

APPENDICES

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APPENDIX A

NORTHWEST FRONTIER PROVINCE REPRODUCTIVE HEALTH RESEARCH GROUP MEMBER AGENCIES				
Agency and Mailing Address	Participating Staff Members Name and Title	Telephone	Fax	Email
Frontier Primary Health Care P.O. Box 52, GPO Mardan, Pakistan	Dr. Emel Khan, Director Dr. Wagma Reshteen, Coordinator, HRD Team Leader	0931-63837	0931-61403	fphc@brain.net.pk
International Rescue Committee GPO 504 Peshawar, Pakistan	Dr. Tila Khan, Medical Coordinator Mrs. Munawar Sultana, Health Site Manager	0925-621556	521-840283	ircmed@pes.comsats.net.pk
Kuwait Joint Relief Committee Kuwait Hospital, Abdara Chowk Jamrud Road Peshawar, Pakistan	Dr. Dad Mohammad Shinwari	091-844653 091-844654	091-840521	
Project Directorate Health 5/8 Rafiqi Lane (opposite Qayum Stadium) Peshawar Cantt, Pakistan	Dr. Tehsin Fatima, Deputy Director, RH Mr. Faiz-ur-Rehman, CDO Dr. Mohammad Iqbal, Deputy Director Dr. Asmatullah, Medical Officer	091-271732 091-277046	091-271762	
Save the Children/US P.O. Box 12 Haripur, Pakistan	Dr. Qamar Z. Mian, RH Training Manager Dr. Nasima Wardak, RH Coordinator	0995-2332	0995-4208	
Union Aid for Afghan Refugees GPO 428 Peshawar, Pakistan	Dr. Mohammad Ismail Mayan, Medical Officer	091-43609		
UNHCR/UNFPA 1 Gulmohr Lane, University Town Peshawar, Pakistan	Dr. Maqsooda Kasi, Project Manager, RH Unit Dr. Mohammad Humayun, Training Coordinator Dr. Poonam Mazhar, Training Coordinator Munawar Yunas, Admin. Assistant	Note: At the time of the study, the UNHCR RH Unit served as the coordinating agency for the RH Research Group. Since then, the RH Unit has been dissolved.		

APPENDIX B

FAMILY PLANNING CONTINUATION STUDY 2000 SURVEY TEAM	
Supervisors	Waqar Un Nisa Yasmin Begum
Interviewers	Naseem Anktar Qasira Angabeen Fazeelat Haq Gul-I-Rana Nazia Taskeen Shabab
Drivers	Irshad Parvaz
Computer programmers and data entry consultant	Sayed Ghalib

APPENDIX C
*Family Planning Continuation
 Study Questionnaires*

	UNHCR, UNFPA AND COLUMBIA UNIVERSITY FAMILY PLANNING CONTINUATION STUDY 2000	
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SELF-ADMINISTERED ORGANIZATION QUESTIONNAIRE

Agency Name
Name and designation of respondent(s)
Date completed <div style="text-align: center;"> ____ / ____ / ____ </div>

Q.1 How many staff work in a management capacity at the central level on all programs? Please indicate gender, which staff members have received training in any aspect of family planning or reproductive health, and which staff members have responsibility for family planning or other reproductive health program activities.

Staff Designation	Number	Gender		Ever trained in RH/FP? (technical, management, evaluation, other)	Have responsibility for FP or RH program?
		Female	Male		
Total					

Q.2 Total number of health facilities

BHUs _____ SHUs _____ Mobile Units _____ Hospitals _____

Q.3 From which sources did your agency receive funding for RH-related activities for the year 2000?

UNHCR / UNFPA PDH Government of Pakistan FPAP

Other (please specify)

Q.4a. When were family planning services introduced by your agency?

Month _____ Year _____

Q.4b. In how many of your health facilities is a family planning offered?

BHUs _____ SHUs _____ Mobile Units _____ Hospitals _____

Q.4c. What family planning methods are available in your BHUs? For which methods are clients referred, and to where are they referred?

	Method offered at BHUs	Clients Referred	Referred to:
Pill	_____	_____	_____
Injection (2 month)	_____	_____	_____
Injection (3 month)	_____	_____	_____
Condoms	_____	_____	_____
IUD	_____	_____	_____
Implant	_____	_____	_____
Female Sterilization	_____	_____	_____
Male	_____	_____	_____
Other	_____	_____	_____

Q.4d. Do you assist the referred clients financially or in any other way (e.g. transport)?

Q5a. Where do you get your family planning supplies (including contraceptives)? (Please indicate all sources in 1999-2000)

UNHCR	PDH	Government of Pakistan	FPAP
Purchased		Other (please specify) _____	

Q5b. Please estimate the quantity of your family planning supplies you paid for in 1999-2000

_____ % paid _____ % obtained free of charge

Q5c. How do you calculate the amount of family planning supplies needed?

Q5d. Do you always have adequate supplies at all levels in your system? How do you know?

