Philippines

Knowledge and Attitudes of Grassroots Family Planning Workers about Contraceptive Methods

Asian Population Studies Series, No. 86-F

Economic and Social Commission
for Asia and the Pacific
Bangkok

UNITED NATIONS

This volume is one of a series of seven volumes presenting the results of the ESCAP "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:

Asian Population Studies Series number			
86-A	China Heilongjiang Province	Zhao Xuan and Qiao Xinjian	State Family Planning Commission
86-B	China Hunan Province	Zhao Xuan and Qiao Xinjian	State Family Planning Commission
86-C	Sri Lanka	K. Wickramasuriya	Family Health Bureau Ministry of Health
86-D	Viet Nam	Vu Quy Nhân	National Committee for Population and Family Planning
86-E	India	S.K. Alok	Ministry of Health and Family Welfare
86-F	Philippines	Zelda C. Zablan	University of the Philippines Population Institute
86-G	Comparative study	ESCAP	

Philippines

Knowledge and Attitudes of Grassroots Family Planning Workers about Contraceptive Methods

Asian Population Studies Series, No. 86-F

Economic and Social Commission
for Asia and the Pacific
Bangkok



UNITED NATIONS
New York, 1988

ST/ESCAP/736

Preface

The Philippines 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, Sri Lanka 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 the Philippines, 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 the Philippines. The survey was conducted by the University of the Philippines Population Institute. The report was prepared by Dr. Zelda C. Zablan of the University of the Philippines Population Institute in collaboration with the ESCAP secretariat.

Contents

Preface ii

Introduction 1

Fertility and family planning in the Philippines 1

Recent changes in population policy 5

Obstables to the provision of a full cafeteria of methods 6

The study 8

Objectives 8

Study design 8

Profile of respondents 13

Results 15

Knowledge about contraceptives 15

Training 19

Comprehensiveness of information given to clients 20

Attitudes about contraceptives 25

Analysis of the clinic checklist 31

Summary and Conclusions 35

Annex I: Clinic checklist

Annex II: Questionnaire for grassroots workers

Annex III: Guide for participant observers

List of abbreviations used in this work

BHW	Barangay health worker
BNS	Barangay nutrition scholar
BSPO	Barangay service point officer
CBR	Crude birth rate
CE	Index of contraceptive effectiveness
CPO	City population officer
CPS	Contraceptive prevalence survey
DOH	Department of Health
DMPA	Depot medroxyprogestarone acetate (the injectable contraceptive)
DPO	District population officer
ESCAP	Economic and Social Commission for Asia and the Pacific
FTOW	Full-time outreach worker
GWQ	Grassroots workers questionnaire
IEC	Information, education and communication
MCRA	Married couples where the wife is in the reproductive ages 15-44
NCR	National Capital Region (Manila and surrounding cities)
NDS	National Demographic Survey
NGO	Non-governmental organization
NNP	Natural family planning
PHN	Public health nurse
POPCOM	Population Commission of the Philippines
PPO	Provincial population officer
RHM	Rural health midwife
TFR	Total fertility rate
UNFPA	United Nations Population Fund
UPPI	University of the Philippines Population Institute

Introduction

No one contraceptive method is suitable for all couples. Couples wanting to terminate childbearing tend to prefer sterilization. Couples wanting to space births can choose between a variety of methods (pills, IUDs, injectables, condoms and the rhythm method), but there is no method suitable for everyone. Pills are not recommended for women over 35, especially if they smoke. The rhythm method is sometimes preferred by some Philippine couples over the IUD because it has no side-effects and is easier to discontinue, but it requires training and motivation. Condoms and injectables may not be a good method for couples in remote areas which the programme finds difficult to supply.

Thus the provision of a wide range of contraceptives is a basic goal of family planning programmes. A good family planning programme offers a choice of contraceptives regardless of the reasons for preferences, whether medical, religious, moral, ethical, economic or simply a matter of personal taste.

Offering a choice also has implications for reducing fertility. First, multiple contraceptive options extend the duration of practice.[1] Second, a wide variety of contraceptives prevents the spread of unfavorable rumors about side-effects because the fears of users about the safety of contraceptives are allayed by information on alternative options. This generates a positive climate for decision-making and brings about higher prevalence and longer duration of use.

Fertility and family planning in the Philippines

Fertility

Table 1 on the next page shows trends in fertility from the late 1960s to the early 1980s. This table shows fertility rates for the five years prior to each survey. Fertility showed a rapid decline in 1965-1975, but the decline slackened in 1975-1985. The crude birth rate (CBR) of 40.5 in 1965 declined to 37.4 in 1970 and then to 34.0 in 1975. By 1980, however, the CBR had stagnated at 34.7, and declined only slightly to 33.7 by 1984.

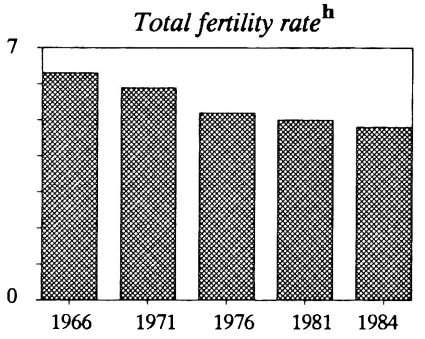
Without the necessary social and economic changes which induce couples to have fewer children, the family planning programme's motivational efforts have been only partially effective. As table 1 shows, the desired family size has remained relatively high at four children per couple over the period 1973-1983.

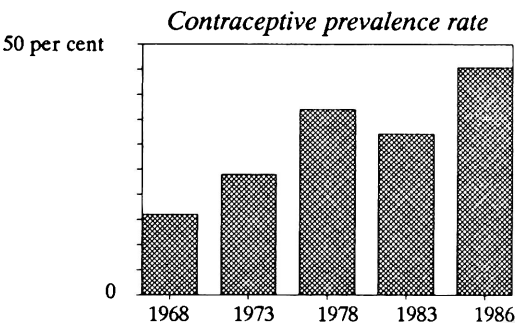
Moreover, the difficulty of reducing fertility is aggravated by marriage patterns. Much of the decline in fertility in the 1970s was due to a rise in the age at marriage. But as table 1 shows, the age at marriage for women has ceased to rise and may actually have declined from a high of 24.4 years in 1978 to 23.3 in 1983.

[1]For evidence linking the provision of a cafeteria of methods to the success of family planning programmes, see Anrudh Jain, "Fertility reduction and the quality of family planning services", *Studies in Family Planning*, vol. 20, No. 1 (Jan/Feb 1989), pp. 1-16. On all-method continuation rates compared with first-method continuation rates, see John E. Laing, "Estimating the effects of contraceptive use on fertility: techniques and findings from the 1974 Philippines National Acceptor Survey," *Studies in Family Planning*, vol. 9, No. 6 (1974), and "Differentials in contraceptive use effectiveness in the Philippines" *Studies in Family Planning*, vol. 5, No. 10 (1974).

Table 1. Indicators of performance of the national population programme, Philippines, 1968-1986

Date of survey	1968[a]	1973[b]	1978[c]	1983[d]	1986[e]
Population size[f]	35.8	40.1	46.0	52.4	56.0
Married couples of reproductive age[f,g]	4.1	4.8	5.5	6.4	6.8
Crude birth rate per 1000[h]	40.5	37.4	34.0	34.7	33.7
Contraceptive prevalence rate[i]	16.0	24.0	37.0	32.1	45.3
Desired family size	5.0	4.4	4.4	4.1	–
Mean age at first marriage (women)[j]	–	–	24.4	23.3	–
Total fertility rate[h] (children per woman)	6.3	5.9	5.2	5.0	4.8
Total marital fertility rate[h] (children per married woman)	9.7	9.6	8.8	8.3	–





Notes: a. *1968 National Demographic Survey.* b. *1973 National Demographic Survey.* c. *1978 Republic of the Philippines Fertility Survey.* d. *1983 National Demographic Survey.* e. *1986 Contraceptive Prevalence Survey.* f. *In millions.* g. *University of the Philippines Population Institute Estimates and Projections of Population Trends and Levels*, 1968-1990 (Manila, 1987). h. Refers to the average for the five-year period preceding the survey year: thus the midpoints of the five year periods to which the rates refer are approximately 1966, 1971, 1976, 1981 and 1984 respectively. The CBR and TFR estimates for 1980 and 1984 are revised estimates: Eliseo de Guzman and others, "A new view of fertility in the Philippines and its subnational areas from the 1986 CPS," *Contraceptive Prevalence Survey Report No. 2* (Manila, University of the Philippines Population Institute, 1988). i. Percentage of married women aged 15-44 currently practising contraception. j. Singulate mean age at first marriage, i.e., average number of years spent single per woman.

The system of delivering contraceptives

When the Philippine National Family Planning Programme started in 1970, it adopted a purely clinic-based strategy. Couples deciding to practise family planning went to the clinic for services and supplies. Information/education/communication (IEC) and motivation were all done by clinic personnel, with assistance from motivators under their supervision. However, in practice clinic personnel were overloaded with duties other than family planning, and so motivators ended up helping with clinic work rather than devoting their time to motivating prospective clients.

Another problem was the limited coverage of the clinics. The results of the 1973 National Demographic Survey showed that contraceptive prevalence decreased as the distance beyond a three-kilometre radius from the clinic increased. As a response to this problem, an Outreach Project was launched in 1977. It was based on the assumption that clinic-based personnel alone could not inform, educate and motivate couples in every *barangay* (village). The Outreach Project attempted to increase demand for family planning services and to resupply couples with pills and condoms. It consisted of a network of paid outreach workers composed of Provincial and City Population Officers (PPOs/CPOs), District Population Officers (DPOs), Full-time Outreach Workers (FTOWs), and unpaid community-based volunteers known as *Barangay* Service Point Officers (BSPOs). Their functions were to motivate and recruit acceptors, distribute IEC materials, resupply contraceptives, monitor family planning acceptors, and report the number of these acceptors to the central administration.

Contraceptive prevalence

The success of a family planning programme can be judged by the prevalence of contraception. Table 2 on the next page shows the percentages of married women in the reproductive ages practising contraception in 1968, 1973, 1978, 1983 and 1986.

The family planning programme began on a nationwide scale in 1971. Judging from the initial surge in acceptance of the pill and IUD by 1973, the programme seems to have found a ready market of potential users. After that, however, the prevalence of the pill and IUD stopped increasing. The only other increase in the use of the temporary programme methods came about between 1973 and 1978, when the prevalence of the condom increased from 1 to 4 per cent. This may have been due to the 1977 Outreach Programme under which *barangay* service point officers (BSPOs) were authorized to dispense pills and condoms. (There was no similar increase in the use of pills, however). After that initial surge, the use of the condom declined, probably because of a weakening of the government's commitment to the population programme.

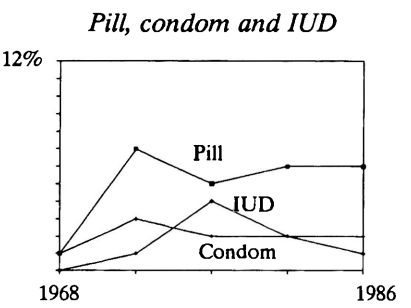
The use of sterilization, almost all of it female sterilization, increased steadily from 1973 to 1983. However, despite a policy of reimbursing acceptors of sterilization for their expenses and rewarding service providers for recruiting acceptors, the prevalence of sterilization levelled off after 1983.

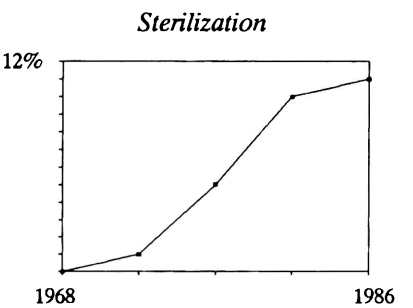
These data thus suggest that despite a certain initial success, the family planning programme has made little headway in reaching a high level of contraceptive prevalence or a cafeteria of modern methods. The picture is complicated, however, by the widespread use of the traditional methods, rhythm and

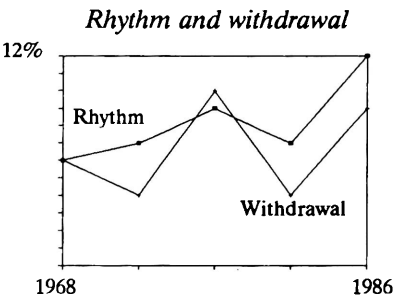
Table 2. Percentage of currently married women aged 15-44 practising contraception: by method

	1968	1973	1978	1983	1986
All methods	16	24	37	32	44
Programme methods	8	9	25	27	32
• Modern programme methods	2	11	12	18	20
Pill	1	7	5	6	6
IUD	1	3	2	2	2
Sterilization	0	1	5	10	11
Injectable	–	–	–	–	0
• Other programme methods	6	8	13	9	13
Rhythm	6	7	9	7	12
Condom	0	1	4	2	1
Non-programme methods	8	5	12	5	12
Withdrawal	6	4	10	4	9
Others	2	1	2	1	3

Note: The hyphen in the cells for the injectable means that the method was not available at that time.
Sources: See table 1.







withdrawal. At first glance it might appear that the high prevalence of rhythm is associated with the religious convictions of the population. But few of the practitioners of rhythm actually practise natural family planning. Most practise some form of calendar rhythm combined with another method, mainly withdrawal.[2] Rhythm practiced along with withdrawal is usually tabulated as "rhythm," but it could equally be tabulated as "withdrawal."

In 1968, prior to the initiation of the national family planning programme, rhythm and withdrawal were the major methods used in the Philippines, accounting for three quarters of all contraception. The use of rhythm and withdrawal may have declined and then risen again between 1978 and 1986, but this is not certain. Although the use of the modern methods can be measured fairly accurately with sample surveys, the measurement of the use of traditional contraception is problematic.[3] All that can be concluded with some confidence from table 2 is that since the initiation of the programme, the prevalence of the traditional methods has probably increased.

Many populations have lowered fertility using nothing more than the traditional methods and abortion. Yet the trend in the Philippines is at variance with the experience of most other countries, where modern methods have quickly replaced the traditional ones as soon as the modern ones have become available. The endemic and continued prevalence of the traditional methods in the Philippines clearly indicates that many couples want to space childbearing or limit the number of children they have. Given the opportunity, some of them would probably switch to the modern methods, as have other couples all over the world. There are also perhaps many other couples who, finding the traditional methods unsatisfactory, use no method at all now, but would use modern methods if modern methods were readily available.

Recent policy changes in the family planning programme have recognized the importance of providing a wide variety of family planning methods. These are discussed in the next section.

Recent changes in population policy

In May 1987 the Philippine National Family Planning Programme issued a new population policy based on the 1986 Philippine Constitution in accordance with Section 9, Article III: to "provide adequate services, promote full employment and improved quality of life for all." The policy called for a "broadening of population concerns beyond fertility reduction to concerns about family formation, the status of women, maternal and child health, child survival, morbidity and mortality, population distribution and urbanization, internal and international migration and population structure." Citing several articles in the new Constitution, the new population policy established the principles under which the programme was to operate and enumerated the programme's operating principles:

- Orientation towards the overall improvement of family welfare
- Respect for the rights of couples with regard to determining the size of their families and the choice of methods

[2]Zelda Zablan, *Report on the 1984 Philippine Periodic Abstinence Survey: Responses to Structured Questions* (Manila, The Demographic Research and Development Foundation, Inc., 1986) p. 16, table 2.5 and p. 46, table 6.1.

[3]ESCAP, "The use of contraception in the Asian and Pacific region," *Population Research Leads* (Bangkok, 1985).

- Promotion of family solidarity and responsible parenthood
- Rejection of abortion as a means of fertility control
- Recognition of socio-cultural differences
- Promotion of self-reliance through community-based efforts
- Participation of non-governmental organizations (NGO's)
- Maximum utilization of participative and consultative approaches

One recent summary of the programmatic implications of these principles for the family planning programme[4] is as follows:

(1) Definition of family welfare: the fulfillment of basic needs such as food, clothing, health, education, employment, income, etc. The population programme is to contribute to family welfare by providing IEC and training on responsible parenthood as well as family planning services to improve the health of mothers and children. The justification for providing contraceptives is to be seen as not only the reduction of fertility, but also the improvement of the welfare of children and mothers.

(2) Emphasis on free choice through information: full information on all medically and legally approved methods is required, i.e., the insistence on a cafeteria approach and on the avoidance of coercion. The programme should ensure the availability and accessibility of all such methods, rejecting abortion as a family planning method. This implies the expansion of family planning services, and the upgrading of their effectiveness and quality.

(3) Emphasis on the formation of values with respect to the family and society: Pre-schoolers and youth are targeted for educational programmes to develop their love of God, country, family, self and community, responsible sexuality, delayed marriage, responsible married and family life, including married couples and those about to be married.

(4) Emphasis on community-based approaches: Consultation with and participation of the community is a major principle in the new policy. The programme is to enhance those in planning, decision-making and the delivery of services through various means, including the promotion of the roles of NGOs and the pursuit of integrated approaches for health, nutrition and family planning, to be delivered through community-based networks.

Obstacles to the provision of a full cafeteria of methods

A family planning programme's inability to provide a good mix of contraceptive methods might occur due to many reasons. Financial constraints make it difficult to provide a full range of contraceptives, and costs might be high where road networks are inadequate or where a method requires the extensive training of personnel. Donor agencies might maintain policies limiting the types of contraceptives they provide. Legal constraints might also play a part, such as a temporary ban on the importation of IUDs into the Philippines in 1980.

[4]United Nations Population Fund, *Needs Assessment Report, Third Mission* (Manila, 1987), pp. 72-73.

The administrative system of the programme itself could favour some methods over others, as when high subsidies are given for sterilization; or when "high scenario" targets are set, in which a definite number of users of the more effective family planning methods is planned.

Finally, the attitudes of the programme personnel might affect the contraceptive mix. Higher decision makers might impose their judgements about the safety or desirability of certain contraceptives on the programme. This might also occur at lower levels, because the attitudes of grassroots workers necessarily reflect the attitudes of their superiors. Such biases might be extreme, as when a family planning worker hesitates to remove an IUD despite a client's request to do so; or when a worker refuses to assist a client in obtaining a sterilization on the grounds that the couple has only two children. More likely, however, the influences are more subtle, as when a worker fails to give a balanced presentation of the advantages and disadvantages of a method.

The attitudes of grassroots workers are not only affected by their own working experiences and the attitudes of their superiors; they are (and to an extent should be) affected by their own working experiences and the attitudes of their clients, since grassroots workers are in constant contact with the population at large. It would therefore be surprising for them *not* to assimilate certain cultural prejudices.

