7

realizes that she has forgotten to take one, and thereafter take a pill as usual); 17 per cent gave instructions which were not very specific (the second and third answers in the box to the right above), and the rest gave answers which could not be considered valid (the fourth, fifth and sixth answers).

Since health workers encounter this question frequently in the field, it is essential that every health worker knows the exact answer. This subject will therefore require more emphasis in future training programmes.

IUD

Eighty-three per cent of the workers recognized the IUD as the method which works by "changing the lining of the womb," preventing implantation of the ovum. Ninety-one per cent correctly recognized the IUD as the method which "increases bleeding and produces abdominal cramps during menstruation."

However, 15 per cent thought that "the method which works by changing the lining of the womb" was the pill or condom, and 12 per cent stated incorrectly that the IUD was "the method which prevents ovulation." Nine per cent even thought that the IUD was "prevents sperms from entering the vagina."

Eighty-one per cent indicated that a "history of heavy menstrual bleeding" would be a factor against selecting the IUD, while 17 per cent stated that this would be a factor against selecting the pill. Both of the answers could be considered correct, but it is of interest that the majority of the workers chose the IUD.

Seventy-nine per cent indicated that the menstrual periods of women using the IUD would "begin earlier, last longer and the flow would be heavier." Seventeen per cent stated that the menstrual periods would be the same as for women not using the IUD while 5 per cent indicated that an IUD was associated with delayed menstrual periods which would be of shorter duration and lesser flow. Thus, while the majority of the respondents understood the important facts about the IUD, a notable number did not.

Injectable

Almost all the respondents knew how often a woman on the injectable should receive the injection: 94 per cent said that the injection should be taken once every 90 days, while 3 per cent stated that it will have to be taken within 80 to 90 days. Forty-two per cent correctly stated that after stopping the injectable the time interval for conceiving would be longer than that for the oral pill. Almost an equal number stated that the time interval would be the same as for the pill, while the balance (13 per cent) said that it would be shorter.

Thus 58 per cent of the workers did not have adequate knowledge about the return of fecundity following discontinuance of the use of the injectable. Also, 6 per cent thought that the injectable might increase menstrual bleeding and cause abdominal cramps during menstruation. These observations highlight the need for updating knowledge about this method.

Condom

Of the three methods, rhythm, withdrawal and condom, 84 per cent correctly recognized the condom as the most effective; 89 per cent of the respondents knew that the condom prevents the sperms from entering the vagina, and 88 per cent of the respondents correctly recognized the condom as a method which require explanation as to how it should be used, but did not need any medical advice for its use. Though 8 per cent stated that the condom was less effective than the rhythm method, the majority of the health workers recognized the important properties of the condom.

Rhythm

Eighty-eight per cent understood that the rhythm method was based on knowledge about the time of release of the ovum, and that this method did not always work because women practicing it might not know the date of ovulation. Almost all the respondents knew that couples practicing rhythm could not have sex relations during certain days of the month, and 90 per cent correctly recognized that rhythm was less effective than the IUD and the condom.

Although the workers understood the principle of the rhythm method, only 85 per cent of the respondents knew the time when women are at greatest risk of conception (page A-13 in the annex). The other 15 per cent thought that the easiest time to get pregnant was immediately before or immediately after the menstrual period. It is vital that every health worker engaged in family planning activities know the exact time when women are at risk of conception. The above observation should be kept in mind by organizers of training programmes for health personnel.

Withdrawal

Ninety-five per cent of the respondents correctly recognized withdrawal as the method of contraception where during intercourse the husband withdraws before ejaculation. It is interesting to note that of the three methods, rhythm, withdrawal and condom, 6 per cent ranked withdrawal as the most effective method. Also, it is surprising that only 6 respondents thought of withdrawal as the method where a couple "could have sex relations at any time without having to buy any supplies"; 87 per cent indicated the pill as the answer to this. In Sri Lanka the pill has to be purchased at a nominal price of half a rupee (30 rupees = 1 $US), and so the above response most probably would have been due to respondents' overlooking the second part of the question (i.e. "no sup-

Table 1. Percentage of respondents who expressed the need for training about contraceptives in specific areas

	TUBEC-TOMY	VASEC-TOMY	IUD	PILL	DMPA	CON-DOM	RHYTHM	WITH-DRAWAL
Date on which the woman should start using the method	-	-	40	32	52	-	-	-
Reason why she should start on that particular day	-	-	47	40	53	-	-	-
After starting, how the method should continue to be used	-	-	-	25	37	-	-	-
How the method should be practised	-	-	-	-	-	-	54	41
What are the chances of the method's failing	58	59	67	50	73	40	57	50
How safe it is from a health point of view	58	59	70	67	81	38	45	45
Medical reasons for not using the method	69	72	69	57	73	-	-	-
How long it takes to get pregnant after stopping	-	-	56	54	68	-	-	-
Recommended follow-up procedures	50	51	50	41	54	-	-	-
What to tell a person experiencing side-effects	70	70	63	57	69	-	-	-
How long a user can continue using the method	27	26	46	56	67	35	-	-
How to respond to misconceptions the clients may have about the method	62	64	66	62	72	-	-	-

plies to buy"), which would exclude the pill.

Sterilization

Nearly all the respondents recognized tubectomy as "a permanent method" for females and vasectomy as "an operation to tie the man's sperm tubes". However, 39 per cent incorrectly categorized tubectomy as a method "which prevents the woman's egg being released from her ovary."

Almost all the respondents were aware that after a tubectomy, menstrual periods will continue to be as before. However, 7 per cent stated that though menstrual periods would continue as before, menopause would occur earlier, and a few respondents even thought that menstrual periods would stop a few months after the operation. The latter two answers would suggest that 8 per cent of the respondents thought that tubectomy would interfere with the production of sex hormones in the female, resulting in the early occurrence of menopause.

To the question "What is the most important thing to tell a couple about vasectomy and tubectomy," (see the tabulation on page A-16 in the annex) 69 per cent stated that the most important information to be conveyed was that after accepting this method couples could not have any more children. Seven per cent stated that these two methods would be "ideal for limiting family size." Five per cent of the respondents stated that the most important item of information was that the couple was not protected for three months after the operation, and 9 per cent stated that the couple would have to use condoms for a period of three months. The latter two answers are applicable only to vasectomy and could be the result of incomplete understanding of the question.

The findings suggest that most health workers are sensitive to the most important fact about sterilization. However, the way tubectomy prevents conception is not well understood because a significant proportion of the respondents gave the impression that tubectomy would interfere with the production of sex hormones in the female.

Comparative efficiency of methods

In response to the request "Please rate these contraceptives in order of their effectiveness in preventing pregnancy: condom, vasectomy, pill, rhythm" (page A-15 in the annex), 79 per cent rated vasectomy as the most effective and 20 per cent chose the pill. Eighty-eight per cent rated rhythm as the least effective and 10 per cent so rated the condom. Two thirds ranked vasectomy, the pill, the condom and rhythm in decreasing order of effectiveness while 14 per cent chose the order pill, vasectomy, condom and rhythm. The latter group perhaps exaggerated the effectiveness of the pill.

Training needs as defined by the workers themselves

The respondents were asked whether they needed or did not need any information about certain aspects of the different contraceptive methods (table 1).

Most of the health workers needed further information to update their knowledge or clarify certain doubts they had about all of the contraceptive methods. Needs were highest for the injectable.

Approximately half the respondents wanted information on when to start the injectable and the reasons why it should be started on that day. The number of respondents requesting similar information for the IUD and the oral pill was somewhat high, though less than for the in-

Table 2. Percentage of respondents stating that a given method was (1) appropriate and (2) most appropriate in given situations

		TUBEC-TOMY	VASEC-TOMY	IUD	PILL	DMPA	CON DOM	RHY-THM	WITH DRAWAL	COM.	N.A.
A young couple with a child one year old, who wishes to delay the next pregnancy.	All	0	1	95	94	79	86	54	49	49	-
	Most	0	0	50	32	6	2	0	0	1	8
A newly married couple wishing to delay the first pregnancy.	All	0	0	16	55	15	88	66	58	51	-
	Most	0	0	5	29	1	33	3	1	9	18
A woman under age 30 with two children, the youngest being eight weeks old.	All	2	1	86	58	62	68	41	40	18	-
	Most	1	0	54	11	12	4	1	0	1	16
A women over age 35 with three children. The couple do not want any more children, but who are opposed to sterilization.	All	5	5	80	46	41	65	47	46	34	-
	Most	2	1	49	8	6	8	1	1	4	20
A couple with two children who do not want any more children, and are willing to accept a permanent method. The wife is 30 years old.	All	11	9	83	76	71	62	43	41	14	-
	Most	5	2	42	18	9	3	1	0	1	19
A young couple with one child eight weeks old who wish to delay the next pregnancy. The wife does not want an IUD and the husband dislikes condoms.	All	0	0	57	58	63	72	28	2	1	-
	Most	0	0	4	5	30	32	3	0	0	25

Notes: The first line in each section shows the percentage of respondents who thought that the method was "appropriate" for the couple. The second line shows the percentage distribution by the method chosen as "most appropriate." The percentages in the column marked "N.A." were those who did not think that there was any "most appropriate" method. The column "COM." means "a combination of rhythm and/or withdrawal and the condom."

jectable.