Q5e. In June 2000, what was the available stock of each contraceptive at central level? For how many months do you estimate this supply is adequate? (Note: stocks at the BHUs will be counted in the BHU questionnaire)

	Quantity at central level	Adequate supply for how many months?
Pills	_____cycles	_____months
Injection (2 month)	_____doses	_____months
Injection (3 month)	_____doses	_____months
Condoms	_____condoms	_____months

Remarks

Q5f. Enter the **number of working days** in each month in which there was stockout of each family planning method at the central level. (Note: Information on stocks at the BHU level will be obtained in the BHU questionnaire.)

	Jan 1999	Feb 1999	Mar 1999	Apr 1999	May 1999	Jun1999
Maximum number of working days in month	26	24	27	26	26	26
Pills						
Injectable (2 month)						
Injectable (3 month)						
Condoms						

	Jan 2000	Feb 2000	Mar 2000	Apr 2000	May 2000	Jun2000
Maximum number of working days in month	26	25	27	25	27	26
Pills						
Injectable (2 month)						
Injectable (3 month)						
Condoms						

Q6. In your view, do your staff have adequate skills to provide good quality family planning services? Why do you think so?

Q7. In your view, do your health facilities provide good quality family planning services? Why do you think so?

Q8. Do you do monitoring, evaluation and feedback in your family planning program? How do you do it?

Q9. Do you, at central level, receive feedback from any source? From where?

Q10. What constraints or obstacles would you identify in expanding family planning and other reproductive health services?

Q11. What are the strengths of your organization that will help in expanding family planning and other reproductive health services?

Q12. Please add your remarks.



UNHCR, UNFPA AND COLUMBIA UNIVERSITY
 FAMILY PLANNING CONTINUATION STUDY 2000



**BASIC HEALTH UNIT SELF-ADMINISTERED SURVEY ON FAMILY PLANNING SERVICES
 NORTHWEST FRONTIER PROVINCE, SEPTEMBER-OCTOBER 2000**

SURVEY ID NUMBER _____

BHU / Health Facility -----			_____
Would you characterize this BHU as:			
1. Rural / Isolated	2. Peri-urban	3. Urban	_____
Agency / NGO 1. FPHC 4. PDH	2. IRC 5. SCF	3. KJRC 6. UAAR	_____
Name of BHU respondents completing this self-administered questionnaire _____ _____ _____			
Date of completion _____ / _____ / _____			

Q1. What are the days and times family planning services are available at the BHU?							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning (8am-2pm)							
Afternoon (after 2pm)							

Q2. What is the size of the BHUs catchment population?		
	Number	
Refugee Population	_____	_____
Local population	_____	_____
Women of child-bearing age (estimated)	_____	_____
Pregnant women (estimated)	_____	_____
<i>Sources of this information:</i>		
Q3. When did family planning services begin in this BHU?		
Month _____ Year _____		

Q4a. How many staff of different types work in this BHU? (<i>Indicate part-time staff in the Remarks column</i>)						
		By gender		By refugee status		Remarks
Categories of staff	Number	Female	Male	Refugee	Non-refugee	
Medical officer						
Lady health visitor						
MCH assistant						
FHS (working in BHU)						
CHS (working in BHU)						
Dispenser						
Vaccinator						
FHW (in community)						
CHW (in community)						
Other						
Total						

Q4b. Please list each staff member and the reproductive health or family planning training they have received.

Staff and Designation	Type of RH/FP training (Technical, management, evaluation, etc.)	Year of Training	Duration of Training (<i>number of days or weeks</i>)	Training conducted by which organization?

Q5. What family planning methods are available in your BHU? For which methods are clients referred, and to where are they referred?

	METHOD OFFERED AT BHU	CLIENT REFERRED	REFERRED TO:
Pill	_____	_____	_____
Injection (2 month)	_____	_____	_____
Injection (3 month)	_____	_____	_____
Condoms	_____	_____	_____
IUD	_____	_____	_____
Implant	_____	_____	_____
Female Sterilization	_____	_____	_____
Male Sterilization	_____	_____	_____
Other	_____	_____	_____

Do you assist the referred clients financially or in any other way (e.g. transport)?

Q6a. Does the BHU require consent of the husband or in-laws before providing a family planning method to a woman client?		
1. Consent is always or usually required		
2. Consent is sometimes required		
3. Consent is never or rarely required => Go to Q7a		
9.DK, NR		_____
Q6b. How is consent obtained?		
1. Woman is asked		
2. Husband is contacted		
3. Other		
9.DK, NR		_____
Q7a. How do you calculate the amount of family planning supplies needed?		
Q7b. Do you always have adequate supplies at all levels in your system? How do you know?		
Q7c. What problems do you face in managing your supplies?		
Q7d. In June 2000, what was your stock of each contraceptive? For how many months do you estimate this supply is adequate?		
	Quantity	Adequate for how many months?
Pills	_____cycles	_____ months
Injection (2 month)	_____doses	_____ months
Injection (3 month)	_____doses	_____ months
Condoms	_____pieces	_____ months
Remarks		