In accordance with the new population policy of May 1987, the Philippine National Family Planning Programme has shifted its thrust from a hard-sell of the modern, effective methods to one that is truly supportive of the principles of non-coercion. It also aims to widen the choice of contraceptive methods to include natural family planning. It emphasizes the education of couples towards responsible and planned parenthood and guarantees freedom for each family to exercise a responsible and intelligent choice.

In accordance with this new policy, this study aims to assess the current knowledge and attitudes of grassroots family planning workers about contraceptive methods. In addition, other topics are also investigated, such as information on the activities of family planning workers, clinic supervision and logistical support. Recommendations are designed to re-align the programme in accordance with the new policies outlined above.

The study

This is one of five studies carried out under the auspices of the Economic and Social Commission for Asia and the Pacific (ESCAP). The other participating countries were China, India, Sri Lanka and Viet Nam. The project was funded by the United Nations Population Fund (UNFPA). A list of the other reports is given on the inside front cover of this volume.

Objectives

The long-range objectives of the study were to encourage family planning organizations to offer couples a wider variety of contraceptive methods, and to tailor methods to suit the specific needs of couples. This is expected to improve couples' satisfaction, lengthen user continuation rates and reduce fertility.

The immediate objectives of the study were:

- To find out what grassroots and middle-level family planning workers know and feel about various contraceptive methods;
- To learn whether or not the knowledge and attitudes of grassroots and middle-level workers are responsible for an undue emphasis on certain methods;
- To find out whether or not there are other factors limiting the variety of contraceptives offered (such as the attitudes of higher-level decision makers, or the failure of logistical support);
- To disseminate information to higher-level managers about the knowledge and attitudes of their employees; to improve the administrative protocols for grassroots workers; to make recommendations about how to move towards a full cafeteria approach.

Study design

The study design called for conducting approximately 1,500 interviews with grassroots family planning workers and their supervisors. The interviews were selected from clinics in three of the Philippines' 13 regions (see box). All of the appropriate personnel in the clinic were interviewed. The population of clinics from which the sample was drawn was limited to those which normally dispense a variety of contraceptive methods.

Questionnaires

Two questionnaires were used. The first consisted of a Clinic Checklist (annex I), which was a factual questionnaire based on clinic administrative data. Information from this checklist included the (1) availability of equipment and supplies for the delivery of the various contraceptives, (2) the number of clients in the last six months, by method accepted and by age, and (3) the stocks and flow of contraceptive supplies.

The second questionnaire was an interview schedule for middle-level managers and grassroots family planning workers in actual contact with the clients (Grassroots Workers Questionnaire). This schedule contained questions on the knowledge and attitudes about specific contraceptive methods of the respondents. This was an adaptation of the questionnaire used by all of the countries in the

Areas sampled

As of December 1986, there were 3,502 family planning clinics in the family planning programme. Of this number, 2,534 were delivering a variety of contraceptive methods and had a full complement of middle-level and grassroots family planning workers.

Three of the Philippines' 13 regions were selected for the study: (1) the National Capital Region (NCR), which is the city of Manila, 13 municipalities and 3 other cities, (2) the Southern Tagalog Region, and (3) the Bicol Region.

Table 3 summarizes the demographic situation in these three regions. The NCR had the lowest fertility and highest contraceptive prevalence of any region in the country. It also had the highest percentage of women using temporary modern methods and a high percentage of women sterilized.

Southern Tagalog includes part of southern Luzon, and the islands of Palawan, Mindoro, Marinduque and Romblom. It had about average fertility and contraceptive prevalence, and an average prevalence of the modern temporary methods and sterilization, but a higher than average level of non-programme methods like withdrawal. Except for the provinces in Luzon, the islands in this region are predominantly rural.

Bicol, the south-eastern end of Luzon, had one of the highest fertility rates in the country and one of the lowest rates of contraceptive prevalence. The contraceptive mix included more rhythm and withdrawal than other provinces. The region is mainly agricultural and is noted for its unsettled political conditions.

The sample consisted of 250 clinics drawn with a random start and then systematically selected from a list of all the clinics in the three regions. The resulting number of clinics sampled is shown below:

Region	Number of clinics in region	Number of clinics in sample
NCR	251	80
S. Tagalog	350	112
Bicol	178	58
Total	779	250

Regions selected for the study

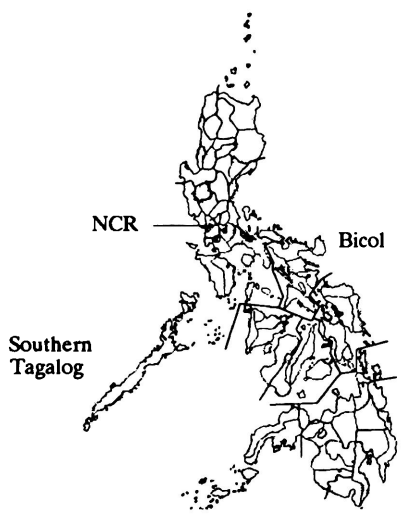


Table 3. Fertility and contraception in the 13 regions of the Philippines

	CPR	RCM	Sterili-zation	Other pro-gramme methods	Other non-pro-gramme method	TFR 1981	TFR 1984
Philippines	45.3	9.0	11.4	12.9	12.0	4.96	4.84
NCR	**57.9**	**15.3**	**16.7**	**13.5**	**12.7**	**3.54**	**2.95**
Ilocos	41.9	8.4	11.9	10.4	11.2	5.50	4.73
Cagayan Valley	36.9	11.0	12.1	5.9	19.1	5.27	5.10
Central Luzon	51.8	6.6	21.0	6.8	17.4	4.23	4.19
S. Tagalog	**46.0**	**8.4**	**11.7**	**9.6**	**16.3**	**4.58**	**4.81**
Bicol	**34.9**	**4.7**	**7.1**	**10.9**	**12.2**	**6.32**	**5.96**
Western Visayas	39.3	7.1	6.1	18.4	7.7	5.49	4.73
Central Visayas	47.5	9.2	8.6	19.8	10.2	4.72	4.59
Eastern Visayas	33.9	4.2	6.3	10.4	13.0	6.23	6.16
W. Mindanao	45.2	11.8	8.8	15.1	9.5	4.76	4.94
N. Mindanao	55.4	15.9	10.5	18.6	10.4	5.45	5.13
S. Mindanao	42.7	6.3	8.1	17.5	10.8	5.34	5.67
C. Mindanao	34.2	7.6	7.8	11.6	7.2	5.78	4.82

Notes: The regions shown in **bold** type were those selected for this study. CPR means "contraceptive prevalence rate." RPM means "reversible clinical methods." These include pills, IUDs and injectables (DMPA). Sterilization includes both male and female sterilization. Other programme methods include rhythm and the condom. Non-programme methods include withdrawal and other methods. TFR means "total fertility rate."
Source: *1986 Contraceptive Prevalence Survey.*

study. It was developed by the study directors at a series of regional workshops, subjected to scrutiny by a panel of medical experts and pre-tested in India and Sri Lanka.

The text of the questionnaire is given in annex II. In addition, many of the questions are followed by a tabulation of the responses, classified by type of worker.

The study also included some participant observation. Annex III contains the guidelines for investigators who stayed in each clinic and observed activity there. These investigators tried to assess the process of motivation, recruitment, follow-up and re-motivation and to see how these processes adhered to the principles of the cafeteria approach. The intensive clinic ob-

servation also included in-depth interviews of grassroots workers and some clients.

Fieldwork

In principle, most clinics are staffed with one physician or programme manager, one nurse, one or two midwives and a number of volunteer workers. In this survey the following workers were interviewed in each clinic:

1 physician/programme manager
1 public health nurse (PHN)
2 motivators (*Barangay* health worker, *Barangay* nutrition scholar or *Barangay* service point officer, BNS/BHW/BSPO)
1 rural health midwife (RHM)
1 full time outreach worker (FTOW)

The only exception to this was the NCR, where 51 of the 80 clinics, located in urban areas, were not staffed with FTOWs. In cases where there were more workers than were required for the study, one worker was selected randomly (two in the case of motivators) and the rest were asked to be respondents in the intensive interviews. Not all of these extra workers, however, were interviewed intensively.

Four clinics could not be interviewed because they were located in insecure areas, and four others were substituted. Out of the estimated 1,449 grassroots workers to be interviewed in the 250 clinics (6 per clinic, except for 51 clinics in the NCR, where only 5 were to be interviewed), 1,141 were successfully interviewed, giving a response rate of 79 per cent. Of the 250 clinics, 241 submitted their clinic checklist, a response rate of 96 per cent. Intensive observation was performed in 25 clinics.

The study design required that only workers with at least one full year of service be included in the study, in order to relate workers' knowledge and attitudes to clinic performance. The imperfect response rate for grassroots workers was due mainly to the absence of the desired types of workers in the clinic and to the high turn-over among them. This left many clinics staffed by newly recruited workers.

The response rate was lowest for the FTOWs. This was especially true of NCR, where only 17 per cent could be interviewed. The FTOWs in this study are, therefore mainly from Southern Tagalog and Bicol. The response rates by category of worker were:

	Number in sample	Number interviewed
Managers and physicians	250	226
Nurses	250	199
Midwives	250	227
FTOW	199	98
Volunteers	500	391
Total	1,500	1,141

Five research assistants of the University of the Philippines Population Institute (UPPI) were responsible for supervising fieldwork. The interviews with the 1,141 grassroots workers were done by 30 interviewers, all college graduates, many of whom had served as interviewers with the 1986 Contraceptive Prevalence Survey.

The UPPI researchers conducted the pre-tests in May and June of 1987. The actual interviews were done between June and November. A training course lasting one day for the interviewers was conducted by the principal investigator during the last week of June. A three-day training course on clinic observation was conducted for the five research staff by a consultant whose training was anthropology. This three-day

training included two site visits, one in a Metro Manila clinic and another in a rural health clinic outside of Metro Manila.

The field editing of the grassroots workers questionnaires was done by the five UPPI researchers. They were also responsible for collecting the information on the clinic checklists and for conducting the five day intensive clinic observations.

Problems encountered

Most of the interviews were conducted during the rainy months July to September. This prolonged the fieldwork from an estimated two months to four. Exacerbating the situation was the fact that the sampled clinics were widely scattered. This was the result of the systematic sampling procedure of selecting them. It meant going to the far-flung islands of Marinduque, Mindoro, Palawan, Romblon and Masbate, and to the hard-to-reach towns of Quezon province.

The respondents to the clinic checklist were usually clinic nurses (40 per cent of the time) or midwives (39 per cent). Clinic physicians were the respondents for 5 per cent of the clinic checklists and FTOWs or field assistants for 7 per cent. In two clinics the checklist was filled out by untrained personnel such as a nursing aide and a rural sanitary inspector. There was some difficulty in completing the checklist for 17 of the 241 clinics. For some of these difficult clinics, the checklist could not be completed because of the absence of the nurse or midwife responsible for family planning records. In such cases the interviewer had to leave the checklist with the clinic manager, who in turn delegated it to someone else. Some of these clinic checklists were turned in much later than the grassroots workers questionnaires from the same clinic. Nine clinics did not submit checklists.

The critical peace and order situation obtaining during the fieldwork did not hamper the survey team from going to most of the sampled clinics. However, it was particularly dangerous to visit four of the clinics, and four other clinics were substituted for them.

In sum, there did not seem to be any major problem with the fieldwork that would cast doubt on the quality of the results. The major problem was the lack of appreciation for the spread of the sample, which prolonged the fieldwork and led to budgetary overflows.

Data processing

Data processing was done entirely on microcomputers at the UPPI by the research team who supervised the interviewing. They were assisted by a computer programmer who is a regular member of the UPPI staff. The data entry programme was written using the package *Entrypoint* just after the questionnaires were finalized, that is, after the pre-tests and before the beginning of the field operations.[5]

The biggest delay was in the preparation of the codebooks. This took almost three months because of the numerous open-ended questions. In order to code the open-ended questions, the verbatim responses from questionnaires were copied onto file cards. These cards were used to classify the responses. After the classification was completed, the verbatim responses were coded onto the questionnaire.

The preparation of the code book, the coding and the data entry spanned a six-month period from August 1987 to January 1988. The marginals for the grassroots workers questionnaire were

[5]Datalex, *Entrypoint Data Entry Software* (San Francisco, 1985).

finished in December 1987, and those for the clinic checklist in January 1988. Meanwhile two of the five research members of the research team consolidated the information obtained in the clinic observation.

Cross tabulations of data from the two questionnaires began in late December 1987 and continued to early February 1988. The entire analysis was done using the microcomputer version of SPSS.

Profile of respondents

The 1,141 respondents of the survey consisted of 37 programme managers (3 per cent), 189 physicians (17 per cent), 199 nurses (17 per cent), 227 midwives (20 per cent), 98 FTOWs (9 per cent) and 391 volunteers and other workers (34 per cent). Volunteer workers included BSPOs, BHWs, BNSs and clinic motivators. These are all unpaid workers. "Other workers" included population field assistants, social workers and community development workers. These are paid workers, but their main tasks are not family planning.

Twelve per cent of the respondents were males and 88 per cent females. Slightly less than half of the programme managers and physicians were male, but the rest of the worker categories were mostly female (The tabulations for these and many other variables are given in annex II).

A majority (82 per cent) of the respondents were married, 14 per cent were single and 4 per cent widowed or separated. The FTOWs showed the highest percentage single (25 per cent).

The mean age of the respondents was 39.5 years. The physicians and programme managers were older (44.3 and 42.9 years, respectively), midwives and volunteer workers were next (41.0 and 42.9 years) and nurses and FTOWs youngest (36.1 and 33.0 years).

The mean number of living children for all married respondents was 3.4. Although the programme managers and physicians were older than the midwives and volunteer workers, they had about the same number of living children (3.1 and 3.3 children, respectively) as the midwives (3.2 children), but about one child less than the volunteer workers (4.2 children). Expectedly, the nurses and FTOWs had the fewest children (2.6 and 2.4, respectively), since they were 6 to 9 years younger than the other types of workers.

Almost all programme managers, physicians, nurses and midwives were college graduates and holders of appropriate degrees, except for two programme managers, three nurses and two midwives. Most FTOWs (91 per cent) had finished college; eight had some college and one had only vocational training. A majority of the volunteers (60 per cent) had at most a high school education or went through vocational training; 22 per cent had some college education, and 18 per cent were college graduates, or midwifery or nursing degree holders.

The average respondent had been in the service as a family planning worker for 9.3 years. Midwives had served longest (14.3 years), and FTOWs and volunteer workers shortest (6.6 and 6.3 years, respectively). Programme managers had served 10.4 years on average, physicians 10.9 and nurses 9.2. The data suggest a high turnover rate among volunteer workers: 55 per cent of them had served for 1 to 4 years.

Half of the respondents were employees of the Department of Health (DOH), about one fourth were connected with city health departments or provincial governments, 15 per cent were paid by the Population Commission of the Philippines (POPCOM), 8 per cent were employees of non-governmental organizations (NGOs) and 2 per cent were connected with other government offices, such as the Depart-

ment of National Defense or the Department of Agrarian Reform. Seventy per cent of programme managers and 74 per cent of FTOWs were employees of POPCOM. Although agreements have been signed between POPCOM and the Department of Local Government transferring the administration of POPCOM employees to the local governments, these respondents still reported that they were being paid by POPCOM.

Fifty-five per cent of the physicians working reported the DOH as their employer, 32 per cent the city health departments or provincial government and 11 per cent NGOs. About three fifths of the nurses and midwives were employees of the DOH; a quarter were employees of city or provincial governments. Half of the family planning volunteer workers were connected with the DOH and a fifth with city or provincial governments. Twelve per cent of the midwives were employees of NGOs, as were 11 per cent of the physicians and 9 per cent of the volunteer workers.

Results

The main subject of this study, the knowledge and attitudes of workers about contraceptive methods, was analysed using information in the grassroots workers questionnaire (annex 2) in these sections of the questionnaire:

- Knowledge of properties of contraceptives
- Self-appraisal by family planning workers about their own deficiencies regarding specific contraceptives
- Comprehensiveness of information given to clients
- Attitudes about contraceptives

The questionnaire also contained questions on: (1) grassroots workers' description of duties; (2) supervisory load; (3) adequacy of supervision; (4) adequacy of IEC materials; (5) procurement of IEC materials; (6) adequacy of logistical support for contraceptive supplies; and (7) stock movement of pills and condoms.

Knowledge about contraceptives

The respondents were given a series of statements describing the properties of contraceptive methods (annex II, pages 16-23). The results are discussed below, method by method.

IUD

Around a quarter of the respondents were trained to insert the IUD, and around 40 per cent of the doctors, midwives and nurses. Seven per cent of the respondents currently using contraceptives were using the IUD.

Seventy-eight per cent of the respondents were able to recognize the IUD as the method which "increases menstrual bleeding and causes cramping." However, some of the workers were not sure of their answers, because when asked a similar question (see table 4 on the next page) about the side-effects of the IUD, only about two-thirds responded correctly that the commonly observed side-effects of the IUD were earlier, longer and heavier menstrual flows, particularly during the earlier months of use. More nurses and midwives got the answer right than other categories of worker, including the doctors, which was a common pattern in this survey.

About 60 per cent of the respondents recognized the IUD as the method which "changes the lining of the womb so that the egg cannot nest there." Eighteen per cent thought that this referred to the pill, and 12 per cent to the injectable. Again, higher level personnel, even the doctors, did no better than nurses and midwives.

The IUD is one of the more effective methods. Most respondents understood this, but not all. When asked to rate the methods in order of their effectiveness, 85 per cent correctly ranked it ahead of the condom and rhythm methods.

Pill

Eighty-three per cent of the respondents were trained in how to dispense the pill, and 16 per cent of those using contraceptives were using it as their personal contraceptive.

Only 51 per cent of the respondents knew that the pill is the method which

Table 4. Responses to the question (in percentages): "For some women wearing the IUD, would you say that menstrual periods (1) begin earlier, last longer, flow heavier, (2) begin later, last shorter, flow less, (3) the same as for women not wearing IUDs"

	Programme managers and doctors	Nurses and midwives	FTOWs and volunteers	Total
Earlier, longer, heavier	66	76	63	68
Later, shorter, less	2	3	4	3
Same	30	19	29	23
No answer	3	2	3	3

works "by preventing the woman's eggs from being released from her ovary" (Another 7 per cent picked the injectable, which could also be correct). A surprisingly large percentage selected "sterilization." The percentage of correct responses ranged from 77 per cent for doctors and programme managers, to 57 per cent for nurses and midwives, to 49 per cent for FTOWs and volunteer workers.

It is difficult for workers to explain a method correctly unless they know how it works. Therefore it is disturbing that such basic knowledge was lacking, even among the physicians.