Half of the respondents wanted information as to how the rhythm method should be practiced. A third wanted to know how long the injectable could be used continuously and a quarter indicated that they wanted information about the continued use of the pill.

For all the methods, a high proportion of the respondents needed information on the chances of method failure. Approximately two thirds of the respondents wanted information about chances of method failure for the injectable and IUD and 50-60 per cent want similar training for the other methods, with the exception of the condom (40 per cent).

The majority of respondents wanted more information about the safety of each method from the health point of view, especially in the case of the injectable (80 per cent). Similar information was wanted for the IUD and the pill.

The demand for information about the medical contra-indications and possible side-effects was high for all the modern methods. This is an area where all health workers should have adequate knowledge. Hence organizers of training programmes on family planning and contraceptive methods should specifically look into this area and provide suitable training.

Half to two thirds of the respondents wanted information about the return of fertility. This too is an area where health workers must be knowledgeable, since temporary methods are used mainly for spacing of births, and women are concerned about the return of fertility after stopping the use of a contraceptive. Two thirds requested information about the duration of continuous use of the injectable; 56 per cent and 46 per cent wanted similar information about the pill and the IUD.

Approximately two thirds of the respondents stated that they needed information as to how they could respond to clients' misconceptions about the different contraceptive methods.

These results highlight the need for regular in-service training of health workers on family planning and contraceptive methods for effective programme implementation.

Attitudes towards contraceptive methods

One section of the questionnaire attempted to assess the attitudes and biases of health workers in Sri Lanka towards contraceptive methods. Six hypothetical situations were given and the respondents were asked to select from the list of methods:

(i) All the methods appropriate for the couple in question

(ii) Whether all the methods selected were equally appropriate for that couple

(iii) If not, which method they thought most appropriate

The results are summarized in table 2, and given in detail in the annex (pages A-23 to A-31).

The first situation was that of *a young couple with a child one year old, who wish to delay the next pregnancy.* For this couple, any method except sterilization would be appropriate. Most of the respondents answered that the pill and IUD were appropriate (although it was curious that a sizeable proportion of the Nursing Sisters and Supervisors did not). But fewer respondents thought that the condom and DMPA were appropriate (86 and 79 per cent, respectively). For DMPA, the reason might be that the method is new and there might still be misunderstandings about its medical properties. It would be useful to

correct this idea, especially among the higher ranking workers, because this method has become quite popular in the last few years (see figure IV on page 5). For the condom, the fact that 14 per cent of the respondents thought it inappropriate might be due to a negative attitude towards this method, since nothing in the responses to the questionnaire would suggest a lack of knowledge about the basic fact that the condom is medically sound for virtually any couple. About half the respondents said that the traditional methods, withdrawal and rhythm, were appropriate for this couple.

Thus, the responses to the first hypothetical situation suggest the following: attitudes towards the pill and IUD, especially the IUD, were favourable (almost everyone selected either the IUD or pill as the most appropriate method); attitudes towards the condom and DMPA were somewhat less favourable, especially towards DMPA; and attitudes towards rhythm and withdrawal were generally unfavourable.

Some workers with negative attitudes towards the pill, especially senior workers, need to be informed about its beneficial properties. This is also true of workers with negative attitudes towards the condom. It has been noticed that field workers do not promote the use of the condom as much as they should, and it is felt that there is some scope for expanding its use. Non-governmental agencies currently supply about 60 per cent of the condoms used in the country, about twice as many condoms as the Government. Negative attitudes towards DMPA (which might, however, be due to erroneous information) should also be corrected.

Negative attitudes towards the traditional methods also need to be modified. At present in Sri Lanka the traditional methods are widely used. Since they are not used as effectively as modern methods, workers are encouraged to advocate the use of temporary modern methods. However, it is possible that the workers' attitudes towards traditional methods are more negative than they need to be. In some situations traditional methods may be quite appropriate if correctly used. This includes the combination of traditional and modern methods (e.g. rhythm and condom).

Half the respondents indicated the IUD as the most appropriate method for this couple, while one third stated that the pill would be the most appropriate. However, only 6 per cent thought of DMPA as the most appropriate. Considering the availability and growing popularity of DMPA in Sri Lanka, it might have been expected that a greater proportion of the respondents would have thought this to be the most appropriate contraceptive for the above situation.

The second situation was that of *a newly married couple wishing to delay the first pregnancy.* Actually this question was meant to identify a woman who had not had a child before, but strictly speaking a couple could be newly married, but the wife could have had children by a prior marriage. Most of the respondents probably assumed that the woman was nulliparous, as was intended, but there may have been a few who adhered to the strict logic of the question.

For such a couple, assuming the woman was indeed nulliparous, the appropriate methods would be the condom, pill, withdrawal and rhythm. The IUD and DMPA (and of course sterilization) are not appropriate for nulliparous women under the protocols of the Sri Lankan family planning system. Nonetheless, around 15 per cent of the respondents thought the IUD and DMPA were appropriate, an idea which needs to be corrected in training. Eighty-eight per cent said the condom was appropriate, and be-

tween 50 and 60 per cent thought the pill, withdrawal and rhythm were appropriate.

Again, biases against the traditional methods do not seem justified for this couple; nor does the attitude of the 12 per cent of the respondents who did not think the condom was appropriate. In the case of the pill, which was considered appropriate by only the same number of people as the traditional methods, there might be some legitimate difference of opinion, since some workers (and some physicians) might feel that prescribing the pill to a young woman before her first pregnancy was not advisable. Still, the programme permits the use of the pill before the first birth (currently about 10 per cent of young woman are using contraception before the first pregnancy)[3], and so negative attitudes towards the pill in this case may not be in the best interests of some couples.

A third of the respondents indicated the condom as the most appropriate method while approximately an equal number considered the pill to be the most appropriate. It is worth noting that 18 per cent did not answer the question about the most appropriate method and only 13 per cent considered traditional methods as most appropriate. Traditional methods have a place in such a situation since most couples using contraception before the birth of the first child use traditional methods.[4] This indicates a bias against the traditional methods. In fairness, it must also be stated that the programme has played down the use of traditional methods in favour of modern methods.

The third case was *a woman under age 30 with two children, the youngest being eight weeks old. The couple have not yet decided whether they want a third child or not.* Here the appropriate methods are the condom, DMPA, IUD, withdrawal and rhythm. Most kinds of pills are not appropriate for women who are breastfeeding, but many of the workers overlooked this, although according to a strict interpretation of the question the pill was not specifically contra-indicated. Still, family planning workers should normally recommend that women breastfeed their children, and so the high percentage considering the pill as an appropriate method might justify more emphasis on the subject in future training courses.

In this situation, where the condom, DMPA and IUD are equally appropriate, more than half of the respondents selected the IUD as the most appropriate method, clearly indicating their preference for the IUD. The condom was considered most appropriate by only 4 per cent. Thus most health workers appear to be biased against the condom.

The fourth situation applied to a couple with *the woman aged over 35 with three children, who do not want any more children, but who are opposed to sterilization.* About 10 per cent of the respondents evidently did not understand the question, because they chose sterilization. Eighty per cent said the IUD was appropriate. Less than half said that the injectable and pill were appropriate. For the pill this low percentage may be justified on medical grounds, since age 35 is around the cut-off point beyond which the pill is not recommended. However, DMPA is not absolutely contra-indicated after age 35 (though duration of use may be a consideration), and the low score for DMPA may stem from certain misconceptions. Its use after the age of 35 should be a topic for discus-

[3]Department of Census and Statistics, *Demographic and Health Survey 1987* (Colombo, Ministry of Plan Information, 1987), table 4.13.

[4]Family Health Bureau, Ministry of Health, *Family Health Impact Survey, Sri Lanka, 1981-82* (Colombo, 1984), table 4.15.

sion in future training programmes.

The condom, of course, is quite appropriate for this couple or any couple, but 35 per cent of the respondents did not say it was appropriate. This probably indicates some prejudice against it. Again, less than half the workers thought that the traditional methods were appropriate, whereas in fact many older couples do use them, and with proper training they can be made quite effective.

Approximately half the respondents considered the IUD the most appropriate method; only 14 per cent considered the condom and DMPA the most appropriate methods. Only 6 per cent thought of traditional methods. Seventeen per cent answered (correctly) that there was no one appropriate method.

The fifth situation was that of *a couple with two children who do not want any more children, and are willing to accept a permanent method. The wife is 30 years old.* Here vasectomy and tubectomy are clearly the appropriate methods, but only around 10 per cent chose them. This is strange, and is best explained by the fact that the workers have been repeatedly told that sterilization should not be considered till the youngest child is at least two years old. Since the age of the last child was not specified, some of the workers may have suspected a trick question.

Any other method would also be appropriate for this couple, and so the rest of the responses provide a good indication of the workers' attitudes. The method most thought appropriate was the IUD (86 per cent), then the pill (76 per cent), DMPA (71 per cent), the condom (62 per cent), rhythm (43 per cent), withdrawal (41 per cent) and combinations of the condom and traditional methods (14 per cent). This pattern is the same as for other questions. The IUD, the temporary modern method best known to the workers, came highest; an appreciable number did not choose the pill or DMPA (especially the higher level workers), and attitudes about the traditional methods were perhaps too negative, given their widespread use in the country. The fact that so few respondents chose the combination of condom and traditional methods should be examined, because this is a good combination for some people.

The IUD got by far the most responses as the most appropriate method, suggesting a greater preference by most health workers for the IUD. Ironically, however, in actual practice its use is declining.

The sixth couple was *a young couple with one child eight weeks old who wish to delay the next pregnancy. The wife does not want an IUD and the husband dislikes condoms.* This question was meant to test the respondents' attitude towards the principle of choice: if a couple does not like a method for any reason, however arbitrary, then clearly that method is not appropriate for them. However, 57 per cent of the respondents chose the IUD as appropriate and 72 per cent chose the condom, which goes against this principle. Either the question was not understood correctly, or else the concept of individual choice is not clearly understood, or the respondents' views are that further motivation could overcome the dislikes of this couple.

This section can be summarized as follows:

- The workers were not sufficiently aware of the general principle that in many cases there are a variety of contraceptives which are appropriate for a given couple, and that the job of the health worker is to provide information about the entire range of appropriate contraceptives. The couple's choice

should be respected, unless it is based on misconceptions about the method or is medically contra-indicated. However, a large number of respondents marked as "appropriate" the methods which the couple said they did not like. Of course, part of this might have resulted from a misunderstanding of the question, but stressing the principle of choice in future training courses would not be amiss.

- The respondents' attitudes towards *sterilization* were generally correct. Detailed knowledge of the administrative rules for its use was very widespread, which is explained by the fact that it is the most widely used contraceptive method in the country.

- Some workers may not understand that the *IUD* is not appropriate for a woman who has not had children before. Otherwise, attitudes towards the IUD were generally correct, although there were some respondents who thought the IUD was not appropriate when in fact it was. This was true especially of the higher-level workers. Training courses should bring out the fact that the IUD is appropriate for older women. In most situations the IUD clearly stood out as the most suitable contraceptive method, which indicates a very positive attitude towards it by health workers. This is encouraging in the light of the decreasing trend in IUD acceptance, because a positive attitude will facilitate better counselling by the health workers.

- Although the evidence is not conclusive some workers may not have known that the *pill* is not appropriate when a woman is breastfeeding. There are also some workers, especially senior workers, with a negative attitude towards the pill, and they need to be informed about its beneficial properties. Moreover, the program authorizes the use of the pill before the first birth and since many young couples use contraception before the first birth, the workers should not discourage its use.

- Attitudes towards *DMPA* are not so favorable as they should be, perhaps because this is a relatively new contraceptive. Recently the acceptance of DMPA has been rapid, and so the workers should be more aware of its properties, advantages and disadvantages.

- In several cases, appreciable numbers of respondents thought that the *condom* was not appropriate for a given couple. This is puzzling, because this method is appropriate for any couple. If this is due to a negative attitude towards the condom, correcting this attitude might lead to wider use, especially in view of the fact that non-governmental organizations currently supply twice as many condoms as are supplied through government outlets.

- Respondents' attitudes towards *rhythm and withdrawal* are generally unfavorable, probably because the workers have been encouraged to promote the temporary modern methods. However, since the traditional methods are used by a considerable proportion of couples in Sri Lanka, workers should be made to understand that these methods, if correctly used, could be suitable for some couples. This is especially true when these methods are combined with the condom.

Information given to clients

This part of the study was aimed at determining what information is provided

Example of items of information on the check-list about the pill

A new client who knows nothing about contraceptive methods comes for information about various contraceptive methods so that he/she can choose the method which is best for him/her. What would you tell about the pill?

- You must take a pill everyday.
- The pill comes in packets which last one month each.
- You have to ensure a regular supply of packets.
- You can obtain packets from the midwife or clinic.
- Each packet costs 50 cents.
- The pill is one of the most effective methods.
- Normal fertility returns shortly after stopping the pill.
- Menstrual cycles will be very regular.
- You might experience such side-effects as:
  - Nausea
  - Headaches
  - Spotting
  - Weight gain
- Side-effects occur in some women, not all.
- The side-effects will disappear with continued use.
- Contains hormones (i.e., natural substances).
- Prevents ovulation.
- The method is safe.

to couples when contraceptive methods are introduced to them. For this, an "observational approach" was developed. The health workers were interviewed individually, and for each method, they were asked to describe all the important information which would normally be conveyed to a couple so that they could decide on the method most suitable for their use. During the course of the description, the observer ticked off essential items of information on a check-list (see pages A-32 to A-45 of the questionnaire in the annex). An example of the topics on the check-list for the pill is shown in the box above.

In order to decide on the most suitable method, a client needs answers to such questions as:

1. What type of method is it?
2. How does it prevent conception?
3. How should it be used?
4. How long can it be used continuously?
5. How effective is the method?
6. Will there be any side-effects, and if so will the side-effects pass off after some time or will they persist throughout use?
7. How safe is it for long-term use?
8. After stopping the method, will fertility return to normal?
9. From where can the method/supplies be obtained?
10. How much will it cost?

Most health workers, especially those who had been in the habit of regularly conveying information on contraceptive methods, could provide most of this information confidently. But some did not provide enough information about the methods to enable the clients to decide on

the most appropriate method. This is probably not due to a lack of knowledge, but rather to a failure to recognize the need for conveying the basic information essential for decision making.

Pill

The pill continues to be a popular method of contraception, though its duration of use is known to be somewhat shorter than the other temporary modern methods.

Almost 90 per cent of health workers mentioned that the pill would have to be taken daily, and half the workers emphasized the importance of ensuring a regular supply of pills for continuous use. Also, half of the workers mentioned that the pill comes in packets containing a month's supply. Only a small percentage, however, commented on the composition of the pill and gave the impression that it is not a drug, but a hormonal preparation containing synthetic hormones similar to the reproductive hormones produced in the body. This may be of importance, since a woman on the pill will have to take it daily for a considerable period of time.

Approximately one fifth of the health workers stated that only some women may experience certain side-effects when starting the pill, and another 50 per cent said that side-effects, if any, would pass off in a short time with continued use. Some of the side-effects mentioned were nausea (68 per cent), headache (49 per cent), vomiting (8 per cent), giddiness (6 per cent) and dizziness (6 per cent). More of the workers should have talked about this important subject. There is evidence elsewhere in the questionnaire that most health workers were knowledgeable about the side-effects, but they may not have thought that it was necessary to mention them at the time of introducing the contraceptive.

It is worth mentioning that some of the health workers started introducing the pill by describing the contra-indications for its use. This is a shortcoming in communication. Information about contra-indications need not be communicated to the client while describing the method; the check for contra-indications is done in the examination prior to prescribing the pill.

Two other important subjects are the length of time the pill can be used continuously, and its safety from a health point of view. It is strange that almost none of the health workers thought it necessary to mention these aspects. In Sri Lanka the harmful side-effects of the pill are sometimes exaggerated in the news media. It is therefore important to provide objective information to clients. One of the biggest advantages of the pill is its effectiveness. However, only a quarter of the health workers conveyed the impression that the pill is a very effective contraceptive method.

A small proportion of health workers mentioned the effect of the pill on the menstrual cycle. Ten per cent stated that the menstrual cycle would become regular and 13 per cent said that menstrual loss might be reduced with the use of the pill.

Another important topic that a client would like to know about is the return of fertility once the pill is discontinued, since the pill would be used mainly for the spacing of births. Only one fifth of the health workers thought that this was important to mention to clients.

Half the health workers mentioned the source of supply, stating that the pill could be obtained from Public Health Midwives or from the clinic. The cost of each packet was mentioned by almost half the health workers.

These observations highlight some of the deficiencies in the information given to clients when they are introduced to the

pill. Unless proper information is provided, it will be difficult for a client to decide on the use of the pill.