Asked "what do you tell a client if she forgets to take a pill on a particular day," 40 per cent said to take a double dose the next day and 52 per cent said to take the missed pill the next morning. Neither of these is entirely correct. The correct response is simple: take the missed pill as soon as you remember it, and then take the next pill at the usual time.[6] Many respondents may have known the correct answer but did not express themselves correctly. But family planning workers should be able to answer this question fully and unambiguously.

Eighty-five per cent of the respondents identified the pill as the method that can cause "side-effects such as nausea, spotting and weight gain," which was good. But in a related question, 38 per cent failed to mentioned nausea as the "common side-effect of the pill, which occurs on the first day or two of taking pills, and which gradually goes away." The respondents were evidently aware of this side-effect, but not certain that it is the most common of the side-effects.

Many workers also knew about medical contra-indications of the pill. Asked to name five contra-indications of the pill, almost all the respondents (correctly) mentioned cardio-vascular problems. But very few mentioned "pregnancy," perhaps because this was obvious. The respondents gave an average of 3.0 responses to this question, 2.4 of which were correct and 0.6 incorrect. All categories of workers performed about the same, except for the volunteers, who tended to mention fewer correct and more incorrect side-effects.

One of the problems with family planning workers is that they tend to emphasize the bad side-effects of contraceptives. As seen above, most

[6]Cedric W. Porter, Ronald S. Waife and Hugh R. Holtrop, *The Health Providers Guide to Contraception* (The Pathfinder Fund, 1983), p. 50.

respondents were familiar with the major contra-indications of the pill, and there was a prejudicial tendency to imagine contra-indications which do not exist or are rare.

Moreover, most of the respondents did not know about one of the major advantages of the pill (other than the prevention of pregnancy). Asked whether it was true that "for many women taking the pill alleviates painful menstrual periods" only about a third of them answered (correctly) that the proposition was true (see table 5).

Also, while most workers had a reasonably good idea about the effectiveness of the pill, some considered it less effective than it is usually thought to be. A quarter thought it was less effective than the IUD, and a fifth that it was less effective than the injectable. But encouragingly, almost all of them understood that it was more effective than the condom or rhythm.

The injectable

Since the injectable was new method at the time of the survey, only five per cent of the respondents had any training in its use, and none of them were using it themselves. Not surprisingly, knowledge about the injectable was incomplete.

In one question, 12 per cent of the respondents said that the injectable was "the method which works mainly because it changes the lining of the womb so that the egg cannot nest there," which really describes the IUD. But this was probably a desperate guess rather than a belief about the injectable.

Perhaps the biggest misconception was that the injectable is not an effective contraceptive. Nineteen per cent of the respondents thought the injectable was the least effective of these six methods: injectable, vasectomy, pill, IUD, condom and rhythm. Two thirds ranked it less effective than the IUD and over a quarter ranked it less effective than the condom or pill. Again, this was probably due to the newness of the method. As shown in the next section, workers themselves felt they needed more training about the injectable than about any other method.

Vasectomy and ligation

Sterilization is the most common method among Philippine couples in general, as it was with the respondents in this sample. Thirty-nine per cent of the respondents (or their spouses) using contraceptives were using sterilization, with a ratio of female to male sterilization of 37 to 2.

Table 5. Responses to the question (in percentages): "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?"

	Programme managers and doctors	Nurses and midwives	FTOWs and volunteers	Total
True	44	37	34	37
False	40	48	41	43
Do not know	16	16	25	20

Table 6. Responses to the question (in percentages): "After a woman has a ligation, would you say that her menstrual periods (1) continue as before, (2) continue as before, but menopause comes earlier (3) cease after a few months."

Continue as before	92
Continue as before, but menopause comes earlier	2
Cease	5
No answer	1

Nearly everyone recognized vasectomy as "an operation done on a man to tie his sperm tubes" and ligation as "a female permanent method for those who do not want any more children." But 28 per cent of the respondents (the midwives more than most) mistakenly said that ligation was the method which "prevents a woman's eggs from being released from the ovary." This is disappointing because workers should be able to assure clients that the menstrual cycle is not affected by the sterilization. Therefore it is good that almost everyone knew that after a woman has a ligation a woman's menstrual periods "continue as before" (see table 6).

Most respondents understood that vasectomy is one of the more effective methods. Three quarters of them thought it was the most effective of these six methods: condom, vasectomy, pill, rhythm, IUD and the injectable. However, 15 per cent thought it was less effective than the IUD, and 22 per cent thought it less effective than the pill. Twelve per cent even thought it less effective than the condom or rhythm. Some of the wrong answers could have been due to a misunderstanding of the question (classifying methods in order of effectiveness is a rather sophisticated concept), but still it appears that many of the respondents did not understand how effective vasectomy is.

Rhythm

A quarter of the family planning workers in this sample currently practising contraception were using rhythm as their personal contraceptive method, either alone or in combination with another method. The use of rhythm was a little more prevalent among doctors and nurses, but was used by all classes of workers.

Most respondents could recognize the rhythm method from a description. But a quarter of the respondents did not identify it as a "method which does not always work because a woman may not know when her egg has been released" (12 per cent thought this referred to withdrawal and 8 per cent to sterilization).

Many workers regarded rhythm as rather more effective than it is thought to be. In one question 28 per cent thought it was more effective than the condom or withdrawal. In another question 11 per cent thought rhythm was more effective than the condom and 27 per cent that it was more effective than the injectable. The injectable is a new method about which many workers may not have had sufficient

information. In the case of the condom, the workers might be justified because in the Philippines there is evidence that rhythm *is* more effective than the condom,[7] and this suggests that workers form their opinions in part from their everyday experience. However, some workers, particularly the volunteers, thought that the pill or IUD were less effective than rhythm.

An attempt was made to test knowledge about the safe period with the question "When is the easiest time for a woman to get pregnant, just after menstruation, just before menstruation or in the middle of the menstrual cycle." Unfortunately, an error was made in posing the question. Instead of "menstrual cycle," the question asked about the "menstrual period," which many respondents probably took to mean the actual menstrual flow. The mistake was noticed during the pretest, but by oversight was not changed in the revised questionnaire.

Condom

The condom was used by about 7 per cent of the respondents currently using contraceptives, somewhat more than the population at large. Three quarters of the respondents reported training in its use.

Four out of five respondents knew that the condom "prevents the man's sperms from entering the vagina." However, 23 per cent of the midwives and 24 per cent of the managers got the answer wrong. It was strange that so many of the midwives chose the IUD as the answer to this question.

In one question, only three out of five respondents correctly identified this method as more effective than rhythm or withdrawal. In another question, a third of the respondents thought it less effective than rhythm. Again, if the Philippines experience is the basis for judging the effectiveness of the condom, they may have been right.

Used correctly, the condom can be a very effective method. Although the effectiveness of the condom may be especially low in the Philippines, this is probably due to the characteristics of the people who use it. For the purposes of training, it is preferable to teach workers about the effectiveness of contraceptives as measured in a wide variety of countries.

Training

Previous training

Ninety-four per cent of respondents had undergone formal training in family planning. About 40 per cent of the physicians and nurses received training in their basic degree courses, and about the same proportion underwent a comprehensive or refresher course in family planning. Refresher courses were common, but not universal. Fifty-three per cent of the midwives, 63 per cent of trained FTOWs and 68 per cent of trained volunteer workers reported having received comprehensive and refresher courses in family planning.

Over a third of the 37 programme managers had training in natural family planning (NFP), which was twice the overall average. One in four FTOWs had also

[7] In one study, the index of contraceptive effectiveness was 0.80 for rhythm and 0.62 for the condom. See John E. Laing, *Family Planning Outreach in the Philippines: Final Report on the Community Outreach Surveys* (Manila, Population Institute, University of the Philippines, 1981). Also see Zelda Zablan and Minja Kim Choe, "Contraceptive use, discontinuation and failure rates in the Philippines: estimates from the 1986 contraceptive prevalence survey" (United Nations Expert Group Meeting on Methodologies for Measuring Contraceptive Use Dynamics, New York, December 1988, IESA/P/-AC.27/6), tables 2-5.

undergone NFP training. Seventy workers never had formal training in family planning: 1 programme manager, 8 physicians, 9 nurses, 14 midwives and 38 volunteer workers.

A majority of them had learned from informal lectures held at the clinic by other trained workers. Most of the untrained midwives and volunteer workers learned about family planning from lectures held at *barangay* assembly meetings and special classes, and by observing the performance of other workers. Fourteen of the 37 untrained volunteer workers said they had no knowledge at all of the different contraceptive methods.

Perceived needs for further training

The respondents were asked what topics they would like covered in a refresher course. For each method they checked a list of subjects like "What are the chances of the method failing," or "How to respond to misconceptions respondents might have about the method." The responses are given on page 15 of annex II.

On any given topic, an average of 78 per cent of the respondents said they wanted additional training. These high percentages probably were due in part to the respondents' desire to show themselves zealous to learn, but they might also reflect a lack of confidence in certain areas.

The method most respondents wanted more training in was the injectable, understandably because the method is not widely used. An average of 86 per cent of the respondents wanted training in the various aspects of this method. The need for training in sterilization, the pill and IUD came next with about 79 per cent. Finally, 69 per cent wanted more training in the condom, rhythm and withdrawal. It was surprising that fewer respondents than average wanted training in the use of the rhythm and withdrawal.

The subjects on which most respondents wanted more training were "medical reasons for not using the method," "what to tell a person experiencing side-effects" and "how long the method can continue to be used."

In most cases, higher percentages of the untrained workers expressed the need for more training. But in a reversal of the normal pattern, more trained than untrained workers wanted training in how to "respond to misconceptions." This was probably because longer field experience exposes a worker to more problematic situations.

Comprehensiveness of information given to clients

For each method, the interviewers asked the respondents to play this role game:

"I would like you to pretend that I am a new client who knows nothing at all about (the method). I have come to you for information about this method so that I will know if it is best or appropriate for me. Please tell me all of the things that are important for me to know about (the method)".

The responses were written *verbatim* and coded in the office. As will be seen below, the workers did not give anything like sufficient information on most of the methods. It is possible that the instructions about how to play the role game were unclear. But it is also possible that the workers were not used to giving this kind of presentation.

The five study directors of the project, meeting with the ESCAP secretariat, recommended that certain standard information be mentioned in the

description of the various methods. The results from the Philippines are discussed below, by method, in terms of those standards.

Rhythm

The standard items considered as basic information for clients when introduced to the rhythm method were as follows (the numbers in parentheses are the percentages of the respondents mentioning a given topic):

- The method depends on knowing which days of the month you can have sex without getting pregnant (58)
- There are several ways to do this:
  - keeping track of the lengths of the menstrual cycle (79)
  - keeping track of your temperature (1)
  - Learning to recognize changes in the cervical mucus (5)
- It normally requires you not to have sex during most of the menstrual cycle (57)
- It requires the close co-operation of the husband (25)
- The method is not very reliable for women whose periods are irregular (42)
- Many couples use it in combination with other methods (7)
- It requires a lot of record keeping (29)
- If not done right it can easily fail (19)

Workers typically gave little more than a description of the calendar rhythm method. Very few mentioned the other ways to make the rhythm method more reliable. A large majority did not mention other crucial facts which are indispensable for a couple choosing the rhythm method, such as the fact that the method "if not done right can easily fail," or that "it requires the close co-operation of the husband." It is also strange that so few workers mentioned that the method could be used in combination with other methods, in view of the fact that rhythm is often practised in this way in the Philippines.

Pill

The essential items of information about the pill and the percentages of respondents mentioning them were:

- You must take a pill every day (64)
- The pill comes in packets which last one month each (17)
- You have to ensure a regular supply of packets (0)
- You can obtain packets from the midwife or clinic (0)
- The pill is one of the most effective methods (24)
- Fertility returns to normal shortly after stopping the pill (1)
- Menstrual cycles will be very regular (1)
- Menstrual loss might be reduced (0)
- You might experience such side-effects as nausea, headaches, spotting, weight gain (23)
- Side-effects occur in some women, not all (0)

– The side-effects will disappear with continued use (16)

Almost no one mentioned where to get supplies, the fact that side-effects occur only in some women but not all, or that menstrual cycles will be very regular (indeed, most of the respondents did not know this – see table 5). Only a few respondents mentioned side-effects and even fewer mentioned that side-effects usually go away after a time.

One reason it is useful to mention the common side-effects of a contraceptive when introducing it to a potential client is that many women will have heard stories about side-effects before. It is possible to allay their fears at the outset by telling them about the common side-effects when introducing the contraceptive method. However, it is probably not useful to talk a great deal about the contra-indications of a method unless they are common, or relevant to the individual.

Yet this is what most respondents emphasized. Forty-three per cent of the workers catalogued conditions (liver, kidney, and heart disease, nervousness, asthma, varicose veins, goiter and tuberculosis) which contra-indicate the pill, and 28 per cent mentioned that it needs "strict screening or a medical check-up." It is of course necessary to screen a client if she accepts the pill. But cataloging at this point the contra-indications which are relatively rare gives the impression that the pill is dangerous.

Again, it is possible that the respondents did not understand the purpose of the exercise. However, it also seems likely that more training is needed in the correct way to introduce a contraceptive to a potential client.

Injectable

The items of information considered essential about the injectable were:

– This is an injection given into the arm/buttock (48)

– It is given once every three months (46)

– You have to remember to come back on time (0)

– It is very effective (19)

– After stopping, it might take a few months to get pregnant again (0)

– The big advantage is that all that is required is an injection once every three months (15)

– You might experience side-effects like irregular periods, sometimes heavy and prolonged or scanty periods (which can even stop), headache or weight gain (27)

Here the incompleteness of the information was undoubtedly due in part to the fact that the injectable was not widely available in the Philippines at the time of survey in 1987. Few of the respondents would have had any practice talking about it. Probably the most essential information to give a client is that, unlike the pill, which you have to remember to take every night, the injectable requires that you remember when to have another, only once every three months.

IUD

The items of essential information about the IUD were:

- The IUD is a small device inserted into the womb (70)
- Once in place there is no need for further action (4)
- You have to check the thread periodically (5)
- After insertion you should come to the clinic for a checkup after three months (27)
- You can have it inserted at a clinic or hospital (12)
- There is no charge for insertion (1)
- It is highly effective (17)
- Fertility returns immediately after it is taken out (9)
- You may have some side-effects such as menstrual irregularities (spotting), more or prolonged bleeding during menstruation, abdominal cramps or backache (22)
- Side-effects occur with some women, not all (0)
- Side-effects often disappear with continued use (0)

The crucial point about the IUD is that once it is in place and the side-effects have worn off, there is not much more to be done about it. Moreover, once removed, the woman can conceive again as soon as it is removed.

The workers did not seem to emphasize these crucial points. Nor did they say where it could be obtained and how much it costs. The point most commonly mentioned (41 per cent) is that it is inserted on the second or third day of menstruation, when the cervix is dilated (it is easy to insert then and there is clearly no pregnancy). Another 27 per cent emphasized the fact that the woman must undergo regular check-ups to make sure the IUD was in place, which is something of an exaggeration.

Female sterilization

The items of essential information about this method were:

- A small cut is made in the abdomen (75)
- The operation takes about 15-30 minutes (5)
- The operation is performed at a hospital (28)
- After the operation you stay in the hospital a short time (24)
- This is one of the most effective methods (24)
- The operation is very safe (13)
- The operation does not affect the menstrual cycle (0)
- After the operation there is nothing more to do (24)
- The operation does not affect the sex life (3)
- You must be sure you do not want another child, because the method is permanent (42)

Most respondents simply described the method. Encouragingly, some of them stressed how easy and safe it is. Forty-two

Table 7. Responses to the question about the appropriate methods and the most appropriate for various couples

		Male Sterili-zation	Female Sterili-zation	Condom	IUD	Pill	Rhythm	With-drawal	Injectable	N.A.
A newly married couple wishing to delay the first pregnancy	Appropriate	0	0	52	17	67	64	21	7	
	Most appropriate	0	0	9	3	33	16	1	1	35
A young couple with one child eight weeks old who wish to delay the next pregnancy	Appropriate	0	0	48	52	54	45	45	9	
	Most appropriate	0	0	11	25	21	6	1	1	33
A young couple with one child a year old, who wish to delay the next pregnancy.	Appropriate	0	0	38	61	85	38	15	12	
	Most appropriate	0	0	2	19	41	4	0	3	30
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.	Appropriate	23	27	11	29	27	12	5	6	
	Most appropriate	2	24	1	8	7	2	0	1	54
A woman under age 35 has three children. She does not want any more children. She does not want sterilization. Her husband does not want to be sterilized.	Appropriate	0	0	29	70	60	32	12	21	
	Most appropriate	0	0	2	25	23	0	1	6	64
A woman over age 35 with three children who does not want any more children. She does not want sterilization.	Appropriate	16	–	32	66	34	37	13	12	
	Most appropriate	7	–	3	24	9	6*	1	4	45

*Most respondents said rhythm plus the condom.

Note: The first line of each section shows the percentages 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.

per cent mentioned the most crucial aspect of the method, that it is permanent and for all practical purposes irreversible. But three quarters of the respondents neglected to mention the fact that it is very effective, and almost no one talked about the fact that it has no effect on the menstrual cycle or sex life.

Summary

In this section an attempt was made to measure the ability of the workers to explain the important aspects of a new method to a client. The respondent was asked to pretend that the interviewer was a new client, and to explain the important aspects of each method to the interviewer as if to the potential client.

In the original questionnaire drafted by the five study directors, a list of important items was provided for the interviewer to mark off as the respondent talked. In the Philippines this procedure was not followed. Instead, the words of the respondents were recorded *verbatim* and later coded. This had the advantage of preserving the thoughts of the respondents. It was possible to know which they stressed, even if they were not the items considered important by the study directors.

However, it was probably difficult for the interviewers to record everything mentioned. Thus the results analysed may have overstated the negligence of the workers in describing the important aspects of each method. Probably they did better than the tabulations suggest.

None the less, it appears that some workers did not have much practice in explaining the most important aspects of each method to potential clients. Future training courses should take this into consideration.

Attitudes about contraceptives

This section discusses the attitudes of the workers as shown in their responses to situations in which two or more methods could be appropriate. The respondents were read descriptions of six hypothetical couples and were asked to list (1) all the methods appropriate for that couple; (2) if there was one most appropriate, and (3) if so, which was the most appropriate. The results are summarized for all workers in table 7. Annex II has similar tabulations, this time classified by category of worker.