Injectable (DMPA)

The use of the injectable has become very popular in Sri Lanka during the last three years owing to its increased availability throughout the country. However, since it has not been used widely until now, it is especially important that complete and correct information be provided to clients.

A quarter of the health workers described the injectable as an injection given to the female for purpose of contraception. However, only a very small percentage described it as a hormonal preparation similar to the naturally occurring hormones in the woman's body. Only a few mentioned that it will not affect breastfeeding, which might be important for some women in choosing it over the pill. Almost all the health workers mentioned that the injection has to be taken once in three months and 20 per cent even commented that the need to take the injection only once in three months would be a big advantage to the client. Approximately half the respondents explained the importance of having to remember the date for the next injection. No information was provided either on the mode of action or the period of continuous use, even though this knowledge might influence the type of contraceptive selected.

About a third of the workers mentioned that certain side-effects might be experienced while using the injectable. About half of them stated that the menstrual periods might become scanty and might even stop; 35 per cent said that the menstrual periods might become irregular and might even be heavier than normal. A small proportion said that weight gain could also occur.

More than half the health workers mentioned the place from where the injectable could be obtained and 35 per cent stated that it is given free of charge at government family planning clinics. Only 12 per cent provided information on return of fertility after discontinuation. This is not very satisfactory, since DMPA is recommended mainly as a method of child spacing and one would therefore like to know how long it would take to conceive after stopping its use.

IUD

The IUDs presently in use in Sri Lanka are the Lippes Loop and the Copper-T 380. Since 1975 the acceptance of the IUD has been on the decline in Sri Lanka, but studies have shown that once an IUD is accepted, the probability of continuation is high.[5] Its use could probably be increased considerably if it was introduced properly to clients at the outset.

Approximately half the respondents described the IUD as a small plastic device inserted into the uterus. Only 3 respondents explained its mode of action. Ten per cent of the health workers said that it was a very convenient method, since only a little attention was needed after its insertion. More than half the health workers stated that it was necessary for the woman to check the thread periodically to exclude the possibility of the IUD getting displaced or falling out without her knowledge.

Ten per cent explained the importance of coming to the clinic for a routine check three months after insertion. The experience in Sri Lanka is that although a follow-up is recommended, only a few

[5]Family Health Bureau, *Continuation and Retention Survey* (Colombo, 1985).

come for a check-up at the end of three months. However, the health workers may have felt it would be adequate to give this information only at the time of insertion, and its omission here may not be so important.

A few of the workers mentioned that after an IUD insertion some women might experience certain side-effects, but that these were not too common. Most simply described the many possible side-effects in detail, which might create the impression in the client's mind that they are common. Some of the side-effects described were: increased and prolonged bleeding during menstruation (60 per cent), menstrual irregularities (42 per cent), abdominal cramps (33 per cent) and backache (13 per cent). It is important to mention that the side-effects usually disappear with continued use within three to four months. But only about a quarter of the health workers mentioned this.

A third of the health workers stated that the IUD is a very effective method for preventing conception and that fertility would return to normal immediately after its removal. However, only 5 per cent mentioned that the IUD could be removed easily at any time at a family planning clinic. This information is essential, and might be a major positive factor for the acceptance of the IUD.

The majority of the workers indicated that IUD services could be obtained at the area family planning clinic, but only 18 per cent indicated that they could be obtained free of charge.

In summary, the dissemination of important information on the IUD appears to be inadequate. This may be one of the major reasons contributing to its low acceptance in Sri Lanka.

Condom

Approximately half the health workers described the condom as a rubber sheath used by the male. Seventy-one per cent said that it had to be used at the time of intercourse, but only about half mentioned that the condom had to be rolled onto the erect penis. Fifty per cent of the workers stated that the condom had to be discarded after use. As to its mode of action, 20 per cent described it as a method which prevented the sperms from entering the vagina and a further 26 per cent described it as a method without any side-effects. One fifth mentioned that if properly used the condom was a very effective contraceptive method.

Although most health workers provided useful information, it is surprising that 89 workers mentioned that it would be necessary to look for perforations prior to its use. Such an inspection, however, is not really possible and might be explained by a misunderstanding of a past instruction given for a specific purpose.

Approximately half the health workers mentioned the source for obtaining condoms and 63 per cent stated the cost of a condom when purchased through the national programme. Studies have revealed that approximately two thirds of condom users purchased their supplies from non-governmental sources (boutiques, shops, pharmacies, etc.) at a much higher price than the nominal price charged by the Government. In view of the high percentage of workers who mentioned the cost under the national programme, it is not clear why so many couples continue to obtain supplies from non-governmental outlets.

Rhythm

The use of rhythm (safe period) as a method of contraception continues to be high in Sri Lanka. It is thus important that couples be provided with proper informa-

tion regarding its use.

In describing the method, only 43 per cent of the respondents mentioned that the method is based on knowledge about the safe period for having sex without the possibility of conceiving. Approximately 40 per cent explained that the safe period could be identified by keeping proper track of the menstrual cycle. A small percentage (6) mentioned keeping track of the basal body temperature and 1 per cent mentioned that the time of ovulation could be identified by learning to recognize changes in the cervical mucus during the phases of the menstrual cycle. Forty-three per cent mentioned that this method was not very reliable, especially for women with irregular periods. One third stated that unless the instructions are very carefully observed the method could easily fail. A small proportion also stated that effective practice of this method would require the close co-operation of the husband and that many couples used this method in combination with other methods of contraception.

The findings suggest that most health workers do not provide adequate information to couples about the rhythm method. It should also be mentioned that knowledge of health workers themselves about the practice of the rhythm is also limited. This should be of concern to programme managers. The practice of the rhythm method is high in Sri Lanka, but it is not clear whether it is practiced as effectively as it could be. Unlike the modern methods of contraception, the rhythm method requires a great deal of explanation. It is therefore essential that family planning workers be able to explain this method properly to their clients.

Withdrawal

Most health workers described this method as one where the man removes the penis from the women's vagina just before ejaculation so that the sperms will not enter the vagina. Half the respondents stated that the method was not very reliable. It was observed that most midwives, especially the younger ones, were shy of describing this as a contraceptive method. The method is well known in Sri Lanka and practiced by about three per cent of couples. At present the family planning programme would like to see couples adopt more effective methods, but since withdrawal can have good results if used with care or in combination with other methods (and is certainly better than nothing at all), it would be useful for the workers to have a better understanding of this method.

Tubectomy

This is a well-accepted method in Sri Lanka for limiting family size. Most institutions use the "minilap technique", except the Clinical Services Center of the Family Health Bureau, where laparoscopic sterilization is used.

When introducing tubectomy it is surprising that only a small percentage of health workers described the procedure. Ten per cent stated that it was normally done under local anaesthesia and 14 per cent said that the operation took 15 to 20 minutes. Approximately 14 per cent described the operation as cutting the fallopian tubes, while one third stated that the tubectomy was done by making a small incision in the abdomen. Another third said that after the operation it would be necessary to stay in hospital for a few days.

Most health workers mentioned that tubectomy was a permanent method and the couple must be sure that they did not want any more children before consenting to tubectomy. Approximately 40 per cent said that the operation was very safe and

an equal number stated that it was one of the most effective methods. A small percentage said that after tubectomy the menstrual cycle was unaffected and the sex life remained the same.

Two thirds indicated where tubectomy services could be obtained, and a third stated that an allowance was given to compensate for expenses incurred.

Most health workers did not provide all the information needed to make a decision about accepting the method. Since sterilization is one of the most popular methods, the health workers may have assumed that most people knew about it already and it was therefore not necessary to describe the method in detail.

Vasectomy

Many health workers did not provide the information needed about vasectomy. Only a very small percentage gave the impression that it was a very simple operation done under local anaesthesia. The procedure was explained by 40 per cent of the health workers. Approximately half stated that it was a permanent method and that both the husband and the wife must be absolutely sure that they did not want any more children before deciding on this method.

A quarter of the health workers stated that it was a very safe operation and a smaller percentage gave the impression that it had no after-effects. Twenty-seven per cent said that it did not affect virility. Only a very small percentage said that the quantity of seminal fluid ejaculated remained the same. This is important, because many men object to vasectomy in the mistaken belief that it effects ejaculation.

A quarter of the workers categorically stated that vasectomy was a very effective method. Two-thirds explained the need for the use of another contraceptive method like the condom for the first three months after the vasectomy.

Nearly half the workers indicated that the services could be obtained at a hospital and 38 per cent stated that an allowance would be given to compensate for any loss of income during the period.

Summary and conclusions

Sri Lanka has adopted an integrated approach to family planning. Since the commencement of the programme, family planning has formed an integral component of maternal and child health. This has been a positive factor in the successful implementation of the family planning programme.