First, the respondents were asked to indicate the appropriate methods for **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 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, the pill, withdrawal and rhythm. Sterilization is clearly not appropriate, and no one chose it. The IUD is not recommended for nulliparous couples and thus the respondents who chose it (17 per cent of the total) should receive further instruction. Some experts also believe that the injectable is too experimental for couples who have not proven their fertility. Other than sterilization, the IUD and the injectable, any method should be appropriate.

Thus the correct response to this question was that the pill, rhythm, condom and withdrawal were all appropriate, but that the IUD was not. Only 5 per cent answered the question in this way. If we remove the stipulation that withdrawal had to be chosen, 16 per cent answered cor-

rectly.

A third of the respondents mentioned only one method, which suggests an insufficient understanding of the cafeteria principle. Sixteen per cent chose the pill alone, 11 per cent the rhythm alone and 4 per cent the condom alone.

The two single methods most selected were the pill and rhythm (67 and 64 per cent). Around half the respondents chose the condom. In general the condom is suitable for any couple who chooses to use it. But the respondents did not favour it very much, perhaps because they had a poor opinion of its effectiveness (see page 19). When they did think it appropriate, it was for young couples like this one, rather than older couples.

When asked to choose the *most* appropriate method, 35 per cent responded (correctly) that there was no one most appropriate method. Of those who made a choice, most chose the pill or rhythm, the pill getting twice as many votes as rhythm.

To summarize the responses to the first question: many respondents understood the principle of the cafeteria approach. Although a third of them chose only one method, the others chose an average of 2.8 methods. Moreover, a substantial number refused to select the "most appropriate" method, indicating that they thoroughly understood the cafeteria principle. Still, too many respondents chose only one method. The percentage who gave the full and correct answer was only 5 per cent (or only 16 per cent if withdrawal is considered a correct response).

The second situation was that of **a young couple with one child eight weeks old who wish to delay the next pregnancy.** The correct response here would have been that the condom, IUD, rhythm, withdrawal or the injectable were all appropriate.

The pill would not be acceptable because a woman with an eight-week old child would probably be breastfeeding, and breastfeeding women should not use pills (except the mini-pill, which is not distributed by the Philippines programme). Many of the respondents understood this, because 84 per cent said that the pill was an appropriate method for the third couple in table 7, a couple with the same characteristics as this one except that their child was a year old rather than eight weeks.

Since the question did not say anything directly about breastfeeding, it could be argued that the pill was a correct response. However, family planning workers should normally advise women to breastfeed. The responses to this question therefore suggest that some family planning workers were not mindful of the fact that breastfeeding women should not take the pill. The subject should receive more emphasis in future training courses.

Aside from the pill, all of the other temporary methods were appropriate (although rhythm might be inadvisable if the regularity of menstruation has not been reestablished childbirth). But only 2 per cent of the respondents answered in this way (even disregarding the injectable, which is appropriate for breastfeeding women). If we accept the pill as a correct answer, and disregard withdrawal, which some respondents might not have regarded as a method which family planning workers should advocate, then only 12 per cent of the respondents thought that all the remaining temporary methods (IUD, condom and rhythm) were appropriate. The most common responses were:

	Percentage
IUD and pill	12
IUD alone	10
Pill alone	9
Condom and rhythm	6
Rhythm alone	6
IUD, rhythm and pill	5

IUD, condom and pill	5
Condom alone	4
Other combinations of two methods	7
Other combinations of three or more methods	13
Other combinations	22

Thirty per cent of the respondents mentioned only one method, chiefly the IUD and pill. This, and the fact that the responses were so heterogeneous, suggests a lack of sensitivity to the cafeteria principle.

On the bright side, 70 per cent of the respondents mentioned two or more methods (those 70 per cent averaged 2.7 methods per respondent). Moreover, a third of the respondents answered correctly that there was no one most appropriate method (most of these had answered the previous question in the same way).

The third couple was **a young couple with one child a year old who wish to delay the next pregnancy.** Since all the temporary methods were appropriate for this couple, the responses to this question are a good indication of the respondents' predilections. The highest proportion chose the pill, followed by the IUD. Considerably fewer chose rhythm and withdrawal (again, the injectable is appropriate, but not well known in the Philippines at present).

The next question was about **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).** Any method would be appropriate for this couple. The responses were thus puzzling because the respondents chose on average only 1.9 methods, as opposed to 2.2-2.3 for earlier questions. Perhaps the wording of the question was confusing. The only interesting information in this question was that the respondents who chose a *most* appropriate method chose female sterilization over male sterilization by 24 to 2 per cent. However, many respondents did not agree that there was any one most appropriate method, so not too much should be made of this.

The next situation was **a woman under age 35 who has three children. She does not want any more children. She does not want sterilization. Her husband does not want to be sterilized.** In this case, any method other than sterilization would be appropriate (although some physicians would argue that the traditional methods would not be appropriate where abortion, as a backup in case of failure is not available: it is illegal in the Philippines). Again the respondents preferred the IUD (70 per cent) and pill (60 per cent) to the condom (29 per cent), rhythm (32 per cent) and withdrawal (12 per cent). This was the same pattern of responses as in the previous question. Most respondents said (correctly) that there was no one most appropriate method.

The last couple was **a woman over age 35 with three children. She does not want any more children. She does not want sterilization.** Age 35 is around the cut off point when most doctors believe that the pill should no longer be used, but a third of the respondents said that the pill was an appropriate method. This subject should be treated more carefully in future training courses. The method chosen by most respondents was the IUD, with rhythm receiving only half as many votes. Again, workers tended to have a rather low opinion of the condom, especially for older women. Strangely, only 16 per cent of the respondents thought that vasectomy was an appropriate method for this couple.

Summary of the data on attitudes

Respondents were given descriptions of six couples and a list of contraceptive methods. For each method they were asked whether the method was appropriate

for the couple. Then they were asked whether there was any one method *most* appropriate for the couple, and if so, which one. They should have answered this question negatively, because for each of the couples on the list there were several appropriate methods. The respondents should have understood that the choice depended on the preferences of individual couples.

The main purpose of this part of the questionnaire was to see if the respondents were indeed sensitive to the cafeteria principle. Some respondents passed the test admirably. Fifteen per cent consistently said that for all six cases there was no one method most appropriate. However, other respondents went astray. By a conservative count, the number of methods suitable for the six couples were six in the case of the fourth couple and four for the other couples. But on average the respondents chose only between 1.9 and 2.3 methods. Moreover, in each case at least a third of the respondents, and more often two thirds, acceded to the request to choose the "most appropriate method." Of course, they cannot be faulted severely for answering a misleading question, but it is clear that the cafeteria principle needs more emphasis in training courses.

In every case except one, the pill was the method chosen most frequently as an appropriate method. However, it probably should not have been recommended in the case of a woman with an eight-week-old child, as it was by over half the respondents, or in the case of a woman over age 35, as it was by a third. On the other hand, there were substantial numbers who did not choose the pill, even when it was appropriate.

The IUD ranked second from among the methods chosen. But many respondents did not select it as an appropriate method for "a young couple with one child a year old, who wished to delay the next pregnancy" or for a woman over 35 who wishes to stop child-bearing altogether. This disinclination to suggest the IUD should be corrected in training. There were also 17 per cent who thought the IUD appropriate for a nulliparous couple, an idea which should also be corrected in training.

The condom is appropriate for any couple, but the respondents tended to think the opposite. In most cases, less than half thought it was appropriate. They seemed to think it more appropriate for older couples.

The rhythm method is also appropriate for most couples, but it was recommended much less than the pill or IUD. It received the most support in the case of newly married couples wishing to delay the first pregnancy.

Only a few respondents thought withdrawal an appropriate method for a given couple. This is strange, because this method is one of the most widely practised in the Philippines, and can be quite effective if practised in combination with other methods, and even alone it is better than nothing. Perhaps future training courses should contain more information about this method as it is actually practised, and how it can be practised in combination with other methods.

None of the questions shed much light on attitudes about sterilization, except that one of the questions seemed to confirm a result obtained elsewhere that female sterilization was preferred to male. About the injectable little could be said except that only 7-21 per cent of the respondents thought it appropriate for a given couple, whereas in reality it is suitable for most couples, except perhaps those with no children.

The bottom line is that the respondents as a group had a reasonably good idea about the method choice. However, for some respondents more instruction

Table 8. Percentage of respondents giving affirmative responses to questions about recommending various contraceptives

Would you recommend (this method) to

	Rhythm	Pill	Injectable	IUD	Vasectomy	Ligation
A couple related to you	78	93	46	83	70	87
A newly married couple	56	50	12	16	2	0
A couple with only 1 child	73	83	36	69	2	2
A couple with only 2 children	68	90	50	80	7	9
A couple with 3 children	46	78	50	78	60	68
A couple with 4 or more children	32	50	33	55	88	97
Average	59	74	38	64	38	44

about the cafeteria principle would be useful. Respondents tended to prefer the pill and IUD to other methods. This is probably better than the opposite orientation, but some further instruction about the condom, rhythm and withdrawal would be useful, especially since rhythm and withdrawal are so widely practised. Some workers also made some technical errors, which also should be set aright in future training courses.

Recommending methods to the various couples

Another way to assess the attitudes of the workers, in addition to the approach described above, was a series of questions like the following:

"Would you recommend the pill to (please bear in mind that the wife is a healthy person):

a couple related to you?
a newly married couple?
a couple with only 1 child?
a couple with only 2 children?
a couple with 3 children?
a couple with 4 or more children?"

The questions were scattered throughout the questionnaire. The responses to these questions for rhythm, pills, injectable, IUD, vasectomy and ligation are summarized in table 8. As with the approach in the previous section, the questions in this section were somewhat deceptive because they forced the respondents to make choices when none were called for. In most cases the correct response would have been that the choice of the method should be left entirely to the couple unless there were specific medical contra-indications against using it.

It is thus somewhat unfair to ask the respondents to make choices and then to criticize them for doing just that. This should be borne in mind in the following analysis. Still, the impression remains that many respondents would not recommend a family planning method to couples who could benefit from it.

It was noteworthy that many respondents did not recommend either the pill or the rhythm method to a newly married

Table 9. Percentage of respondents hearing negative things about various contraceptive methods, percentage citing specific reasons for not using the method and percentage agreeing on reasons cited

	Side-effects	Husband objects	Nature of method	Effectiveness
Rhythm	8	32	46	35
Pills	92	9	17	1
IUD	70	25	42	19
Vasectomy	85	2	7	14
Ligation	82	3	32	0

couple. It is true that in the Philippines not many couples practise contraception before the birth of the first child. None the less, the workers should not be against this practise. The same could be said to a lesser degree for couples with only one child. Some respondents seemed to think low parity women should not be practising contraception at all. They are entitled to this idea, but should be trained not to impose it on their clients.

The first line of the table and the last (containing averages by method for all the hypothetical couples) suggest that the preferred contraceptives were the pill and IUD, which confirms the conclusions of the last section. Also the respondents seemed to prefer female to male sterilization, but not by a large margin.

Negative things said about methods

The following question was asked:

"Some people say negative things about (the method). In your opinion, which of the things that they say are the most important reasons why they do not use (the method)?"

The workers were also asked whether or not they agreed with the reasons cited. The response distributions are summarized in table 9.

Most workers had heard some complaints about each method, mostly having to do with side-effects. Over 90 per cent had heard complaints about the side-effects of the pill. Twenty-five per cent had been told that the pill causes cancer, with which 4 per cent agreed. Eighty-five per cent had heard about the side-effects of vasectomy, mainly that it affects sex life, with which 10 per cent agreed. Most respondents had also heard complaints about the side-effects of female sterilization, the most prominent of which was that it causes various diseases and weakness (48 per cent, with which 10 per cent agreed).

Other complaints were that the IUD could be easily dislodged, that husbands objected to the rhythm method (32 per cent mentioned this and 25 per cent agreed), and that the rhythm method is difficult to use (46 per cent mentioned this and 39 per cent agreed).

The data show that a great majority of family planning workers hear many negative things said about the contraceptive methods they promote. Some things are true of course, but many are exaggerated. Although most workers appear to

Table 10. Percentage distribution of clinics by mix of contraceptives provided

	Total	By region		
		NCR	Southern Tagalog	Bicol
None or no data	3	3	5	0
Pills only	7	11	6	3
Pills and condoms	31	31	22	48
Pills, condoms and IUD	36	22	48	31
Pills, condoms, DMPA	4	10	1	3
All four	10	15	7	10
Other	8	10	10	3
Total	100	100	100	100

	By type of clinic			
	Rural Health Units	Bureau of Hospitals	Health Department	NGOs
None or no data	3	2	0	9
Pills only	6	12	0	0
Pills and condoms	35	34	25	11
Pills, condoms and IUD	45	24	75	17
Pills, condoms, DMPA	2	9	0	5
All four	2	10	0	40
Other	7	8	0	17
Total	100	100	100	100

have an accurate view about contraceptives, some of them shared the exaggerated fears of their clients.

Analysis of the clinic checklist

If family planning workers do not work in situations where a choice of contraceptives is actually available, then no matter how enlightened their ideas about a choice of contraceptives, they themselves can do little to help clients choose the most appropriate contraceptive.

This section examines data from the "clinic checklist" (annex I) on the contraceptive mix distributed by the clinics. Each clinic was administered a clinic checklist, a factual questionnaire based on clinic administrative data. Information from this checklist included the availability of equipment and supplies for the number of acceptors in the last six months, by method accepted and by age. Nine clinics did not submit checklists.

The average number of new acceptors for the six months prior to the survey was 29 per month per clinic. It was

34 in the National Capital Region, 26 in Southern Tagalog and 25 in Bicol.

	Average number of acceptors per month	Percentage
Pill	15	51
IUD	3	9
Condom	5	16
Rhythm	2	6
Injectable	1	2
Ligation	4	15
Vasectomy	0	0
Total	29	100

For the pill, services were well decentralized: almost every clinic had at least one acceptor of pills. If the clinics are arranged in order by number of acceptors, the clinics on the bottom half of the list contributed about 60 per cent of the acceptors, and the clinics on the top of the list about 40 per cent. For the condom, the decentralization was similar, except that 45 of the 241 clinics did not have any acceptors of condoms at all during the six months before the survey. But for the rest of the clinics the distribution was like that for pills: the bottom half of the clinics accounted for 60 per cent of the acceptors, and the top half for 40 per cent.

The pill and condom can be given out in virtually any clinic, but this does not apply to the other modern methods: 46 per cent of the clinics did not administer the IUD. Something of this sort is to be expected because the facilities for administering the IUD are much more complicated, and sterile conditions must be assured. But of those clinics which did insert the IUD, the services were quite concentrated: the bottom 50 per cent of the clinics accounted for only 6 per cent of the acceptors; while the top 10 per cent accounted for half.

The reason for this might be that some clinics make routine referrals to clinics which have better facilities. Or, perhaps women hear from the grapevine where they can get the best services, and thus pre-select the clinics they go to for IUDs.

It is thus not unusual to find some specialization. Still, the data suggest that the IUD was truly available at only about 1 out of every 20 clinics. It is possible that some women could not get to one of these clinics easily, and thus could not get the contraceptive of their choice.

The availability of the injectable was even more concentrated because it was still on trial at the time of the survey. Eighty-two per cent of the clinics did not offer it, and two thirds of the total acceptors came from only three clinics. This may explain why only 1 out of 22 new acceptors chose the injectable.

Mix of services offered by clinics

The distribution by region and type of clinics according to the kinds of contraceptives distributed within the last six months are shown in table 10.

The most common type of clinic, accounting for over a third of the total, was the type of clinic offering the pill, condom and IUD. Another third offered only the pill and condom. Only 10 per cent of the clinics were offering a full choice of all four major temporary modern contraceptives.

The most limited system was in Bicol, where half of the clinics offered only the pill and condom. According to the 1986 prevalence survey, a lower percentage of people used temporary modern methods in Bicol than in the other two provinces, but had about the same percentages used

Participants' observations

Participant observation was undertaken in 25 clinics. Annex III contains the guidelines for investigators, who stayed in each clinic and observed activities there.

The investigators tried to assess the process of motivation, recruitment, follow-up and re-motivation and to see how these processes adhered to the principles of the cafeteria approach. The intensive clinic observation also included in-depth interviews of grassroots workers and some clients.

The reports of the investigators were mainly positive about the efforts and ability of the personnel to provide a choice of methods. Of course, something must be discounted because the clinic personnel knew that they were being observed, and probably tried to act their best. But the investigators did not tell the clinic personnel what they were looking for. Moreover, it would be difficult for workers unused to performing well to put on a good show. Some examples from the investigators' notes follow. One investigator, reporting from a private clinic in Metro Manila, wrote:

"The nurse, conducting a routine check-up in a ward, approached a patient who had a day old baby and asked *"kung gusto nang sundan kaagad ang anak ninyo?*, (Do you want to have another child soon?)" After a negative answer, the nurse started telling her about spacing and birth control and their advantages, especially in the long run. The patient seemed so enthusiastic about the idea that she asked a lot of questions about pills, the IUD and DMPA. Since she was breastfeeding, the nurse told her that pills might not be good for her. Instead she talked about the IUD and DMPA because this appeared to be the client's preference. When both parties were satisfied the nurse left her to decide or waited for the patient to talk about FP with her husband."

This was a clinic where patients tended to be well educated. But there were numerous examples of clinics in less favoured situations where information was also well provided. From a rural health unit in Bicol an investigator wrote:

"As observed in an actual situation with new acceptors, the PHN first assessed the status of the mother, like how many children she had, then cited the importance of planning the family. She then asked if the woman wanted to use a method, then presented four methods, namely pills, condom, ligation and IUD for the patient to make her choice. She could only discuss the IUD in passing because the RHU has not administered any IUD insertions ever since the nurse trained on this method resigned in 1982. Only referrals to a nearby town are given for IUD and ligation; this is done through the FTOW who brings clients to the appropriate medical centers... . The FTOW was observed during the mothers class where she was the resource speaker. Her manner of motivating new acceptors was to first engage her clients in a conversation and then to introduce family planning by citing its advantages. She then mentioned and explained the pill, IUD, ligation and condom and explained each. She ended by citing herself as a ligated person."

Of a doctor in a remote town in Southern Tagalog: "One day, a woman brought her extremely weak and thin child to the clinic. The child, aged 8 years old but looking like a 4-year old child, was having diarrhea for the last 5 days and the mother was afraid that her child might die because of dehydration. After the consultation, the MHO asked the woman how many children she had and whether the patient was her youngest. Then the doctor asked "Are you a family planner?" The doctor asked her whether she was ever motivated by a family planning worker. The woman said that she has been visited by an FTOW but she refused to do family planning since her husband is against it. The doctor gave her a lengthy discussion on the advantages of a small family, ending his lecture with the different types of FP methods. Then he made the woman go to the nurse who showed her actual samples of pills and condoms. She explained to the woman how the methods should be used and also asked whether she would like to plan her family now. The patient went away promising to be back the next day as she would make her husband agree to FP."

These extracts support the general conclusions of the more rigorous part of the study, that most of the workers understand the idea of contraceptive choice, and try their best to provide as wide a choice as conditions permit.

rhythm and withdrawal (see table 3). There could be many reasons for this, but one possibility is that many of the clinics were not dispensing a full range of temporary modern contraceptive methods.

Referrals

It is normal practise for clinics not actually providing a given contraceptive to refer clients who want them to other clinics and hospitals. In the month before the survey there were 99 referrals for the injectable. While many of the clinics making referrals for the injectable were of the "pill and condom only" type, 38 per cent were clinics which normally insert the IUD, and thus were technically fairly advanced. These were especially common in Southern Tagalog. The large number of referrals gives an idea of the potential demand for the injectable.

In the month before the survey there were 166 referrals for the IUD, most at the "pill and condom only" type of clinic, but there were almost as many referrals from clinics which normally insert IUDs, or at least had inserted one or more in the last six months. Many of the latter were in Bicol. Evidently, the provision of the IUD in that province was subject to periodic interruption.

Summary

The foregoing was only a statistical analysis of some sample data. The data suggest that for the pill and condom, services are well decentralized throughout the entire network of clinics. For the IUD, some concentration is necessary because substantial training is needed to administer this method. It follows that it would not be appropriate for a clinic to insist on inserting the IUD when a hospital just down the road has better service facilities for this method. But the concentration of services might be greater than necessary. In theory, three quarters of the clinics in the sample could administer the IUD; but only half of the clinics actually had any acceptors during the past six months, and even among the half which did administer IUDs, the distribution of services was concentrated in that: 12 of the clinics did half of the insertions. Services might also be especially improved by upgrading clinics which at present are referring a large number of clients elsewhere.

Many of the rural health units which qualify to insert the IUDs did not supply the injectable. There were, however, a large number of referrals for injectables, which suggests that, if it is made available in the future, this method has the potential to become very popular in the Philippines, as it has in several other countries in Asia such as Thailand, the Republic of Korea and Sri Lanka.

Summary and Conclusions

In this study 1,141 grassroots family planning workers were interviewed from a representative sample of 241 clinics in the National Capital Region, Southern Tagalog and Bicol. All types of workers were interviewed, from physicians to volunteers. The survey took place in the latter half of 1987.

The survey consisted of three parts: an interview with each worker, designed to measure his or her knowledge and attitudes about contraceptive methods; a clinic checklist, which collected information at the clinic level on acceptors and the movement of stocks of contraceptives; and participant observations in 25 clinics. The conclusions of the study were as follows:

- Almost all of the workers had undergone formal training, and the rest had undergone some form of on-the-job training. Thus the level of knowledge about contraceptive methods was fairly high, especially about the modern methods. A majority of the workers could identify methods from descriptions about how they work; knew the major side-effects and contra-indications of the methods; knew how long it takes for fertility to return after ceasing to use a given temporary method; could describe the procedures to follow in case of problems; and had a good idea of the relative effectiveness of the methods. One exception was that knowledge about the injectable contraceptive, the injectable, was deficient. But it should be said that this method was still under trial at the time of survey.

- While the majority of workers possessed a high level of professional knowledge about contraceptives, there were important minorities of workers who did not know such facts as: how the pill and IUD prevent pregnancy; that the IUD is sometimes associated with heavier, longer menstrual periods; that the IUD should not be given to nulliparous women; that the pill should not be used by women who are breastfeeding; that the most common-side effect of the pill at the beginning of use is "nausea"; that one of the advantages of the pill is that for many women it alleviates painful menstrual periods; and that vasectomy is very effective in preventing pregnancy. Most workers gave incomplete instructions about what to do if you miss taking a pill.

- The workers experienced a common problem among medical and paramedical personnel: they tended to exaggerate and dwell upon the side-effects and contra-indications of the methods out of proportion to the real risks. In part, this is perhaps because family planning workers are constantly exposed to problems and side-effects; people without problems do not return to the clinics so often.

  For example, in the study the respondents were asked to describe each contraceptive method, as if to a prospective client. In the case of the pill, most of the workers talked about the contra-indications of the pill to the exclusion of other important points. In reality, the medical contra-indications of the pill are rare, and would not need to be explained except when screening a client who had already chosen the pill. By contrast, virtually none of the respondents mentioned the fact that

many women like to use the pill because it alleviates painful menstrual periods; indeed most of the respondents did not know this. This negative orientation towards contraceptives needs to be offset by supplying factual information on the objective risks and benefits of contraceptives.

- The respondents as a group had a reasonably good idea about the principle of method choice. However, for some respondents more instruction about the importance of the "cafeteria" principle would be useful. Respondents tended to be conservative in their ideas about which contraceptives were appropriate for given couples. In cases where they could have recommended 4-5 methods they tended to recommend 1 or 2. Some of them seemed to think that contraception was appropriate for older couples, not younger.

- As a group, the respondents tended to be biased in favour of the pill and IUD as opposed to the other methods. Some further instruction about the condom, rhythm and withdrawal would be useful, especially since rhythm and withdrawal are so widely practised. It was encouraging that although a quarter of the respondents using a contraceptive were themselves practising the rhythm method, they did not appear to be biased against other methods. They did seem to be biased in favour of female, as opposed to male, sterilization, but the bias was not strong.

- The delivery system of supplying the pill and condom was good, but many of the clinics dispensed only the pill and condom, and since the condom is not a popular method of contraception in the Philippines (or indeed in many other countries), in practice many clinics offer only the pill. The pill is a good contraceptive, but it is not the most appropriate method for many couples.

- Although many clinics were permitted to insert the IUD, in reality, 54 per cent of the IUDs were supplied by only 6 per cent of the clinics. This is not necessarily bad, if the population has easy access to these 6 per cent, but the matter needs to be investigated. Of the clinics supplying IUDs, only 10 per cent of the clinics supplied over half of the IUDs. Another finding was that while the injectable contraceptive was on trial, there were a large number of referrals for it from rural health clinics, which suggest that in the future it has the potential of becoming a popular method.

- This study thus suggests several ways of offering clients a better mix of contraceptives: workers should be better trained so that they know the facts about contraceptives and so that they do not over-emphasize the adverse effects of contraceptives. Their training about the lesser used contraceptives should be improved. They should be drilled more in the importance of offering a wide choice of contraceptives. Moreover, strategies should be studied for extending the range of contraceptives offered in rural clinics and for making more choices available.

Annexes

The annexes contain a translation of the questionnaire. After most of the questions there is a tabulation of responses classified by the job of the respondent.

Annex I

ESCAP STUDY OF FAMILY PLANNING WORKERS
POPULATION INSTITUTE
UNIVERSITY OF THE PHILIPPINES

CLINIC CHECKLIST

IDENTIFICATION

A1. CLINIC ID NUMBER _____

A2. CONTROL NUMBER _____

A3. CLINIC/HOSPITAL NAME _____

A4. LOCATION: REGION _____

PROVINCE _____

MUNICIPALITY/CITY _____

A5. AGENCY _____

A6. RESPONDENT'S NAME _____

A7. RESPONDENT'S POSITION

A8. DATE _____
month/day/year

A9. INTERVIEWER _____

** RESPONDENT IS THE CLINIC MANAGER OR ANY SUITABLE RESPONDENT **

BLOCK B: LOGISTICS - MATERIALS (IECs)

B1. Do you have one or more flipcharts covering any of the following topics?

Read each topic, pausing after the response and asking one of the following questions, depending on the response)

(If yes) Is the flipchart you have for this topic enough or do you need a better flipchart on this topic?

(If no) Do you need a flipchart for instructing couples on this topic?

CONTENT AREAS	IF HAVE Sufficient?		IF NONE Need?	
Advantages of having a small family	Y	N	Y	N
Family planning methods	Y	N	Y	N
Human reproduction	Y	N	Y	N

B2. *(For each content area on the table)* Do you have comics, leaflets, or brochures for your own use that provide information on *(content area)*?

(Read types of material and encircle appropriate response. If yes, ask Q3. If no, go on to the next content area.)

B3. *(If yes)* Do you have extra copies of materials on *(content area)* to give others?

CONTENT AREAS	B2. HAVE?		B3. EXTRAS?	
Pills	Y	N	Y	N
IUD	Y	N	Y	N
Ligation	Y	N	Y	N
Vasectomy	Y	N	Y	N
Rhythm	Y	N	Y	N
Condom	Y	N	Y	N
DMPA	Y	N	Y	N
Advantages of a small family	Y	N	Y	N

B4. *(If there is at least one 'Y' encircled in B3, ask)*

Do you have multiple copies of family planning comics, leaflets, or brochures for distribution? *(If yes)* How many?

_____No. of extra copies

_____No. of copies, *Actual count*

(If yes, ask to see them and get an actual count/if impossible to count, ask for R's estimate.)

_____No. of copies, *R's estimate*

B5. Do you think you have enough family planning comics, leaflets or brochures for the next 30 days?

(If no) How many more copies do you think you would need for the next 30 days if you could get them?

1 _____ Has enough

2 _____ (more) copies needed

B6. In all, how many did you distribute during the past month?
(If none, why?, then go to B7)
(If there is/are) Where were they given? To whom were they given?

No. of copies _____

Where given:_____
_____

To whom:_____
_____

None: Why? _____
_____
_____

B7. Where do you get your supplies of IEC materials?

Source: _____
_____

B7a. How are they obtained?

VERBATIM: _____

_____

B8. How often do you receive IEC materials from your suppliers?

1 ____ Once a month
2 ____ Once every 2 mos.
3 ____ Once every 3 mos.
4 ____ Others (Specify)
_____

B9. How many IEC materials on the average are supplied to you each month?

_____ No. of copies

B10. How is the quantity given to you determined?

VERBATIM: _____

B11. How is the type of materials given to you determined?

VERBATIM: _____

B12. What topic have most of them dealt with?

Topic: _____
_____

B13. To whom do you go or consult when you have problems regarding IEC supplies?

Person: _____
_____

B13a. What is his/her designation?

Designation: _____
_____

C. LOGISTICS - CONTRACEPTIVE SUPPLIES

C1. Do you at present have a stock of cycles of pills?
(If yes) How many cycles of pills do you have on hand at present?
(Verity by actual count)
(If none) Why?

_____ No. of cycles

1____None: Why? _____
_____
_____
(Skip to C2a)

C2. *(If "Yes" in C1)* Is this number sufficient to meet your needs for the next 30 days?

1____ No, more needed
2____ Yes, sufficient (skip to C3)

C2a. *(If "None" in C1 or if "No" in C2)* How many (more) cycles of pills do you need for the next 30 days?

_____ No. of cycles needed

C3. How many cycles of pills did you give out in the past month? *(If None)* Why?

_____ No. of cycles

1____ None in the past
Why? _____
_____

C4. Do you at present have a stock of condoms? *(If Yes)* How many condoms do you at present have on hand here? *(Verify by actual count)* *(If None)* Why?

_____ pieces (individual condoms, not strips or dozens)

1____ None, Why? _____
_____
_____
(Skip to C5a)

C5. *(If "Yes" in C4)* Is this number sufficient to meet your needs for the next 30 days?

1____ No, more needed
2____ Yes, sufficient (skip to C6)

C5a. *(If "None" in C4 or if "No" in C5)* How many (more) condoms do you need for the next 30 days?

_____ No. of condoms

C6. How many condoms did you give out in the past month? *(If "None")* Why?

_____ No. of condoms

1____ None in the past
Why?_____
_____

C7. Do you at present have a stock of DMPA? *(If Yes)* How many doses do you have on hand here at present? *(Verify by actual number)*
(If None) Why?

_____ No. of doses

1____ None: Why? _____
_____
_____
(Skip to C8a)

If R's answer to the "Why" question is "The clinic does not administer DMPA injection" skip to C10, otherwise continue

---

C8. *(If "Yes" in C7)* Is this amount sufficient to meet your needs for the next 30 days?

1____ No, more needed
2____ Yes, sufficient
(Skip to C9)

C8a. *(If "None" in C7 or if "No" in C8)* How many (more) doses do you need for the next 30 days?

_____ No. of doses

C9. How many doses of DMPA did you inject in the past month?
(If "None") Why?

_____ No. of doses

1____ None in the past
Why?_____
_____
_____

Skip to C12

C10. Have you encountered women who want to use DMPA?
(If Yes) In cases like this, where or to whom do you usually refer them to go for DMPA?

1____ Never encountered
(Skip to C15)

Person/Place of referral
_____
_____

C11. For the past month, how many women have you referred for DMPA?

_____No. of referrals

1_____ None: Why?_____
_____
_____

C12. Do you at present have a stock of IUD? *(If Yes)* How many pieces of IUD do you have on hand here at present? *(Verify by acctual count)* *(If None)* Why?

_____No. of pieces

1_____ None: Why?_____
_____
_____

If R's answer to the "Why" question is "The clinic does not administer IUD Insertion" skip to C15, otherwise continue

C13. *(If "Yes" in C12)* Is this number sufficient to meet your needs for the next 30 days?

1____ No, more needed
2____ Yes, sufficient *(Skip to C14)*

C13a. *(If "None" in C12 or "No" in C13)* How many (more) pieces of IUD do you need for the next 30 days?

_____ No. of pieces of IUD

C14. How many IUD insertions did you make in the past month?

_____ No. of insertions

1____ None in the past
Why?_____
_____
_____

Skip to C17

C15. Have you encountered women who want to use IUD? (If yes) In cases like this, when a woman wants to have IUD insertion, where or to whom do you refer them?

1____ Never encountered *(Skip to C17)*

Person/Place of referral:
_____
_____

C16. In the past month, how many women have you referred for IUD insertion? (If none) Why?

_____ No. referred

1_____ None in the past
Why?_____
_____

C17. Where do you get your supplies of (method)?

C18. How often do you receive your supplies of (method)?

C19. How much of this (method) do you receive from your suppliers?

Method	C17. Source	C18. How often?	C19. How much?
Pills			
Condoms			
DMPA			
IUD			

C20. Stock movement (pill and condom)

LOGISTICS	AVAILABILITY OF STOCK MOVEMENT LAST SIX MONTHS						STOCKS AT TIME OF STUDY
	6	5	4	3	2	1	
Pills							
1.Beginning of month							
2.Received during month							
3.Distribution							
4.Balance at end of month							

LOGISTICS	AVAILABILITY OF STOCK MOVEMENT LAST SIX MONTHS						STOCKS AT TIME OF STUDY
	6	5	4	3	2	1	
Condoms							
1.Beginning of month							
2.Received during month							
3.Distibution							
4.Balance at end of month							

C21. Before the next supply comes, please tell me how is the quantity of each of the following contraceptives (pills, condoms, DMPA) determined?

VERBATIM: Pills _____

Condom _____

DMPA _____

C22. Before the next supply comes, how do you determine the type of contraceptive needed?

VERBATIM: _____

_____

C23. Number of reported clinic acceptors in the last six months. *Do not rely on R's memory or guesswork. Ask to see the indicated forms and verify the number reported.*

How many clinic acceptors do/did you have this month/last month/two months before, etc... for method?

METHOD	Months before the survey						Survey Month	TOTAL
	6	5	4	3	2	1		
Pill								
IUD								
Condoms								
Rhythm								
DMPA								
Ligation								
Vasectomy								
Withdrawal								

C23. Number of current users at the beginning of interview month. *(See the indicated froms and verify the number reported)*

METHOD	NUMBER
Pill	
IUD	
Condoms	
Rhythm	
DMPA	
Ligation	
Vasectomy	
Withdrawal	

Annex II

ESCAP STUDY OF FAMILY PLANNING WORKER

POPULATION INSTITUTE

UNIVERSITY OF THE PHILIPPINES

QUESTIONNAIRE FOR GRASSROOTS WORKERS

A1. CONTROL NUMBER _____

A2. ID NUMBER _____

A3. OFFICE _____

A4. REGION _____

A5. PROVINCE _____

A6. MUNICIPALITY/CITY _____

A7. DATE OF INTERVIEW _____

A8. INTERVIEWER _____

A9. CALL RECORD:

INTERVIEWER	First visit	Call backs		
	1	2	3	4
Date				
Time				
Result of call*				

* Result codes:

1 Completed
2 Partly completed
3 R not in clinic/home
4 Deferred
5 Refused
6 Others_____ (Specify)

BLOCK B: INDIVIDUAL INFORMATION BLOCK

B1. Age _____ **years**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Age							
15-29		10%	20%	11%	26%	15%	15%
30-44	54%	39%	61%	47%	69%	53%	52%
45+	46%	51%	19%	42%	5%	32%	33%
Frequency	37	189	199	227	98	391	1141

B2. Sex

1____ Male
2____ Female

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Male	41%	45%	2%	0%	16%	3%	12%
Female	59%	55%	98%	100%	84%	97%	88%
Frequency	37	189	199	227	98	391	1141

B3. Marital status

1____ **Single**
2____ **Married**
3____ **Widowed, or divorced**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Single	3%	17%	16%	15%	24%	10%	14%
Married	92%	78%	84%	82%	72%	83%	82%
Other	5%	4%		3%	3%	7%	4%
Frequency	37	189	199	227	98	391	1141

B4. Number of living children

_____ **Male**
_____ **Female**

							Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
0	3%	4%	6%	2%	5%	2%	3%
1	14%	8%	14%	11%	16%	5%	10%
2	16%	22%	23%	21%	23%	15%	19%
3	24%	17%	19%	18%	17%	19%	18%
4	27%	12%	15%	18%	7%	16%	15%
5	11%	6%	5%	9%	3%	10%	8%
6+	3%	13%	4%	8%	3%	23%	13%
99	3%	17%	16%	15%	24%	10%	14%
Frequency	37	189	199	227	98	391	1141

B5. **Highest educational attainment**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Grade 3						1%	0%
Grade 4						1%	0%
Grade 5						1%	0%
Grade 6						14%	5%
1st year high school			1%			3%	1%
2nd year high school						6%	2%
3rd year high school						3%	1%
4th year high school				0%		28%	10%
1st year college						7%	3%
2nd year college				0%	4%	7%	3%
3rd year college			1%		3%	4%	2%
With college degree	62%		1%	0%	43%	7%	8%
Midwife	3%		1%	97%	34%	9%	26%
B.S. Nursing			96%	2%	13%	2%	19%
W/ Post Grad course	8%	1%			1%	0%	1%
With MA or MS degree	14%	1%	1%			0%	1%
MD	8%	99%	1%				17%
More than MA (Ph.D,etc)	3%						0%
Vocational					1%	2%	1%
Frequency	37	189	199	227	98	391	1141

B6. Present position

Codes/Var Labels	Frequency	Percentage distribution
Provincial Population Officer	8	.7
Dist Population Officer/POPCOM	20	1.8
City Health Operations Services Officer	2	.2
Health Center Physician	16	1.4
City Health Center Physician/CHD, DOH	13	1.1
Hospital Clinic Physician	21	1.8
Clinic Physician/NGO (FPOP,IMCH,Pueri Cntr)	16	1.4
Municipal Health Center Physician/MHD,NCR	123	10.8
City Population Officer	5	.4
Public Health Nurse/ RHU, DOH	117	10.3
Hospital Clinic Nurse/DOH	19	1.7
Mun Health Center Nurse/ MHD, NCR	51	4.5
Health Center Nurse/NGO	12	1.1
Nursing Aide	5	.4
Rural Health Midwife/ RHU,DOH	126	11.0
Hospital Clinic Midwife/ DOH	34	3.0
Mun Health Cntr Midwife/ MHD,NCR	44	3.9
Rural Health Midwife/NGO	18	1.6
Full Time Outreach Worker/ Population Field Officer/ Population Outreach Worker	98	8.6
Barangay Service Pt. Officer (BSPO)	75	6.6
Barangay Health Worker (BHW)	177	15.5
Barangay Nutrition Scholar (BNS)	29	2.5
BSPO/BHW/BNS	8	.7
BSPO/BHW	35	3.1
BSPO/BNS	10	.9
BHW/BNS	9	.8
BSPO/BHW/BNS/DCW (Day Care Worker)	1	.1
Family planning clinic motivator/DOH	8	.7
Family Planning clinic motivator/Manila Health Department	10	.9

B6. **Present position** *(continued)*

Codes/Var Labels	Frequency	Percentage distribution
Population Program Field Assistants/Manila Health		
Manila Health Department	14	1.2
Census Assistant/	1	.1
Makati Health Department		
Family Planning motivator/		
Social Worker	3	.3
Family Planning motivator/	11	1.0
Community Devt. Worker		
Family Planning Program Manager	2	.2
TOTAL	1141	100.0

B7. Brief description of duties as a population worker/family planning worker.