Sterilization, IUD services and the injectable are provided free of charge, and a nominal charge is levied on the pill and condom. Contraceptive prevalence is reasonably high. In 1987, 41 per cent of married women in the reproductive ages used modern contraceptive methods and 19 per cent traditional methods. Although contraceptive prevalence has increased since it was first measured in 1975, the use of temporary modern methods has shown only a marginal increase (from 9 to 11 per cent) during the same period, despite the "cafeteria approach" adopted by the programme.

The purpose of this study was the assess the knowledge and attitudes of the peripheral health workers about contraceptive methods, and their ability to explain to clients the basic properties of the various contraceptives. Over 1,300 family health personnel (Public Health Midwives, Supervising Public Health Midwives and Public Health Nursing Sisters) participated in the study.

The first part of the study measured the knowledge of the workers about contraceptives. It was found that knowledge about most contraceptive methods was remarkably good, though deficiencies existed in certain areas. However, knowledge about the injectable contraceptive DMPA and the rhythm method was limited.

In the second part of the study the health workers themselves assessed gaps in their knowledge. The major areas of information they required related to: chances of method failure; safety of the different contraceptive methods; contra-indications for use; and the mode of action of contraceptives. It is essential that the organizers of training programmes on family planning specifically look into these areas and take appropriate measures to strengthen knowledge in these aspects of contraception.

The third part of the study measured the attitudes of the workers towards various contraceptives. The results obtained in this section suggested that, health workers were not sufficiently conscious about the responsibility of health workers to provide complete information about the entire range of contraceptives, which would enable the couple to choose the one they liked best. Their attitudes were more positive towards the modern methods, especially the temporary modern methods, than the traditional methods. This is in keeping with the broad directions given under programme. But perhaps a little more emphasis needs to be placed on the positive aspects of the traditional methods in certain situations. There were also numerous instances of negative attitudes towards specific temporary modern methods, which need to be corrected in training.

The fourth section assessed the ability of the workers to provide essential information to prospective clients. The study brought to light certain deficiencies in Information, Education and Communication (IEC) activities of the field health personnel. Most of these deficien-

cies were common to all three categories of workers. The impression obtained by the study group was that although knowledge about the contraceptive methods was reasonably good, the ability of many health workers to communicate important information was inadequate. Some of the health workers did not provide enough information about the methods to enable the couple to select the method of their choice. This is probably due to a failure to recognize the need for providing objective information, that is so essential for individual decision-making.

Some of the observations suggest the importance of updating the knowledge of health workers about contraceptive methods. The study also highlights the need for regular in-service training of health workers for effective programme implementation.

Annex

The annex contains a translation of the questionnaire. After each question there is a tabulation of the responses, classified by the job of the respondent.

Sri Lanka

I. Personal information

1. Age of respondent

	Job description			Total
	Midwife	Nursing sister	Super-visor	
15-24	0%			0%
25-34	59%	4%	2%	54%
35-44	27%	13%	11%	26%
45 and over	13%	83%	88%	20%
Frequency	1204	82	56	1342

2. Marital status

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Single	23%	2%	5%	21%
Married, widowed or divorced	77%	95%	95%	79%
Frequency	1204	82	56	1342

3. Total number of years of service as a public health midwife

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Less than 3 years	16%	68%	2%	19%
3-5 years	47%	9%	2%	43%
6-9 years	8%	1%	2%	7%
10 years and over	28%	22%	96%	31%
Frequency	1204	82	56	1342

4. Last refresher training

	Job description			Total
	Midwife	Nursing sister	Super-visor	
No refresher training	54%	27%	20%	51%
More than 5 years ago	13%	17%	57%	15%
During last 5 years	33%	56%	23%	34%
Frequency	1204	82	56	1342

II. Percentage of respondents who say they need more information on:

1. Date on which the woman should start using the method

	Job description			Total
	Midwife	Nursing sister	Super-visor	
IUD	40%	27%	44%	40%
Oral pill	32%	25%	45%	32%
DMPA	53%	35%	56%	52%
Frequency	1204	82	56	1342

2. Reason why she should start on that particular day

	Job description			Total
	Midwife	Nursing sister	Super-visor	
IUD	48%	27%	51%	47%
Oral pill	40%	28%	44%	40%
DMPA	55%	38%	48%	53%
Frequency	1204	82	56	1342

3. After starting, how the method should continue to be used

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Oral pill	26%	17%	32%	25%
DMPA	38%	27%	42%	37%
Frequency	1204	82	56	1342

4. How the method should be practiced

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Rhythm	56%	38%	42%	54%
Withdrawal	42%	25%	41%	41%
Frequency	1204	82	56	1342

5. The chances of the method's failing

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Tubectomy	59%	38%	69%	58%
Vasectomy	60%	37%	68%	59%
IUD	69%	44%	54%	67%
Oral pill	51%	33%	43%	50%
DMPA	74%	53%	64%	73%
Condom	42%	21%	33%	40%
Rhythm	58%	38%	50%	57%
Withdrawal	51%	28%	46%	50%
Frequency	1204	82	56	1342

6. How safe it is from a health point of view

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Tubectomy	60%	31%	46%	58%
Vasectomy	62%	32%	50%	59%
IUD	73%	43%	54%	70%
Oral pill	69%	45%	57%	67%
DMPA	82%	68%	78%	81%
Condom	39%	23%	41%	38%
Rhythm	47%	26%	43%	45%
Withdrawal	46%	29%	37%	45%
Frequency	1204	82	56	1342

7. Medical reasons for not using the method

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Tubectomy	71%	44%	67%	69%
Vasectomy	74%	49%	73%	72%
IUD	72%	41%	55%	69%
Oral pill	59%	31%	57%	57%
DMPA	75%	49%	71%	73%
Frequency	1204	82	56	1342

8. How long it takes to get pregnant after stopping

	Job description			Total
	Midwife	Nursing sister	Super-visor	
IUD	57%	38%	48%	56%
Oral pill	55%	44%	48%	54%
DMPA	69%	57%	55%	68%
Frequency	1204	82	56	1342

9. Recommended follow-up procedures

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Tubectomy	51%	34%	46%	50%
Vasectomy	53%	35%	43%	51%
IUD	52%	31%	46%	50%
Oral pill	41%	31%	41%	41%
DMPA	55%	40%	54%	54%
Frequency	1204	82	56	1342

10. What to tell a person experiencing side-effects

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Tubectomy	72%	42%	66%	70%
Vasectomy	72%	47%	61%	70%
IUD	65%	37%	58%	63%
Oral pill	58%	37%	52%	57%
DMPA	70%	53%	69%	69%
Frequency	1204	82	56	1342

11. How long a user can continue using the method

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Tubectomy	27%	20%	25%	27%
Vasectomy	27%	21%	25%	26%
IUD	46%	30%	52%	46%
Oral pill	57%	40%	55%	56%
DMPA	68%	49%	66%	67%
Condom	36%	28%	35%	35%
Frequency	1204	82	56	1342

12. How to respond to misconceptions about the method.

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Tubectomy	64%	35%	60%	62%
Vasectomy	66%	38%	62%	64%
IUD	68%	38%	68%	66%
Oral pill	63%	37%	63%	62%
DMPA	74%	48%	70%	72%
Frequency	1204	82	56	1342

III. What is the most correct method?

1. This is a permanent method of family planning for couples who do not want any more children. This is for the woman.

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Pill	1%	1%		1%
IUD	0%			0%
Vasectomy	0%	1%		0%
Tubectomy	99%	98%	100%	99%
Frequency	1204	82	56	1342

2. Women must remember to use this method every day or else they may get pregnant.

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Pill	100%	99%	100%	100%
IUD	0%			0%
Tubectomy	0%			0%
Frequency	1204	82	56	1342

3. This method works mainly because it changes the lining of the womb, so that the egg cannot nest there.

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Pill	7%	6%	4%	7%
IUD	83%	78%	86%	83%
Vasectomy	0%			0%
Tubectomy	1%	1%	2%	1%
DMPA	8%	12%	5%	8%
Frequency	1204	82	56	1342

4. This method may increase menstrual bleeding and may cause increased cramp during a woman's period.

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Pill	2%			2%
IUD	91%	89%	98%	91%
Vasectomy	0%			0%
Tubectomy	0%			0%
DMPA	5%	10%	2%	6%
Frequency	1204	82	56	1342

5. This method is an operation to tie the man's sperm tubes.

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Pill	0%			0%
IUD	0%	1%		0%
Vasectomy	99%	99%	100%	99%
Tubectomy	0%			0%
DMPA	0%			0%
Frequency	1204	82	56	1342

6. Side-effects of this method may include nausea, bleeding between periods and possible weight gain. These side-effects usually go away after a few months.