B8. As a family planning worker, do you ... *(Read the duties)*

B8a - motivate couples to become new acceptors? **1 Yes 2 No**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-if wife	FTOW	FP vol worker	
Yes	100%	97%	99%	99%	100%	99%	99%
Frequency	37	189	199	227	98	391	1141

B8b - motivate users to continue using the method? 1 Yes 2 No

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	97%	97%	98%	97%	100%	99%	98%
Frequency	37	189	199	227	98	391	1141

B8c - motivate couples to shift from less effective methods (such as condom,withdrawal and rhythm) to more effective methods (such as pill, IUD and sterilization)? 1 Yes 2 No

	Question						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	97%	95%	95%	96%	97%	95%	95%
Frequency	37	189	199	227	98	391	1141

B8d - re-motivate couples who stopped using contraception? 1 Yes 2 No

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	97%	92%	97%	95%	99%	94%	95%
Frequency	37	189	199	227	98	391	1141

B8e - dispense family planning methods? 1 Yes 2 No
(continue) (Skip to B8g)

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	73%	84%	97%	96%	85%	69%	83%
Frequency	37	189	199	227	98	391	1141

B8f. If "Yes" in B8e ask: What types of family planning methods do you dispense?

VERBATIM: _____

_____

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Pill	3%	2%	5%	4%	3%	4%	4%
Condom	3%		1%	0%	2%	1%	1%
IUD		2%	1%				0%
Pill,condom	51%	20%	47%	54%	61%	50%	46%
Pill,con,IUD	11%	34%	27%	19%	11%	5%	17%
Pill,con,IUD, DMPA		7%	4%	6%	3%	2%	4%
Pill,con,IUD, Foam tablets		3%	3%	2%	1%	1%	2%
Pill,con,DMPA, Foam tablets		1%	2%	0%			1%
Pill,IUD,DMPA	3%	2%	2%	2%		0%	1%
Pill,con,foam tablets	3%	1%	2%	3%	1%	1%	2%
Pill,con,DMPA		4%	3%	2%	1%	1%	2%
Pill,foam tabs		1%				0%	0%
Pill,IUD		7%	2%	2%	1%	3%	3%
Pill,DMPA				0%			0%
Pill,con,DMPA, IUD,foam tabs		1%	1%	0%		1%	1%
IUD,DMPA		1%		0%			0%
NAP	27%	16%	3%	4%	15%	31%	17%
Frequency	37	189	199	227	98	391	1141

B8g. As a family planning worker, do you do clinical examinations? **1. Yes** *(continue)* **2. No** *(Skip to B9)*

	Question						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	27%	98%	86%	81%	27%	13%	55%
Frequency	37	189	199	227	98	391	1141

If "Yes" in B8g ask B8h and B8i:

B8h. What sort of clinical examination(s) do you do?

B8i. What FP method(s) is this examination for?

For each clinical examination mentioned, write corresponding family planning method(s)

B8h. Type of clinical exam	**B8i. FP method to which exam applies**
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____
f. _____	_____
g. _____	_____
h. _____	_____

B9. Total Number of years of service as a *(position in B6)* **worker** _____ **years**

Prog.Mgr.	10%
Doctor	11%
Nurse	9%
Midwife	14%
FTOW	7%
FP vol worker	5%

Terminate interview if respondent worked for less than 1 year.

B10. As a family planning worker, did you ever have any formal training in family planning? (Tick one number)

1	Yes, basic training in degree curriculum	}
2	Yes, basic training in NFP	} *Skip to B13*
3	Yes, comprehensive in _____ *Topic*	}
4	Yes, refresher in _____ *Topic*	}
5	No *(continue)*	

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes, basic training in degree cur.	8%	42%	37%	28%	17%	9%	24%
Yes, basic training in NFP	35%	14%	16%	16%	24%	20%	18%
Yes, comprehensive FP methods	27%	23%	26%	23%	18%	27%	25%
Yes, refresher FP methods	27%	17%	16%	27%	40%	35%	27%
No	3%	4%	5%	6%		10%	6%
Frequency	37	189	199	227	98	391	1141

B8b *(Ask only if yes in B8b)*

- how to motivate users to continue using the method?

B11b. How?

B12b. Where?

B8c *(Ask only if yes in B8c)*

- how to motivate couples to shift from less effective method (such as condom, withdrawal and rhythm) to more effective method (such as pill, IUD and sterilization)?

B11c. How?

B12c. Where?

B8d *(Ask only if yes in B8d)*

- how to re-motivate couples who stopped using contraception?

B11d. How?

B12d. Where?

B8e *(Ask only if yes in B8e)*

- how to dispense FP methods?

B11e. How?

B12e. Where?

B8g *(Ask only if yes in B8g)*

- how to do some clinical examination?

B11f. How?

B12f. Where?

g. - the different types of family planning methods?

B11g. How?

B12g. Where?

If "Yes" (codes 1-4) in B10 ask B13a-c and B14

B13a-d. **Regarding the last refresher training course you had on family planning, in what year, for how long and where did the training take place? Who conducted the training?**

B13a. Date _____month _____year

B13b. Duration _____ days

B13c. Place of training: _____

B13d. Agency who conducted the training:

B14. **What topics were covered?**

If codes 2 or 3 in B3 ask B15-18, otherwise go to block C

B15. **Have you and your spouse ever tried using an FP method?**
1 Yes *(continue)*
2 No *(Skip to B18)*

B16. **What method(s) have you tried? Please mention the first, second, third, etc... method(s) you tried.**

VERBATIM:_____

_____

B17. **Are you currently using an FP method?**
1 Yes
2 No

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	59%	31%	47%	40%	41%	49%	44%
No	19%	33%	23%	32%	24%	27%	28%
N.A.	22%	35%	30%	28%	35%	24%	28%
Frequency	37	189	199	227	98	391	1141

(If yes) **What method?** _____ **Method**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
DMPA				0%			0%
Pills	3%	4%	9%	7%	5%	10%	7%
IUD		3%	5%	3%	3%	4%	4%
Ligation	22%	11%	13%	15%	13%	20%	16%
Vasectomy	11%	1%	1%	0%		1%	1%
Condom	3%	1%	2%	3%	1%	2%	2%
NFP	3%	2%	1%	0%	6%	1%	1%
Rhythm	11%	8%	12%	8%	9%	7%	9%
Rhythm and condom	8%	1%	1%	2%	2%	1%	1%
Rhythm and withdrawal		1%	3%	1%		1%	1%
Withdrawal		1%	1%	1%	1%	2%	1%
Withdrawal and condom			1%				0%
Vaginal methods (Sampoon, foam, spermicide)		1%	1%				0%
Abstinence						0%	0%
NR, but currently using FP						1%	0%
NAP, never married, never tried FP	41%	69%	53%	60%	59%	50%	56%
Frequency	37	189	199	227	98	391	1141

(If no) **Why did you stop using an FP method?**

VERBATIM _____

_____

B18. IF "No" IN B15 ASK: Why have you not tried using a method?

VERBATIM: _____

_____

Block C: Areas in which R/staff needs more training. This is self-administered.

We are thinking of giving a refresher course in family planning. We are going to cover all aspects of family planning, but we know that sometimes you come across situations about which you would like more information. We will mention a list of items which we may stress during the course. Please help us by considering every item and indicate if you feel you/your staff need more information on the subject.

Enter "R" if needed by respondent only
"S" if needed by staff only
"B" if needed by both respondent and staff
"X" if it is not needed by neither respondent nor staff.

Please remember that this questionnaire is anonymous. Your name will be detached and this will not be used to evaluate your work.

Areas where r/staff needs more training

TOPICS	LIGA-TION	VASEC-TOMY	IUD	ORAL PILL	DMPA	CON-DOMS	RHY-THM	WITH-DRAWAL
C1. Time within the menstrual cycle when the woman should start using the method.	-	-	72[1]	71	82	-	-	-
C2. Reason why client should start on that particular day.	-	-	72	72	83	-	-	-
C3. After starting how the method should continue to be used.	-	-	-	72	82	-	-	-
C4. How the method should be practised.	-	-	-	-	-	-	68	61
C5. What the chances are of the method's failing.	80	80	82	80	88	70	73	71
C6. How safe it is from a health point of view.	80	79	82	80	87	66	69	66
C7. Medical reasons for not using the method.	80	79	81	80	87	-	-	-
C8. How long it takes to get pregnant after stopping.	-	-	75	76	85	-	-	-
C9. Recommended follow-up procedures	78	78	79	77	85	-	-	-
C10. What to tell a person experiencing side-effects.	-	-	79	78	86	-	-	-
C11. How long the method can continue to be used.	-	-	78	79	86	-	-	-
C12. How to respond to misconceptions the patients may have about the method	81	80	82	82	87	70	71	69

[1] The numbers in the cells are the percentages reporting needing training, either for themselves or staff.

Block D: Knowledge of family planning method. This is self-administered. (Tick the answer which is most correct)

D1. This is a permanent method of family planning for couples who do not want any more children. This method is for the woman.

1___ Oral pill
2___ IUD
3___ Vasectomy
4___ Ligation
5___ DMPA
6___ Other (Specify)
_____

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Oral pill	3%	2%	1%	1%	1%	6%	3%
IUD						2%	1%
Vasectomy		2%	1%	2%	4%	2%	2%
Ligation	95%	95%	98%	95%	95%	89%	94%
DMPA		1%	1%	0%		1%	0%
Other				0%		1%	0%
No answer	3%	1%		1%		0%	1%
Frequency	37	189	199	227	98	391	1141

D2. Women must remember to use this method everyday or else they might get pregnant.

1___ Oral pill
2___ IUD
3___ Vasectomy
4___ Ligation
5___ DMPA
6___ Other (Specify)
_____

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Oral pill	97%	96%	99%	97%	100%	95%	97%
IUD		3%	1%	0%		3%	2%
Vasectomy				0%			0%
Ligation				0%		1%	0%
Other				0%		1%	0%
No answer	3%	1%		1%		1%	1%
Frequency	37	189	199	227	98	391	1141

D3. **This method works mainly because it changes the lining of the womb, so that the egg cannot nest there.**

1___ **Oral pill**
2___ **IUD**
3___ **Vasectomy**
4___ **Ligation**
5___ **DMPA**
6___ **Other (Specify)**
_____

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Changes womb lining							
Oral pill	41%	23%	18%	15%	19%	15%	18%
IUD	46%	59%	61%	67%	64%	56%	60%
Vasectomy				1%		3%	1%
Ligation		1%	4%	4%	2%	13%	6%
DMPA	8%	14%	17%	11%	12%	8%	12%
Other		1%		0%	1%	1%	1%
No answer	5%	2%	1%	2%	1%	3%	2%
Frequency	37	189	199	227	98	391	1141

D4. **This method may increase menstrual bleeding and may cause increased cramping during a woman's period.**

1___ **Oral pill**
2___ **IUD**
3___ **Vasectomy**
4___ **Ligation**
5___ **DMPA**
6___ **Other (Specify)**
_____

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Oral pill	5%	9%	9%	11%	11%	16%	12%
IUD	78%	84%	83%	81%	85%	69%	78%
Vasectomy		2%	1%	0%		1%	1%
Ligation			2%	1%	1%	5%	2%
DMPA	14%	3%	5%	4%	3%	5%	4%
Other		1%				1%	1%
No answer	3%	2%	1%	2%		3%	2%
Frequency	37	189	199	227	98	391	1141

D5. **This method is an operation to tie the man's sperm tubes**

1___ **Oral pill**
2___ **IUD**
3___ **Vasectomy**
4___ **Ligation**
5___ **DMPA**
6___ **Other (Specify)**
_____

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Oral pill						1%	0%
IUD		1%	1%	0%		0%	0%
Vasectomy	95%	97%	99%	96%	98%	95%	97%
Ligation	3%	1%		3%	2%	4%	2%
No answer	3%	1%		1%		0%	1%
Frequency	37	189	199	227	98	391	1141

D6. **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.**

1___ **Oral pill**
2___ **IUD**
3___ **Vasectomy**
4___ **Ligation**
5___ **DMPA**
6___ **Other (Specify)**
_____

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Oral pill	95%	91%	91%	90%	88%	75%	85%
IUD	3%	1%	1%	3%	3%	12%	5%
Vasectomy						1%	0%
Ligation		1%	1%	1%		3%	1%
DMPA		7%	7%	6%	9%	8%	7%
Other						0%	0%
No answer	3%	1%		1%		1%	1%
Frequency	37	189	199	227	98	391	1141

D7. **This method works by preventing the woman's eggs from being released from her ovary.**

1___ **Oral pill**
2___ **IUD**
3___ **Vasectomy**
4___ **Ligation**
5___ **DMPA**
6___ **Other (Specify)**
_____

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Oral pill	81%	66%	50%	48%	65%	39%	51%
IUD	3%	2%	10%	10%	9%	23%	13%
Vasectomy				0%		1%	0%
Ligation	11%	22%	29%	31%	20%	31%	28%
DMPA	3%	8%	10%	7%	5%	5%	7%
Other				1%		1%	0%
No answer	3%	2%	1%	2%		2%	1%
Frequency	37	189	199	227	98	391	1141

D8. **Of these four methods, this is the least effective.**

1___ **Rhythm**
2___ **IUD**
3___ **Condom**
4___ **Pill**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Rhythm	51%	77%	69%	65%	62%	56%	64%
IUD			2%	3%	3%	7%	4%
Condom	43%	22%	25%	22%	31%	22%	24%
Pill	3%		4%	8%	4%	13%	7%
No answer	3%	1%		1%		1%	1%
Frequency	37	189	199	227	98	391	1141

D9. Couples can have relations any time during the month if they are using this method. There are no supplies to be bought.

1___ Rhythm
2___ Withdrawal
3___ Condom
4___ Pill
5___ DMPA
6___ Other (Specify)

_____

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Rhythm	14%	10%	16%	14%	14%	19%	15%
Withdrawal	68%	68%	66%	59%	64%	59%	62%
Condom	5%	4%	4%	4%	1%	7%	5%
Pill		5%	8%	10%	6%	7%	7%
DMPA	8%	11%	5%	9%	10%	4%	7%
Other	3%	3%	1%	2%	4%	2%	2%
No answer	3%	1%	1%	2%		3%	2%
Frequency	37	189	199	227	98	391	1141

D10. A woman who uses this method does not have relations with her husband during certain days of the month.

1___ Rhythm
2___ Withdrawal
3___ Condom
4___ Pill
5___ DMPA
6___ Other (Specify)

_____

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Rhythm	95%	94%	94%	86%	90%	81%	88%
Withdrawal	3%	2%	2%	3%	2%	5%	3%
Condom			1%	3%	2%	3%	2%
Pill		1%	1%	4%	5%	6%	4%
DMPA		1%	2%	2%		1%	1%
Other		1%		1%	1%	1%	1%
No answer	3%	1%	1%	1%		3%	2%
Frequency	37	189	199	227	98	391	1141

D11. This method works because the husband climaxes outside the woman.

1___ Rhythm
2___ Withdrawal
3___ Condom
4___ Pill
5___ DMPA
6___ Other (Specify)
_____

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Rhythm		2%	1%	0%		3%	2%
Withdrawal	95%	96%	97%	92%	98%	84%	92%
Condom	3%	1%	1%	4%	2%	9%	4%
Pill			1%	1%		2%	1%
DMPA						0%	0%
Other						1%	0%
No answer	3%	1%		2%		2%	1%
Frequency	37	189	199	227	98	391	1141

D12. Of these three methods this is the most effective.

1___ Rhythm
2___ Withdrawal
3___ Condom

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Rhythm	41%	24%	27%	30%	32%	28%	28%
Withdrawal	5%	7%	5%	5%	10%	15%	9%
Condom	51%	68%	68%	64%	58%	56%	62%
No answer	3%	1%		2%		1%	1%
Frequency	37	189	199	227	98	391	1141

D13. **This method works by preventing the man's sperm from entering the vagina.**

1___ Rhythm
2___ IUD
3___ Condom
4___ DMPA
5___ Other (Specify)
_____

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Rhythm				1%		3%	1%
IUD	16%	7%	13%	19%	15%	22%	17%
Condom	76%	90%	84%	77%	79%	71%	79%
DMPA			2%	0%	1%	1%	1%
Other	5%	2%	2%	1%	5%	2%	2%
No answer	3%	1%		1%		1%	1%
Frequency	37	189	199	227	98	391	1141

D14. **This method does not always work because a woman may not know when her egg has been released.**

1___ Rhythm
2___ Withdrawal
3___ Condom
4___ Pill
5___ DMPA
6___ Other (Specify)
_____

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Rhythm	89%	89%	83%	73%	70%	67%	75%
Withdrawal	5%	6%	10%	14%	17%	14%	12%
Condom		1%	1%	2%	4%	5%	3%
Pill		2%	1%	3%	2%	8%	4%
DMPA	3%	1%	6%	6%	5%	3%	4%
Other		1%	1%	0%	1%	1%	1%
No answer	3%	1%		2%		2%	1%
Frequency	37	189	199	227	98	391	1141

D15. The use of this method should be explained but does not need medical advice.

1___ Ligation
2___ IUD
3___ Condom
4___ Pill
5___ DMPA
6___ Other (Specify)
_____

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Ligation		10%	2%	5%	6%	7%	6%
IUD		1%	2%	2%	2%	2%	2%
Condom	81%	81%	90%	81%	76%	74%	80%
Pill	3%	3%	3%	2%	2%	7%	4%
DMPA		1%	1%	2%	2%	3%	2%
Other	14%	4%	4%	6%	11%	6%	6%
No answer	3%	1%		2%	1%	1%	1%
Frequency	37	189	199	227	98	391	1141

Block E: Knowledge and attitudes on FP methods this section has to be asked of R

RHYTHM USAGE

E1. **I would like you to pretend that I am a new client who knows nothing at all about rhythm. I have come to you for information about this method so that I will know if it is best or appropriate for me. Please tell me all of the things that are important for me to know about rhythm.**

(Let the respondent tell you in her/his words everything she/he feels you should know about rhythm. Do not interrupt her/him or give her/him any advice about how to answer. If R asks for advice, say "Just tell me in your own words everything I should know". As she/he is talking, record R's answers verbatim. After she/he has finished, ask "Is there anything else?" Record any further item she/he mentions.)

VERBATIM _____

_____

E2. When is the easiest time for a woman to get pregnant?

1___ Just after menstruation
2___ Just before menstruation
3___ In the middle of the menstrual period

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
After	24%	24%	31%	31%	34%	44%	34%
Before	5%	4%	9%	6%	7%	7%	6%
Middle	70%	70%	58%	61%	59%	48%	58%
No answer		2%	2%	2%		1%	1%
Frequency	37	189	199	227	98	391	1141

Note: The reason so many of these responses were incorrect may be that the question was poorly worded. It should have read "menstrual cycle" rather than "menstrual period".

E3. What are the types of natural family planning methods (NFP) you know about?

VERBATIM: _____

_____

E4. Do you think this method will be very effective/ effective/not effective/ not at all effective in preventing pregnancy among women in your area? Why?

1 Very effective
Why?_____
_____

2 Effective
Why?_____
_____

3 No opinion, it depends, don't know

4 Not effective
Why?_____
_____

5 Not at all effective
Why?_____
_____

E5. Would you recommend rhythm to.... Please bear in mind that the wife here is a healthy person.

a. - a couple related to you?	1	Yes	2	No
b. - a newly married couple?	1	Yes	2	No
c. - a couple with only 1 child?	1	Yes	2	No
d. - a couple with only 2 children?	1	Yes	2	No
e. - a couple with 3 children?	1	Yes	2	No
f. - a couple with 4 or more children?	1	Yes	2	No
g. - Any others? (Specify) _____	1	Yes	2	No

_____

E6. Some people say negative things about rhythm. In your opinion which of the things that they say are the most important reasons why they do not use rhythm?

List all the important reasons mentioned by R and then for each stated reason ask E7:

E7. Do you agree with this (REASON) or not?

E6. REASONS	E7. AGREE?			
_____	1	Yes	2	No
_____	1	Yes	2	No
_____	1	Yes	2	No
_____	1	Yes	2	No
_____	1	Yes	2	No

PILL USAGE

E8. **I would like you to pretend that I am a new client who knows nothing at all about pills. I have come to you for information about this method so that I will know if it is best or appropriate for me. Please tell me all of the things that are important for me to know about the pills.**

(Let the respondent tell you in her/his words everything she/he feels you should know about the pills. Do not interrupt her/him or give her/him any advice about how to answer. If R asks for advice, say "Just tell me in your own words everything I should know". Record R's answers verbatim. After she/he has finished, ask "Is there anything else?" Record any further item she/he mentions.)

VERBATIM_____

_____

E9. **If a woman stops using the pill, how long does it normally take before she gets pregnant?**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Immediately	49%	43%	49%	42%	45%	48%	46%
1 month	11%	13%	14%	15%	20%	19%	16%
2 months	11%	17%	10%	13%	10%	11%	12%
3 months	19%	14%	16%	16%	17%	12%	15%
4 months	3%	4%	5%	2%	3%	2%	3%
5 months		1%	1%	1%	1%	1%	1%
6 months or more	3%	2%	3%	4%		2%	2%
7 Depends on length of pill use--longer pill use longer it takes to get pregnant again		1%	1%	2%	2%	1%	1%
Don't know	5%	6%	4%	4%	1%	5%	4%
Frequency		189	199	227	98	391	1141

E10. **One of the advantages of the pill, besides the avoidance of pregnancy, is that for many women taking the pill alleviates of painful menstrual periods. Is this true or false?**

1 True
2 False
8 Do not know

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
True	46%	44%	36%	37%	47%	31%	37%
False	30%	42%	47%	49%	36%	42%	43%
Do not know	24%	14%	18%	14%	17%	27%	20%
Frequency	37	189	199	227	98	391	1141

E11. What is the common side effect of the pill, which occurs on the first day or two of taking pills, and which gradually goes away?

VERBATIM: _____

_____

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Mentioned							
Nausea	8%	2%	2%	1%	5%	1%	2%
Nausea + other	62%	63%	61%	67%	63%	52%	60%
Other symptom	30%	33%	37%	32%	30%	44%	37%
Don't know		1%	1%		1%	3%	1%
No response		1%		0%	1%	1%	1%
Frequency	37	189	199	227	98	391	1141

E12. What do you tell a client if she forgets to take a pill on a particular day?

VERBATIM: _____

_____

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Double dose next day	19%	46%	32%	41%	31%	45%	40%
Continue as before	11%	9%	4%	4%	3%	5%	5%
Consult doctor						1%	0%
Take one next morning, another at night	70%	44%	63%	55%	66%	42%	52%
Other response		1%	2%			2%	1%
Do not know						1%	0%
No answer						3%	1%
Frequency	37	189	199	227	98	391	1141

E13. State five conditions when the pill cannot be prescribed:

VERBATIM: _____

_____

E14. Would you recommend the pill to... Please bear in mind that the wife has no contraindications to using pill.

a. - a couple related to you? **1 Yes 2 No**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	92%	90%	90%	94%	97%	93%	93%
Frequency	37	189	199	227	98	391	1141

b - a newly married couple? **1 Yes 2 No**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	68%	46%	45%	50%	55%	51%	50%
Frequency	37	189	199	227	98	391	1141

c. - a couple with only 1 child? **1 Yes 2 No**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	86%	80%	81%	84%	95%	81%	83%
Frequency	37	189	199	227	98	391	1141

d. - a couple with only 2 children? **1 Yes 2 No**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	89%	88%	92%	92%	96%	86%	90%
Frequency	37	189	199	227	98	391	1141

e. - a couple with 3 children? **1 Yes 2 No**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	68%	75%	83%	78%	71%	78%	77%
Frequency	37	189	199	227	98	391	1141

f. - a couple with 4 or more children? 1 **Yes** 2 **No**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	32%	47%	53%	50%	41%	54%	50%
Frequency	37	189	199	227	98	391	1141

g. Any others? (Specify)_____ 1 **Yes** 2 **No**

_____

_____

E15. Some people say negative things about <u>pills</u>. In your opinion which of the things that they say are the most important reasons why they do not use pills?

List all the important reasons mentioned by r and then for each stated reason ask E16:

E16. Do you agree with this *(reason)* or not?

E15. REASONS	E16. AGREE?
_____	1 Yes 2 No
_____	1 Yes 2 No
_____	1 Yes 2 No
_____	1 Yes 2 No
_____	1 Yes 2 No

INJECTABLES

E17. I would like you to pretend that I am a new client who knows nothing at all about injectables. I have come to you for information about this method so that I will know if it is best or appropriate for me. Please tell me all of the things that are important for me to know about injectables.

(Let the respondent tell you in her/his words everything she/he feels you should know about injectables. Do not interrupt her/him or give her/him any advice about how to answer. If R asks for advice, say "Just tell me in your own words everything I should know". Record R's answers verbatim. After she/he has finished, ask "Is there anything else?" Record any further item she/he mentions.)

VERBATIM _____

_____

E18. After stopping the use the injectable, is the delay for getting pregnant shorter, longer or the same as with the Pill?

1 Shorter
2 Longer
3 Same

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Shorter		4%	6%	9%	8%	5%	6%
Longer	41%	31%	25%	17%	19%	13%	20%
Same	43%	52%	45%	47%	49%	36%	44%
No answer	16%	14%	25%	28%	23%	45%	30%
Frequency	37	189	199	227	98	391	1141

E19. How often does a woman using an injectable contraceptive have to have an injection?

VERBATIM: _____

_____

E20. Would you recommend an injectable contraceptive to... Please bear in mind that the wife here has no contra-indications to the use to injectables.

a. - a couple related to you? **1 Yes 2 No**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	68%	48%	42%	43%	57%	31%	42%
Frequency	37	189	199	227	98	391	1141

b. - a newly married couple? **1 Yes 2 No**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	24%	15%	10%	8%	16%	9%	11%
Frequency	37	189	199	227	98	391	1141

c. - a couple with only 1 child? **1 Yes 2 No**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	51%	30%	32%	31%	57%	25%	32%
Frequency	37	189	199	227	98	391	1141

d. - a couple with only 2 children? **1 Yes 2 No**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	62%	46%	50%	47%	59%	37%	45%
Frequency	37	189	199	227	98	391	1141

e. - a couple with 3 children? **1 Yes 2 No**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	59%	49%	52%	44%	45%	39%	45%
Frequency	37	189	199	227	98	391	1141

f. - a couple with 4 or more children? 1 **Yes** 2 **No**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	32%	35%	33%	30%	27%	26%	30%
Frequency	37	189	199	227	98	391	1141

g. Any others? (Specify)_____ 1___**Yes** 2___**No**

_____

E21. Some people say negative things about injectables. In your opinion which of the things that they say are the most important reasons why they do not like injectables?

List all the important reasons mentioned by R and then for each stated reason ask E22:

E22. Do you agree with this *(reason)* or not?

E21. REASONS	E22. AGREE?
_____	1 Yes 2 No
_____	1 Yes 2 No
_____	1 Yes 2 No
_____	1 Yes 2 No
_____	1 Yes 2 No

IUD USAGE

E23. I would like you to pretend that I am a new client who knows nothing at all about IUD. I have come to you for information about this method so that I will know if it is best or appropriate for me. Please tell me all of the things that are important for me to know about IUD.

(Let the respondent tell you in her/his words everything she/he feels you should know about IUD. Do not interrupt her/him or give her/him any advice about how to answer. If R asks for advice, say "Just tell me in your own words everything I should know". Record R's answers verbatim. After she/he has finished, ask "Is there anything else?" Record any further item she/he mentions.)

VERBATIM _____

_____

E24. For some women wearing the IUD, would you say that menstrual periods

- begin earlier, last longer, flow heavier or
- begin later, last shorter, flow less or
- the same as for women not wearing IUDs

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Earlier,longer heavier	65%	66%	75%	76%	65%	63%	68%
Later, shorter less	5%	2%	4%	3%	3%	4%	3%
Same	27%	30%	19%	19%	31%	28%	25%
No answer	3%	3%	2%	3%	1%	5%	3%
Frequency	37	189	199	227	98	391	1141

E25. Would you recommend the IUD to ... Please bear in mind that the wife here is a healthy person.

a. - a couple related to you? **1 Yes 2 No**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	89%	84%	84%	84%	88%	78%	83%
Frequency	37	189	199	227	98	391	1141

b. - a newly married couple? **1 Yes 2 No**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	30%	21%	14%	13%	19%	16%	16%
Frequency	37	189	199	227	98	391	1141

c. - a couple with only 1 child? **1 Yes 2 No**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	62%	69%	73%	76%	81%	60%	69%
Frequency	37	189	199	227	98	391	1141

d. - a couple with only 2 children? **1 Yes** **2 No**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	78%	82%	81%	84%	90%	74%	80%
Frequency	37	189	199	227	98	391	1141

e. - a couple with 3 children? **1 Yes** **2 No**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	81%	74%	82%	78%	87%	75%	78%
Frequency	37	189	199	227	98	391	1141

f. - a couple with 4 or more children? **1 Yes** **2 No**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	46%	52%	56%	58%	51%	55%	55%
Frequency	37	189	199	227	98	391	1141

g. Any others? (Specify) _____ **1 Yes** **2 No**

E26. **Some people say negative things about the IUD. In your opinion, which of these things are the most important reasons why they do not use the IUD?**

List all the important reasons mentioned by R and then for each stated reason ask E27:

E27. **Do you agree with this** *(reason)* **or not?**
(Tick the answer)

E26. REASONS	E27. AGREE?			
_____	1	Yes	2	No
_____	1	Yes	2	No
_____	1	Yes	2	No
_____	1	Yes	2	No
_____	1	Yes	2	No

VASECTOMY

E28. **I would like you to pretend that I am a new client who knows nothing at all about vasectomy. I have come to you for information about this method so that I will know if it is best or appropriate for me. Please tell me all of the things that are important for me to know about vasectomy.**

(Let the respondent tell you in her/his words everything she/he feels you should know about vasectomy. Do not interrupt her/him or give her/him any advice about how to answer. If R asks for advice, say "Just tell me in your own words everything I should know". Record R's answers verbatim. After she/he has finished, ask "Is there anything else?" Record any further item she/he mentions.)

VERBATIM _____

_____

E29. **Would you recommend vasectomy to... Please bear in mind that the wife here is a healthy person.**

a. - a couple related to you? **1 Yes 2 No**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	84%	66%	62%	70%	85%	64%	67%
Frequency	37	189	199	227	98	391	1141

b. - a newly married couple? **1 Yes 2 No**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes			2%	1%	1%	2%	1%
Frequency	37	189	199	227	98	391	1141

c. - a couple with only 1 child? **1 Yes 2 No**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes		2%		3%	4%	4%	3%
Frequency	37	189	199	227	98	391	1141

d. - a couple with only 2 children? **1 Yes 2 No**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	16%	6%	4%	8%	7%	9%	7%
Frequency	37	189	199	227	98	391	1141

e. - a couple with 3 children? **1 Yes 2 No**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	68%	59%	51%	60%	71%	58%	59%
Frequency	37	189	199	227	98	391	1141

f. - a couple with 4 or more children? **1 Yes 2 No**

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	97%	89%	87%	87%	93%	84%	87%
Frequency	37	189	199	227	98	391	1141

g. Any others? (Specify) _____ **1 Yes 2 No**

_____

E30. **Some people say negative things about vasectomy. In your opinion, which of these things are the most important reasons why they do not use vasectomy?**

List all the important reasons mentioned by R and then for each stated reason ask E31:

E31. **Do you agree with this *(reason)* or not?**

E30. REASONS	E31. AGREE?
_____	1 Yes 2 No
_____	1 Yes 2 No
_____	1 Yes 2 No
_____	1 Yes 2 No
_____	1 Yes 2 No

LIGATION

E32. **I would like you to pretend that I am a new client who knows nothing at all about ligation. I have come to you for information about this method so that I will know if it is best or appropriate for me. Please tell me all of the things that are important for me to know about ligation.**

(Let the respondent tell you in her/his words everything she/he feels you should know about ligation. Do not interrupt her/him or give her/him any advice about how to answer. If R asks for advice, say "Just tell me in your own words everything I should know". Record R's answers verbatim. After she/he has finished, ask "Is there anything else?" Record any further item she/he mentions.)

VERBATIM _____

_____

E33. After a woman has a ligation, would you say that her menstrual period.....

1 - continues as before
2 - continues as before, but menopause comes earlier
3 - ceases after a few months

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
As before	92%	95%	93%	91%	93%	90%	92%
As before, meno. earlier	3%	2%	2%	2%	3%	3%	2%
Cease	3%	4%	5%	6%	4%	6%	5%
No answer	3%		1%	1%		1%	1%
Frequency	37	189	199	227	98	391	1141

E34. Would you recommend ligation to.... Please bear in mind that the wife here is a healthy person.

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes						1%	0%
Frequency	37	189	199	227	98	391	1141

c. - a couple with only 1 child? 1 Yes 2 No

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes		2%	1%	1%	4%	4%	2%
Frequency	37	189	199	227	98	391	1141

d. - a couple with only 2 children? 1 Yes 2 No

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	16%	7%	5%	8%	10%	11%	9%
Frequency	37	189	199	227	98	391	1141

e. - a couple with 3 children? 1 Yes 2 No

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	81%	67%	66%	65%	82%	64%	67%
Frequency	37	189	199	227	98	391	1141

f. - a couple with 4 or more children? 1 Yes 2 No

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	97%	97%	97%	95%	99%	97%	97%
Frequency	37	189	199	227	98	391	1141

g. - Any others? (Specify)_____ 1 Yes 2 No

_____

_____

E35. Some people say negative things about ligation. In your opinion, which of these things are the most important reasons why they do not use ligation?

List all the important reasons mentioned by R and then for each stated reason ask E36:

E36. Do you agree with this *(reason)* or not?

E35. REASONS	E36. AGREE?
_____	1 Yes 2 No
_____	1 Yes 2 No
_____	1 Yes 2 No
_____	1 Yes 2 No
_____	1 Yes 2 No

E37. A history of heavy menstrual bleeding is a factor against choosing which method?

1___IUD
2___Condom
3___Ligation
4___Pill
5___DMPA
6___Other (Specify)
_____

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
IUD	73%	79%	86%	86%	83%	68%	78%
Condom		1%		0%		2%	1%
Ligation	5%	1%	2%	1%	4%	4%	2%
Pill	11%	11%	9%	7%	8%	15%	11%
DMPA	3%	5%	1%	3%	2%	1%	2%
Others	8%	1%	1%	2%	2%	3%	2%
No answer		3%	2%	1%	1%	8%	4%
Frequency	37	189	199	227	98	391	1141

E38. There are couples who want to have 5 or more children because in their own experience a large family is a happy family. Do you agree with these couples?

1___Yes, Why?_____
_____
_____
_____
(Skip to E40)

2___No, Why?_____
_____
_____
(continue)

E39. How would you try to convince such a couple that a small family can also be happy family?

VERBATIM:_____

_____

E40. What advice would you give to a couple with 5 children who do not like to use any of the modern methods?