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Pill	93%	93%	95%	93%
IUD	5%	2%	4%	5%
Vasectomy	0%			0%
Tubectomy	1%	5%		1%
Frequency	1204	82	56	1342

7. This method works by preventing the women's eggs from being released from her ovary.

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Pill	45%	72%	55%	47%
IUD	12%	2%	14%	12%
Vasectomy	1%		4%	1%
Tubectomy	40%	24%	25%	39%
Frequency	1204	82	56	1342

8. Of these four methods, this is the least effective.

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Rhythm	90%	88%	88%	90%
IUD	1%	1%		1%
Condom	8%	10%	13%	8%
Pill	0%	1%		0%
Frequency	1204	82	56	1342

9. Couples can have relations any time of the month if they are using this method, and there are no supplies to buy.

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Rhythm	7%	5%	4%	6%
Pill	87%	85%	91%	87%
Withdrawal	0%	1%		0%
Condom	6%	9%	5%	6%
Frequency	1204	82	56	1342

10. A woman who uses this method does not have relations with her husband during certain days of the month.

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Rhythm	96%	93%	98%	96%
Withdrawal	2%	4%	2%	2%
Condom	0%	2%		0%
Pill	1%	1%		1%
Frequency	1204	82	56	1342

11. This method works because the husband climaxes outside the woman.

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Rhythm	2%	2%	5%	2%
Withdrawal	95%	96%	95%	95%
Condom	3%	1%		3%
Frequency	1204	82	56	1342

12. Of these three methods, this is the most effective.

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Rhythm	10%	10%	16%	10%
Withdrawal	6%	6%		6%
Condom	84%	84%	84%	84%
Frequency	1204	82	56	1342

13. This method works by preventing the man's sperm from entering the vagina.

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Rhythm	1%	1%	2%	1%
IUD	10%	4%	7%	9%
Condom	88%	95%	91%	89%
DMPA	0%			0%
Frequency	1204	82	56	1342

14. This method does not always work because a woman may not know when her egg has been released.

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Rhythm	88%	88%	86%	88%
Withdrawal	10%	12%	14%	11%
Condom	1%			1%
DMPA	1%			1%
Frequency	1204	82	56	1342

15. The use of this method should be explained but does not need medical advice.

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Tubectomy	2%		2%	2%
IUD	1%	1%	2%	1%
Condom	88%	85%	91%	88%
Pill	9%	13%	5%	9%
Frequency	1204	82	56	1342

IV.

1. If you stop using the pill how long does it normally take to get pregnant? (Tick the answer which is most correct)

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Under 3 months	84%	83%	86%	84%
3 to 6 months	12%	16%	13%	12%
12 months	2%		2%	2%
No answer	2%	1%		2%
Frequency	1204	82	56	1342

2. After stopping using the injectable, is the delay for getting pregnant shorter, longer or the same as with the pill? (Tick the answer which is most correct)

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Shorter	13%	12%	11%	13%
Longer	41%	55%	39%	42%
Same	44%	32%	48%	43%
No answer	3%	1%	2%	3%
Frequency	1204	82	56	1342

3. When is the easiest time to get pregnant? (Tick the answer which is most correct)

	Job description			Total
	Midwife	Nursing sister	Super-visor	
After menses	11%	10%	16%	11%
Before menses	3%	5%	2%	3%
Middle of the menstrual cycle	85%	84%	82%	85%
No answer	0%	1%		0%
Frequency	1204	82	56	1342

4. One of the advantages of the pill, besides the avoidance of pregnancy, is that for many women taking the pill alleviates painful menstrual periods. Is this true or false?

	Job description			Total
	Midwife	Nursing sister	Super-visor	
True	69%	68%	75%	69%
False	29%	29%	25%	28%
No answer	2%	2%		2%
Frequency	1204	82	56	1342

5. What is the common side-effect of the pill which occurs on the first day or two of taking the pill and which gradually goes away?

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Nausea	84%	85%	88%	84%
Vomiting	58%	71%	71%	60%
Giddiness	23%	32%	21%	23%
Headache	53%	50%	46%	53%
Lifelessness	7%	7%	7%	7%
Sleepiness	15%	10%	9%	15%
Burning sensation in abdomen/abdo-minal pain	13%	1%	7%	12%
Dizziness	76%	56%	70%	75%
Loss of appetite	23%	32%	30%	24%
Heaviness of head	4%	2%	7%	4%
Menstrual disturbances	8%	7%	16%	9%
General aches and pains	2%	1%	2%	2%
Frequency	1204	82	56	1342

6. Rate these contraceptives in order of their effectiveness in preventing pregnancy.

The method listed as the most effective method comes first.

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Vasectomy, pill condom, rhythm	67%	65%	61%	67%
Pill, vasectomy condom, rhythm	13%	13%	14%	13%
Vasectomy, pill rhythm, condom	6%	10%	9%	7%
Vasectomy, condom, pill rhythm	3%	2%	5%	3%
Others	11%	10%	11%	10%
Frequency	1204	82	56	1342

7. What is the most important thing to tell a couple about vasectomy and tubectomy?

	Job description			Total
	Midwife	Nursing sister	Super-visor	
No more children	50%	45%	41%	49%
It is permanent	20%	24%	20%	20%
Use condoms for 3 months	9%	13%	9%	9%
Ideal for limiting	7%	9%	7%	7%
Not protected 3 months	5%		5%	4%
Have at least 3 children	2%	4%	4%	2%
Sex pleasure is the same	1%		5%	1%
Need consent spouse	1%	1%		1%
Can't do heavy work	0%			0%
Protected for life	0%			0%
Not 100% effective	0%			0%
Answer not relevant	4%	2%	9%	4%
No answer	0%	1%		1%
Frequency	1204	82	56	1342

8. How often does a woman using an injectable contraceptive have to have an injection?

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Every 90 days	94%	89%	95%	94%
Within 80-90 days	3%	11%	4%	3%
Within 90 days	1%			1%
After 90 days	1%			1%
No answer	0%		2%	1%
Frequency	1204	82	56	1342

9. For some women wearing the IUD, menstrual periods will...

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Begin earlier, last longer, flow heavier	78%	74%	86%	79%
Begin later, last shorter, flow less	5%	1%	2%	4%
Same as not using IUD	16%	24%	13%	16%
No answer	1%			1%
Frequency	1204	82	56	1342

10. History of heavy menstrual bleeding is a factor against choosing which method?

	Job description			Total
	Midwife	Nursing sister	Super-visor	
IUD	81%	80%	88%	81%
Condom	1%	2%	2%	1%
Tubectomy	1%	1%	2%	1%
Pill	17%	15%	9%	17%
No answer	0%	1%		0%
Frequency	1204	82	56	1342

11. After a woman has a tubectomy, her menstrual periods will...

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Continue as before	92%	91%	91%	92%
Continue as before, but menopause comes earlier	7%	6%	7%	7%
Stop after a few months	1%	2%	2%	1%
No answer	0%			0%
Frequency	1204	82	56	1342

12. What do you do if you forget to take a pill on a particular day?

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Take a pill when realize & take a pill at night as usual	50%	52%	50%	50%
Take 2 pills at the usual time	23%	22%	25%	23%
Take a pill immediately when realize	10%	7%	9%	10%
Take the pill the following day/morning	7%	5%	7%	7%
Take a pill when realize and take extra precautions for the rest of the month	1%	1%		1%
Take 2 pills the moment you realize	4%	9%	4%	4%
Take the pill the next day	2%		4%	2%
Take a pill the following morning & 2 pills the following day/night	0%	2%		1%
No answer	1%			1%
Answer not relevant	2%	1%	2%	2%
Frequency	1204	82	56	1342

13. State five contra-indications when the pill cannot be prescribed:

	Job description			Total
	Midwife	Nursing sister	Super-visor	
History of jaundice	42%	34%	29%	41%
Hypertension	67%	63%	73%	67%
Heart disease	43%	50%	36%	43%
Varicose veins	52%	57%	52%	53%
Menstrual disturbances	18%	16%	14%	18%
Lumps in the breast	35%	28%	36%	34%
Elevated pulse rate	1%			1%
History of diabetes	12%	27%	16%	13%
Mental disturbances	17%	18%	20%	17%
Severe/frequent headaches	16%	10%	11%	15%
Goitre	44%	56%	54%	45%
Shortness of breath	7%	7%	11%	7%
Swelling of joints	12%		14%	11%
Difficulty in passing urine	0%			0%
Pregnant/ periods have stopped	8%	6%	11%	8%
Malignancy	12%	11%	13%	12%
History of tuberculosis	3%	6%	4%	3%
Albumin in urine	4%	2%	2%	4%
Bleeding after intercourse	4%	10%	7%	5%
Age over 35 yrs	14%	21%	13%	14%
During breast feeding	11%	13%	21%	12%
Excessive white discharge	2%			2%
Kidney dysfunc-tion	5%	11%	5%	5%
Chest com-plaints/Asthma	20%	9%	30%	20%