VERBATIM:_____

_____

E41. Please rate these contraceptives in order of their effectiveness in preventing pregnancy. Give the number '1' to the most effective and the number '6' to the least effective.

___Condom
___Vasectomy
___Pill
___Rhythm
___IUD
___DMPA

Percentage rating the method in the column more effective than the method in the row

	Vasectomy	Pill	DMPA	IUD	Condom	Rhythm
Vasectomy	-	78	91	85	92	91
Pill	22	-	82	75	97	96
DMPA	9	18	-	34	73	73
IUD	15	25	66	-	89	98
Condom	08	03	27	11	-	64
Rhythm	09	04	27	02	36	-

Which of the contraceptive methods would you consider appropriate for use by the following types of couples?	Circle the number of R's choice(s). *(Circle as many as given)*	Of those you have chosen is there any method most appropriate? *(Tick the answer)*	If "Yes", What is the most appropriate method? *(Write the name of the most appropriate method)*
1. A newly married couple wishing to delay the first pregnancy.	a. Condom b. IUD c. Pill d. Rhythm e. Withdrawal f. Vasectomy g. Ligation h. DMPA i. Others (Specify) _____	1___Yes 2___No	
2. A young couple with one child eight weeks old wish to delay the next pregnancy.	a. Condom b. IUD c. Pill d. Rhythm e. Withdrawal f. Vasectomy g. Ligation h. DMPA i. Others (Specify) _____	1___Yes 2___No	
3. A young couple with one child a year old, who wishes to delay the next pregnancy.	a. Condom b. IUD c. Pill d. Rhythm e. Withdrawal f. Vasectomy g. Ligation h. DMPA i. Others (Specify) _____	1___Yes 2___No	
4. A couple with two children who do not want any more are willing to accept a permanent method. The wife is 30 years old.	a. Condom b. IUD c. Pill d. Rhythm e. Withdrawal f. Vasectomy g. Ligation h. DMPA i. Others (Specify)	1___Yes 2___No	

Which of the contraceptive methods would you consider appropriate for use by the following types of couples?	Circle the number of R's choice(s). *(Circle as many as given)*	Of those you have chosen is there any method most appropriate? *(Tick the answer)*	If "Yes", What is the most appropriate method? *(WRITE THE NAME OF THE MOST APPROPRIATE METHOD)*
5. A woman under age 35 has three children. She does not want any more children. She does not want sterilization. Her husband does not want to be sterilised.	a. Condom b. IUD c. Pill d. Rhythm e. Withdrawal f. Vasectomy g. Ligation h. DMPA i. Others (Specify) _____	1___Yes 2___No	
6. A woman over age 35 year with three children who does not want any more children but who does not wish to be sterilised herself.	a. Condom b. IUD c. Pill d. Rhythm e. Withdrawal f. Vasectomy g. Ligation h. DMPA i. Others (Specify) _____	1___Yes 2___No	

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

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Condom	65%	43%	51%	52%	53%	55%	52%
IUD	30%	17%	16%	15%	19%	17%	17%
Pills	86%	66%	67%	65%	78%	63%	67%
Rhythm	76%	68%	64%	63%	62%	61%	64%
Withdrawal	16%	21%	20%	18%	13%	27%	21%
DMPA	19%	7%	7%	4%	15%	5%	7%
Frequency	37	189	199	227	98	391	1141

Any best method?

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	78%	65%	65%	62%	65%	65%	65%
Frequency	37	189	199	227	98	391	1141

Best method?

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
DMPA		1%	1%			1%	1%
Pill	41%	33%	33%	32%	49%	33%	34%
IUD	8%	5%	4%	2%	1%	3%	3%
Condom	8%	10%	10%	8%	7%	8%	9%
NFP	3%				2%		0%
Rhythm	19%	13%	17%	19%	5%	17%	16%
Rhythm + Cond.		1%	1%		1%	1%	0%
Withdrawal		2%	1%	0%		2%	1%
Withdrawal + Condom				0%			0%
Vaginal methods		1%	1%	0%		1%	0%
Abstinence		1%				1%	0%

A young couple with one child eight weeks old who wish to delay the next pregnancy.

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Condom	62%	35%	52%	44%	49%	54%	48%
IUD	57%	58%	58%	57%	55%	43%	52%
Pill	57%	56%	52%	51%	56%	55%	54%
Rhythm	65%	41%	42%	41%	42%	50%	45%
Withdrawal	19%	21%	16%	15%	16%	21%	19%
Vasectomy						0%	0%
Ligation						0%	0%
DMPA	19%	11%	9%	9%	11%	5%	9%
Frequency	37	189	199	227	98	391	1141

Any method most appropriate?

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	73%	64%	70%	63%	69%	67%	67%
Frequency	37	189	199	227	98	391	1141

Most appropriate method:

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
DMPA		4%	1%	2%	1%	1%	1%
Pill	27%	17%	22%	19%	24%	23%	21%
IUD	24%	30%	33%	26%	21%	20%	25%
Ligation						0%	0%
Condom	11%	8%	8%	11%	16%	13%	11%
Rhythm	8%	5%	6%	6%	5%	8%	6%
Rhythm + Cond.	3%	1%		0%		0%	0%
Rhythm + Withdrawal		1%					0%
Withdrawal			1%	1%	1%	2%	1%
Vaginal methods						0%	0%
Abstinence			1%			0%	0%
Other traditional methods						0%	0%
						0%	0%
NAP	27%	36%	30%	36%	31%	33%	33%
Frequency	37	189	199	227	98	391	1141

A young couple with one child one year old who wish to delay the next pregnancy:

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Condom	54%	29%	43%	32%	34%	44%	38%
IUD	68%	62%	59%	63%	80%	56%	61%
Pill	95%	88%	89%	81%	84%	82%	85%
Rhythm	68%	30%	37%	34%	35%	43%	38%
Withdrawal	14%	14%	12%	13%	13%	19%	15%
Vasectomy					1%		0%
Ligation				0%	1%		0%
DMPA	24%	15%	13%	11%	17%	8%	12%
Frequency	37	189	199	227	98	391	1141

Any best method?

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	73%	68%	72%	68%	71%	70%	70%
Frequency	37	189	199	227	98	391	1141

Best method:

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
DMPA	3%	4%	3%	3%	3%	2%	3%
Pill	30%	42%	45%	41%	40%	40%	41%
IUD	30%	19%	20%	19%	23%	16%	19%
Condom	3%		2%	1%	3%	4%	2%
Rhythm	8%	3%	2%	4%	2%	6%	4%
Rhythm + Cond.				0%			0%
Withdrawal				0%		1%	0%
Withdrawal + Condom			1%				0%
Vaginal methods						0%	0%
Abstinence						0%	0%
No response		1%				0%	0%
NAP	27%	31%	28%	32%	29%	30%	30%
Frequency	37	189	199	227	98	391	1141

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

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Condom	5%	5%	9%	12%	14%	14%	11%
IUD	35%	25%	32%	29%	36%	29%	29%
Pill	35%	18%	28%	31%	32%	27%	27%
Rhythm	11%	7%	10%	10%	12%	18%	12%
Withdrawal	3%	4%	3%	5%	5%	8%	5%
Vasectomy	46%	30%	23%	19%	19%	20%	23%
Ligation	73%	77%	73%	70%	77%	68%	72%
DMPA	19%	8%	7%	3%	5%	6%	6%
Frequency	37	189	199	227	98	391	1141

Is there any one best method:

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	57%	41%	45%	44%	48%	48%	46%
Frequency	37	189	199	227	98	391	1141

Which method:

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
DMPA	5%	1%	1%	1%		2%	1%
Pill	8%	5%	6%	11%	6%	7%	7%
IUD	14%	6%	10%	7%	12%	7%	8%
Ligation	27%	25%	24%	22%	29%	23%	24%
Vasectomy	3%	2%	3%	1%		3%	2%
Condom				1%		2%	1%
NFP		1%					0%
Rhythm		1%	1%	0%		4%	2%
Withdrawal				0%	1%	1%	0%
Abstinence						0%	0%
No response			1%			1%	0%
NAP	43%	59%	54%	56%	52%	51%	54%
Frequency	37	189	199	227	98	391	1141

A woman under age 35 has three children. She does not want any more children. She does not want sterilization. Her husband does not want to be sterilized.

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Condom	24%	23%	28%	27%	32%	32%	29%
IUD	81%	73%	75%	72%	76%	63%	70%
Pill	70%	58%	62%	56%	66%	61%	60%
Rhythm	38%	25%	33%	33%	30%	35%	32%
Withdrawal	3%	11%	9%	12%	12%	16%	12%
DMPA	24%	28%	21%	19%	29%	17%	21%
Frequency	37	189	199	227	98	391	1141

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	78%	59%	66%	62%	66%	64%	64%
Frequency	37	189	199	227	98	391	1141

Best method:

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
What is best method?							
DMPA	3%	7%	6%	6%	5%	6%	6%
Pill	27%	23%	25%	24%	23%	23%	23%
IUD	38%	24%	32%	24%	31%	21%	25%
Ligation		2%				0%	0%
Condom		1%	3%	2%	2%	2%	2%
Rhythm + Cond.	3%		1%	0%	1%		0%
Withdrawal				1%		2%	1%
Abstinence						1%	0%
No response						0%	0%
NAP	22%	41%	34%	38%	34%	36%	36%
Frequency	37	189	199	227	98	391	1141

A woman over age 35 years with three children who does not want any more children but who does not wish to be sterilized herself.

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Condom	38%	26%	35%	31%	38%	31%	32%
IUD	73%	68%	71%	70%	68%	59%	66%
Pill	32%	26%	34%	30%	41%	37%	34%
Rhythm	43%	31%	37%	37%	39%	39%	37%
Withdrawal	3%	12%	12%	12%	14%	16%	13%
Vasectomy	14%	24%	11%	13%	19%	16%	16%
DMPA	19%	15%	15%	11%	11%	9%	12%
Frequency	37	189	199	227	98	391	1141

Any best method?

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
Yes	59%	47%	56%	57%	61%	54%	55%
Frequency	37	189	199	227	98	391	1141

Best method:

	Position						Total
	Prog. Mgr.	Doctor	Nurse	Mid-wife	FTOW	FP vol worker	
DMPA	11%	6%	5%	4%	2%	2%	4%
Pill	11%	5%	10%	6%	8%	13%	9%
IUD	22%	20%	31%	29%	32%	18%	24%
Ligation			1%			1%	0%
Vasectomy	3%	8%	4%	6%	9%	8%	7%
Condom	3%	2%	2%	4%	3%	3%	3%
NFP	3%					0%	0%
Rhythm	3%	4%	5%	6%	4%	7%	5%
Rhythm + cond.	5%	1%		1%	1%		1%
Rhythm + withdrawal				0%			0%
Withdrawal		1%	1%	1%	1%	2%	1%
Vaginal methods		1%			1%		0%
Abstinence						0%	0%
No response						0%	0%
NAP	41%	53%	44%	43%	39%	45%	45%
Frequency	37	189	199	227	98	391	1141

F1. I will read you a longer list of activities that a population/family planning worker does. Please indicate whether or not these activities have been a part of your work. Among these activities that you do, please indicate the activity which you spend most of your time on. (*Show list to R after reading to make selection easier. Encircle "1" for each activity indicated.*) **Of the remainder, which do you spend the least time on?** (*Encircle "2" for each.*)

LIST OF ACTIVITIES	DONE?		THREE MOST	THREE LEAST
Co-ordinating with workers of other agencies	Y	N	1	2
Assisting in activities other than family planning	Y	N	1	2
Pre-marital counselling	Y	N	1	2
Giving lectures on family planning	Y	N	1	2
Organizing meetings for discussing family planning	Y	N	1	2
Organizing community projects/ organization/clubs for the promotion of family planning	Y	N	1	2
Providing family planning services in the clinic	Y	N	1	2
Giving out IEC materials	Y	N	1	2
Motivating couples to become new acceptors	Y	N	1	2
Re-motivating couples who stopped contracepting	Y	N	1	2
Maintaining continuing users	Y	N	1	2
Refer couples for family planning to other clinics/hospitals	Y	N	1	2
Maintaining and monitoring motivators	Y	N	1	2

LIST OF ACTIVITIES	DONE?	THREE MOST	THREE LEAST
Assisting in other activities other than population activities	Y N	1	2
Other activity (Specify)_____			
_____	Y N	1	2
_____			

F2. Since you became a *(position in B9)* here, did you visit any couple at home in connection with your work as a population worker? *(If yes)* How many visits did you make in the last month?

_____ Never visited any

_____ visits *(from records)*

_____ visits *(estimated)*

F3a. How many of these visits were for motivating non-users to try family planning? _____ for motivating acceptance

b. How many were for motivating users of a less effective method to try a more effective method? _____ for motivating to shift

c. How many visits were to follow-up couples already using family planning satisfactorily? _____ for follow-up

d. How many were to resupply them with pills or condoms? _____ resupply

e. How many visits were for other purposes? _____ for other purposes (VERBATIM)

VERBATIM:_____

_____

(Probe if sum of responses to questions F3a-e is less than C3)

F4. Have you ever referred any couple for family planning to a clinic or hospital? *(If yes)* For the past month how many such referrals did you make?

0____ Never } *Skip*
1____ None for past month } *to C7*
_____ Referrals *(continue)*

F5. How many of these couples have gone to a clinic or hospital and actually accepted a family planning method?

_____ Number who accepted

BLOCK G: SUPERVISION

If R is a volunteer motivator, skip to introductory statements before G8, otherwise continue.

G1. How many persons who do family planning work are under your supervision?

_____ Number

G2. How many times a month do you visit your territory? When was your last visit?

_____ times/month
_____ month/year

G3. Do you feel you are able to provide *sufficient supervision and support* to all your personnel? *(If No)* Why?

1____ Yes *(Skip to G5)*
2____ No

VERBATIM: _____

_____

G4. Do you feel you should be responsible for fewer? *(If Yes)* How many could you effectively supervise and support? Why?

1_____ Yes
2_____ No

REASON: _____

_____

G5. Do you feel you need more guidance or support in supervising than you are getting now? *(If Yes)* What kind of additional support do you need?

1_____Yes
2_____No

VERBATIM: _____

_____

G6. Do you have an office? *(If Yes)* How often do you visit your office?

0_____No office *(Skip to G8)*
1_____Once a month
2_____2-4 times a week
3_____Daily
4_____Others (Specify)____
_____

G7. How long does it usually take you to get from your residence to your office?

_____ minutes

Now I am going to ask you some questions about your immediate supervisor. I hope you will answer these questions frankly since your relationship with your immediate supervisor is very important for your work as a population worker. Please remember that your answer will not be shown to your immediate supervisor or to any other person or agency.

G8. How many times each month does your immediate supervisor visit your area?

_____ less than 1

_____ times per month

G9. Do you think that your immediate supervisor should come here more frequently? *(If yes)* How many times do you think he/she should come here during a month?

_____ No

_____ Less than once

_____ times per month

G10. How much time on average, does your immediate supervisor usually spend here during a visit?

_____ Less than an hour

_____ hours

G11. Do you think that he/she should spend more time here during his/her visit? *(If yes)* How much time do you think he/she should spend during a visit?

_____ No

_____ hours

If respondent is a municipal health officer, skip to GA3, otherwise, continue.

G12. When your immediate supervisor comes here, what proportion of the time does he/she usually spend doing home visits or other motivational work: all, most, about half, less than half of his/her stay, or not at all?

_____ All
_____ Most
_____ About half
_____ Less than
_____ None

G13. When you have problems related to your work as a population worker, do you usually discuss it with your immediate supervisor? *(If no)* Why not?

_____ Yes

_____ No

VERBATIM: _____

_____

_____

G14. Are there existing mechanisms available to you for your immediate supervisor to get to know about your problems? *(If yes)* What are they?

_____ Yes

_____ No

VERBATIM: _____

_____

_____

G15. On the whole, are you satisfied with your work as a population worker? *(If yes)* How much? very much, moderately, or not so much?

_____Very much *(Skip to G17)*

_____ Moderately

_____ Not so much

_____ Does not enjoy

_____

G16. What do you think could be done to make your work more satisfying? *(Accept multiple responses)*

VERBATIM: _____

_____

G17. How do you think the working conditions of population workers could be further improved? *(Accept multiple responses)*

VERBATIM: _____

_____

_____

(Terminate interview) This is the end of the interview. Thank you very much for your time and co-operation.

Indicate the time you ended the interview: _____

Annex III

THE CLINIC AND ITS FP ACCEPTORS IN INTERACTION: An Outline Guide For The Participant Observer

A. The Clinic : Functions, Activities and FPP

1. History of the Clinic

   1.1 When was it established_____
   1.2 Who initiated its establishment_____
   1.3 Clinic's catchment area/area of coverage_____

2. Primary and secondary functions and the corresponding activities and target clients._____

3. Present manpower and their respective job descriptions

   3.1 How many workers are in action (number, paid or voluntary, permanent or temporary status)

   _____

   3.2 Describe specific activities of each health worker

   _____

4. Given the range of services of the clinic as planned on a weekly basis, where does the family planning programme come in?

   4.1 Who is/are involved_____

   4.2 Where is/are they held (formal or informal setting)

   _____

   4.3 Manner/method

      4.3.1 One-on-one or group basis_____
      4.3.2 Are they using any visual paraphernalia and/or actual samples of contraceptives_____

      _____

      4.3.3 Scheduled or unscheduled_____

   4.4 Duration_____

5. Service

   5.1 Source and provision of supply to clients_____

   _____

   _____

5.2 Expertise in administering IUD insertion, injection, sterilization_____

5.3 Infrastructure support for item 2_____

6. Follow-up work

6.1 Manner of re-supply (personal delivery by FPW or the client goes to the clinic)_____

_____

6.2 If client goes to the clinic, who gives the supply

_____

6.3 Manner of monitoring/recording_____

B. The FP acceptors: Confirmations regarding clinic-client relations

1. Origin (address)_____

2. Family background

2.1 Present number of siblings_____
2.2 Occupation of acceptor and spouse_____
2.3 Age of acceptor and spouse_____
2.4 Year of acceptance/adoption (year and no. of siblings at the time of adoption of FP method)_____

3. Who was the FPW responsible for his/her participation/ adoption of FP method._____

4. Ask her/him to recall the process (manner, place, time)

_____

_____

5. Was the entire contraceptive mix presented to her? If yes, why was the current contraceptive mix chosen? If not, who decided/chose for her/him?_____

_____

6. Has she tried any other method? If yes, what method(s)? Why did he/she shift? Whose decision?_____

_____

7. What problems do you encounter in relation to the contraceptive methods in use?_____

_____

8. How often are you visited by an FPW? Purpose of visit? How often do you go to the clinic? Purpose of visit?

_____