13. (Continued)

State five contra-indications when the pill cannot be prescribed:

	Job description			Total
	Midwife	Nursing sister	Super-visor	
History of rheumatic fever	3%	2%		3%
Discharge from nipples	8%	4%	7%	8%
Anaemic mothers	9%	2%	9%	8%
History of epileptic episodes	2%	2%		2%
Not relevant	13%	13%	5%	12%
Frequency	1204	82	56	1342

14. What advice would you give to a couple with 3 children who do not like to use any of the modern methods?

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Try motivate perm. methods	13%	9%	14%	13%
Advise on safe period/withd.	4%	7%	4%	4%
Advise on safe period	43%	49%	46%	44%
Motivate for modern methods	6%	10%	11%	6%
Advise according to given reason	1%	1%		1%
Advise on use withdrawal	37%	40%	36%	37%
Explain more on family plan.	12%	6%	4%	12%
Advise family plan. for health	24%	16%	23%	23%
Advise sterilization	26%	26%	29%	26%
No answer	7%	5%	4%	6%
Answer not relevant	5%	6%	9%	5%
Frequency	1204	82	56	1342

V. Choose the appropriate methods for the following couples:

1. A young couple with a child one year old, who wish to delay the next pregnancy.

a. All appropriate methods

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Vasectomy	0%	2%	2%	1%
Tubectomy	0%	2%		0%
Condom	86%	85%	88%	86%
DMPA	79%	72%	70%	79%
Pill	95%	84%	88%	94%
IUD	95%	96%	93%	95%
Rhythm	54%	52%	50%	54%
Withdrawal	49%	49%	52%	49%
Withdrawal plus condom/ rhythm	48%	57%	55%	49%
Frequency	1204	82	56	1342

b. Are all the methods chosen equally appropriate?

	Job description			Total
	Midwife	Nursing sister	Super-visor	
No	91%	93%	86%	91%
Yes	7%	5%	11%	7%
No answer	2%	2%	3%	2%
Frequency	1204	82	56	1342

c. The most appropriate method

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Vasectomy		1%		0%
Tubectomy	0%	2%		0%
Condom	2%	1%	5%	2%
DMPA	6%	6%	4%	6%
Pill	34%	15%	21%	32%
IUD	49%	67%	57%	50%
Rhythm	0%			0%
Withdrawal	0%			0%
Withdrawal plus condom/ rhythm	1%			1%
No answer	8%	7%	13%	8%
Frequency	1204	82	56	1342

2. A newly married couple wishing to delay the first pregnancy.

a. All appropriate methods

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Vasectomy	0%	1%		0%
Tubectomy	0%			0%
Condom	88%	91%	93%	88%
DMPA	15%	16%	13%	15%
Pill	55%	55%	55%	55%
IUD	15%	32%	16%	16%
Rhythm	67%	60%	55%	66%
Withdrawal	59%	50%	55%	58%
Withdrawal plus condom/ rhythm	52%	54%	46%	51%
Frequency	1204	82	56	1342

b. Are all the methods chosen equally appropriate?

	Job description			Total
	Midwife	Nursing sister	Super-visor	
No	82%	79%	80%	82%
Yes	15%	15%	18%	15%
No answer	3%	6%	2%	3%
Frequency	1204	82	56	1342

c. The most appropriate method

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Vasectomy				
Tubectomy	0%			0%
Condom	33%	23%	38%	33%
DMPA	1%	2%		1%
Pill	29%	26%	25%	29%
IUD	5%	17%	4%	5%
Rhythm	3%	2%	4%	3%
Withdrawal	2%		2%	1%
Withdrawal plus condom/ rhythm	9%	11%	9%	9%
No answer	18%	18%	20%	18%
Frequency	1204	82	56	1342

3. A woman under age 30 with two children, the youngest being 8 weeks old. The couple have not yet decided whether they want a third child or not.

a. All appropriate methods

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Vasectomy	1%	2%		1%
Tubectomy	2%	4%	4%	2%
Condom	69%	63%	63%	68%
DMPA	62%	61%	46%	62%
Pill	59%	52%	55%	58%
IUD	86%	90%	86%	86%
Rhythm	42%	39%	34%	41%
Withdrawal	40%	40%	36%	40%
Withdrawal plus condom/ rhythm	18%	26%	21%	18%
Frequency	1204	82	56	1342

b. Are all the methods chosen equally appropriate?

	Job description			Total
	Midwife	Nursing sister	Super-visor	
No	84%	90%	80%	84%
Yes	14%	6%	14%	13%
No answer	3%	4%	5%	3%
Frequency	1204	82	56	1342

c. The most appropriate method

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Vasectomy	0%			0%
Tubectomy	0%	2%	2%	1%
Condom	4%	1%	4%	4%
DMPA	11%	16%	16%	12%
Pill	11%	5%	5%	11%
IUD	54%	60%	54%	54%
Rhythm	0%	5%		1%
Withdrawal	0%			0%
Withdrawal plus condom/ rhythm	1%	1%		1%
No answer	17%	9%	19%	16%
Frequency	1204	82	56	1342

4. A woman over age 35 with three children. The couple do not want any more children, but who are opposed to sterilization.

a. All appropriate methods

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Vasectomy	5%	5%	5%	5%
Tubectomy	5%	5%	5%	5%
Condom	66%	63%	59%	65%
DMPA	42%	33%	34%	41%
Pill	47%	40%	38%	46%
IUD	80%	82%	82%	80%
Rhythm	48%	40%	43%	47%
Withdrawal	47%	50%	41%	46%
Withdrawal plus condom/ rhythm	35%	34%	29%	34%
Frequency	1204	82	56	1342

b. Are all the methods chosen equally appropriate?

	Job description			Total
	Midwife	Nursing sister	Super-visor	
No	80%	82%	82%	80%
Yes	17%	11%	16%	17%
No answer	3%	7%	2%	3%
Frequency	1204	82	56	1342

c. The most appropriate method

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Vasectomy	1%		2%	1%
Tubectomy	2%	2%	4%	2%
Condom	9%	6%		8%
DMPA	5%	5%	9%	6%
Pill	8%	5%	5%	8%
IUD	48%	55%	57%	49%
Rhythm	1%		2%	1%
Withdrawal	1%	1%		1%
Withdrawal plus condom/ rhythm	3%	9%	2%	4%
No answer	20%	17%	20%	20%
Frequency	1204	82	56	1342

5. A couple with two children who do not want any more children, and are willing to accept a permanent method. The wife is 30 years old.

a. All appropriate methods

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Vasectomy	9%	13%	16%	9%
Tubectomy	10%	16%	16%	11%
Condom	63%	56%	57%	62%
DMPA	72%	66%	54%	71%
Pill	77%	68%	59%	76%
IUD	84%	83%	71%	83%
Rhythm	44%	33%	41%	43%
Withdrawal	42%	35%	38%	41%
Withdrawal plus condom/ rhythm	14%	16%	18%	14%
Frequency	1204	82	56	1342

b. Are all the methods chosen equally appropriate?

	Job description			Total
	Midwife	Nursing sister	Super-visor	
No	81%	74%	88%	81%
Yes	16%	17%	13%	16%
No answer	3%	8%		3%
Frequency	1204	82	56	1342

c. The most appropriate method

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Vasectomy	2%			2%
Tubectomy	5%	9%	14%	5%
Condom	3%		5%	3%
DMPA	8%	10%	14%	9%
Pill	19%	9%	14%	18%
IUD	42%	45%	38%	42%
Rhythm	1%			1%
Withdrawal	0%			0%
Withdrawal plus condom/rhythm	1%	4%	2%	1%
No answer	18%	24%	13%	19%
Frequency	1204	82	56	1342

6. A young couple with one child 8 weeks old who wish to delay the next pregnancy, The wife does not want an IUD and the husband dislikes condoms.

a. All appropriate methods

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Vasectomy	0%			0%
Tubectomy	0%			0%
Condom	72%	76%	66%	72%
DMPA	63%	59%	63%	63%
Pill	58%	48%	52%	58%
IUD	59%	40%	57%	57%
Rhythm	27%	38%	27%	28%
Withdrawal	2%	6%		2%
Withdrawal plus condom/ rhythm	1%	7%		1%
Frequency	1204	82	56	1342

b. Are all the methods chosen equally appropriate?

	Job description			Total
	Midwife	Nursing sister	Super-visor	
No	74%	72%	79%	74%
Yes	20%	16%	20%	20%
No answer	5%	12%	2%	6%
Frequency	1204	82	56	1342

c. The most appropriate method

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Vasectomy	0%			0%
Tubectomy				
Condom	32%	40%	34%	32%
DMPA	30%	22%	30%	30%
Pill	6%	2%	5%	5%
IUD	5%		4%	4%
Rhythm	2%	5%	5%	3%
Withdrawal		1%		0%
Withdrawal plus condom/rhythm		1%		0%
No answer	25%	29%	22%	25%
Frequency	1204	82	56	1342

VI. A new client who knows nothing about contraceptive methods comes for information about various contraceptive methods so that he/she can choose the method which is best for him/her.

1. What would you tell about the pill?

	Job description			Total
	Midwife	Nursing sister	Super-visor	
You must take a pill every day	87%	89%	93%	87%
The pill comes in packets which last one month	52%	48%	57%	52%
You have to ensure a regular supply of packets	51%	52%	68%	52%
You can obtain packets from the midwife or clinic	52%	52%	57%	52%
Each packet costs 50 cents	47%	56%	45%	47%
The pill is one of the most effective methods	26%	38%	27%	27%
Normal fertility returns shortly after stopping the pill	21%	27%	16%	21%
Menstrual cycles will be very regular	9%	13%	9%	10%
Menstrual loss might be reduced	12%	24%	23%	13%
Might experience side-effects, as nausea	68%	72%	64%	68%

1. About the pill (continued)

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Might experience side-effects, as headaches	49%	46%	48%	49%
Might experience side-effects, as spotting	15%	24%	14%	16%
Might experience side-effects, as weight gain	4%	15%		4%
Side-effects occur on some women, not all	17%	18%	27%	18%
Side-effects will disappear with continued use	50%	52%	41%	49%
Contains hor-mones	5%	7%	4%	5%
Prevents ovulation	0%	1%		0%
The method is safe	0%			0%
Frequency	1204	82	56	1342

2. What would you tell about the IUD ?

	Job description			Total
	Midwife	Nursing sister	Super-visor	
It is a small device inserted into the womb	54%	62%	63%	55%
Once in place, no need for further action	10%	15%	14%	10%
The thread has to be checked periodically	58%	70%	63%	59%
You should come back for a check-up, three months after the insertion	10%	17%	11%	10%
You can have it inserted at a clinic or a hospital	76%	73%	73%	76%
No charge for insertion	18%	18%	20%	18%
It is highly effective	28%	37%	34%	29%
Fertility returns immediately after taking it out	29%	41%	21%	29%
You may have some side-effects	9%	15%	9%	10%
Such as menstrual irregularities (spotting)	41%	44%	46%	42%
More or prolonged bleeding during menstruation	60%	61%	66%	60%
Abdominal cramps	32%	44%	39%	33%
Backaches	13%	20%	18%	13%

2. About the IUD (continued)

	Job description			Total
	Midwife	Nursing sister	Super-visor	
Side effects occur with some women, not all	13%	21%	16%	14%
Side-effects often disap-pear with con-tinued used	26%	30%	29%	26%
It is a small plastic device	5%	7%	13%	6%
Prevents embed-ding of the ovum in the uterus	0%			0%
Can be removed any time	5%	6%	5%	5%
Frequency	1204	82	56	1342

3. What would you tell about DMPA?

	Job description			Total
	Midwife	Nursing sister	Super-visor	
This is an injection given in the arm/buttocks	24%	28%	18%	24%
Is given once every three months	96%	99%	95%	96%
You have to remember to come back on time	46%	48%	54%	47%
It is very effective	17%	24%	23%	18%
After stopping it might take a few months to get pregnant again	12%	22%	9%	12%
Big advantage is: all that is required is an injection once every three months	20%	21%	14%	20%
Injections can be obtained at health centers	57%	60%	64%	57%
It is given free	35%	33%	41%	35%
You might experi-side effects, such as	8%	9%	7%	8%
- irregular periods, sometimes heavy and prolonged	35%	45%	21%	35%
- scanty periods, which can even stop	47%	62%	41%	48%
- Headache	7%	9%	9%	7%
- Weight gain	11%	11%	9%	11%

3. About DMPA (continued)

	Job description			Total
	Midwife	Nursing sister	Super-visor	
It is a hormonal preparation	2%	11%		3%
It does not affect breastfeeding	6%	10%	5%	6%
The method is safe	0%			0%
Frequency	1204	82	56	1342

4. What would you tell about the condom?

	Job description			Total
	Midwife	Nursing sister	Super-visor	
It is a method used by the husband	42%	52%	59%	43%
It has to be rolled on to the erect penis	47%	50%	54%	47%
It has to be put on at the time of inter-course	70%	73%	77%	71%
It works by keeping the sperms from getting into the vagina	19%	21%	23%	19%
It has no side effects	27%	24%	21%	26%
They can be obtained from midwives or boutiques	48%	55%	57%	49%
They cost 5 cents a piece from midwives	63%	72%	64%	63%
It has to be thrown away after use	57%	65%	55%	58%
It is very effective if used correctly	16%	29%	27%	18%
Some people experience a lack of sensitivity	4%	9%	2%	4%
Look for per-foration prior to use	7%	7%	4%	7%
Frequency	1204	82	56	1342

5. What would you tell about the rhythm method?

	Job description			Total
	Midwife	Nursing sister	Super-visor	
The method depends on knowing which days of the month are safe	43%	50%	48%	43%
A way to do this is by keeping track of the length of the menstrual cycle	41%	40%	29%	41%
By keeping track of your temperature	5%	11%	11%	6%
By learning to recognize changes to the cervical mucus	1%	2%		1%
It normally requires you not to have sex during most of the menstrual cycle	4%	6%		4%
It requires the close cooperation of the husband	6%	7%	9%	7%
The method is not very reliable for women whose periods are irregular	43%	46%	34%	43%
Many couples use it in combination with other methods	6%	9%	9%	6%

5. About the rhythm method (continued)

	Job description			Total
	Midwife	Nursing sister	Super-visor	
It requires a lot of record keeping	8%	9%	11%	8%
If not done right, it can easily fail	32%	39%	30%	32%
Not reliable	4%	2%	5%	4%
Frequency	1204	82	56	1342

6. What would you tell about tubectomy?

	Job description			Total
	Midwife	Nursing sister	Super-visor	
A small cut is made in the abdomen	34%	38%	30%	34%
The operation takes about 15-30 minutes	13%	26%	9%	14%
You are paid 500 rupees after the operation	35%	51%	32%	36%
The operation is done using a local anaesthetic	9%	21%	13%	10%
After the operation you stay in the hospital for a few days	27%	38%	34%	28%
This is one of the most effective methods	41%	50%	46%	42%
The operation is very safe	40%	38%	39%	40%
The operation does not affect the menstrual cycle	13%	20%	16%	14%
After the operation there is nothing more to do	7%	6%	9%	7%
The operation does not affect the sex life	9%	7%	11%	9%
You must be sure you do not want another child, because the method is permanent	77%	83%	86%	78%

6. About tubectomy (continued)

	Job description			Total
	Midwife	Nursing sister	Super-visor	
The operation is given at a hospital	60%	65%	63%	61%
It is a simple operation	4%	6%	9%	5%
It consists of the cutting of tubes	14%	17%	16%	14%
Frequency	1204	82	56	1342

7. What would you tell about vasectomy?

	Job description			Total
	Midwife	Nursing sister	Super-visor	
It is an operation which last a few minutes	40%	51%	38%	40%
It is done under local anaesthetic	8%	15%	11%	8%
It consists of making a small cut in the scrotum	15%	24%	13%	15%
It separates the tubes which carry the sperms	39%	52%	52%	41%
The operation is done at a hospital	52%	56%	39%	52%
It does not affect virility	26%	41%	36%	27%
The amount of semen ejaculated remains the same	5%	7%	11%	5%
It only has to be done once and the effect is permanent	17%	18%	16%	17%
There will be mild discomfort for one or two days	13%	24%	18%	14%
You are paid 500 rupees after the operation	37%	51%	39%	38%
You must be absolutely sure you and your spouse do not want any more children	45%	45%	50%	45%

7. About vasectomy (continued)

	Job description			Total
	Midwife	Nursing sister	Super-visor	
The operation is very safe	24%	29%	20%	24%
The operation is very effective	23%	30%	27%	24%
For 3 months after the operation the husband will have to use condoms or the couple will have to use another method	69%	71%	66%	69%
It is a simple operation	5%	4%	7%	5%
It is not necessary to stay in hospital	4%	2%	9%	4%
Frequency	1204	82	56	1342

8. What would you tell about the method of withdrawal?

	Job description			Total
	Midwife	Nursing sister	Super-visor	
The method is when a man removes his penis from the woman's vagina just before he ejaculates	76%	78%	86%	77%
The method is very widely used	4%	9%	5%	5%
The method is not reliable because many couples do not use it all the time	56%	65%	48%	56%
Frequency	1204	82	56	1342