Q7e. Enter the **number of working days** in each month in which there was stockout of each family planning method at the BHU

	Jan 1999	Feb 1999	Mar 1999	Apr 1999	May 1999	Jun1999
Maximum number of working days in month	26	24	27	26	26	26
Pills						
Injectable (2 month)						
Injectable (3 month)						
Condoms						

	Jan 2000	Feb 2000	Mar 2000	Apr 2000	May 2000	Jun 2000
Maximum number of working days in month	26	25	27	25	27	26
Pills						
Injectable (2 month)						
Injectable (3 month)						
Condoms						

Q8. In your view, do your staff have adequate skills to provide good quality family planning services? Why do you think so?

Q9. In your view, do this BHU provide good quality family planning services? Why do you think so?

Q10. Do you do monitoring and feedback in your family planning program? How do you do it?

Q11a. Do you receive feedback from any source? From where?

1. From UNHCR 2. From PDH 3. From NGO head office
4. From another source 0. No feedback

Q11b. About how often do you receive feedback from any source?

1. Monthly 2. Quarterly 3. Yearly 4. Rarely or Never 9. NR

Q12a. Does the BHU carry out community education activities about family planning?

1. Yes 2. No => Go to Q12d 9. DK, NR

Q12b. What are the types of community education activities the BHU carries out on family planning?

Q12c. About how frequently, on average, does the BHU carry out education in the community on family planning?

Average _____ times per month

Q12d. Does the BHU follow-up family planning defaulters in their homes or in the community?

0. No 9. DK, NR
1. Yes => How many defaulters were there in June 2000?

- How many of these were followed up in June or July?

Q13a. Would you say the Health Committee contributes very much, a little or not at all to the effectiveness of the FP services?

1. Very much 2. A little 0. Does not contribute 9. DK, NR

Q13b. Please explain your answer.

Q13c. Is there a Female Health Committee for your BHU? If so, what are the responsibilities of this Committee?

Q14. What constraints or obstacles would you identify in expanding family planning and other reproductive health services?

Q15. What are your organization's and your BHU's strengths that will help in expanding family planning and other reproductive health services?

Q16. Please add your remarks.

**PLEASE USE ADDITIONAL SHEETS OF PAPER AS NEEDED.
THANK YOU FOR YOUR KIND COOPERATION.**



UNHCR, UNFPA AND COLUMBIA UNIVERSITY
 FAMILY PLANNING CONTINUATION STUDY 2000



**FAMILY PLANNING ACCEPTOR FOLLOW-UP SURVEY
 NORTHWEST FRONTIER PROVINCE, SEPTEMBER-OCTOBER 2000**

SURVEY ID NUMBER _____

Agency / NGO

- | | | |
|---------|--------|---------|
| 1. FPHC | 2. IRC | 3. KJRC |
| 4. PDH | 5. SCF | 6. UAAR |

BHU / Health Facility where client accepted family planning

Month of family planning acceptance

- | | | |
|-------------|-------------|-------------|
| 1. Jan 1999 | 2. Feb 1999 | 3. Mar 1999 |
| 4. Apr 1999 | 5. May 1999 | 6. Jun 1999 |

Method accepted

- | | | |
|------------|------------------------|------------------------|
| 1. Pill | 2. Injection (2 month) | 3. Injection (3 month) |
| 4. IUD | 5. Condoms | 6. Sterilization |
| 7. Implant | 8. Other | 9. Method not noted |

Name of Interviewer

- | | | | |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 |

Status of Interview

1. Interview completed _____ / _____ / _____
2. Respondent resident but not reached (after 3 tries)
3. Respondent absent temporarily
4. Respondent absent permanently (moved away)
5. Respondent died
6. Respondent refuses to participate
9. Respondent's location unknown

Name of supervisor

1.

2.

Our records also show you accepted **[method 1]** on that visit.

Q9. Was this the method you personally preferred?

- | | | |
|--|------------------------|-------|
| 0. No => Go to Q10 | 1. Yes => Go to Q11 | |
| 2. Had no preferred method
=> Go to Q11 | 9. DK, NR => Go to Q11 | _____ |

Q10. Why didn't you get your preferred method?

- | | | |
|---------------------------|--------------------------------------|-------|
| 1. Supplies not available | 2. Provider recommended other method | |
| 8. Don't know, not sure | 9. NR | _____ |

Q11. Are you still using **[method 1]**?

Yes => Have you used it continuously since that visit?

- | | | |
|---------------------|--|-------|
| 1. Yes => Go to Q22 | 2. No, off and on, sometimes => Go to
Q12 | |
| 0. No => Go to Q12 | 9. NR => Go to Q12 | _____ |

Q12. How long did you use **[method 1]**? _____ months 99. DK, NR

Q13. Why did you stop using **[method 1]**?

- | | | |
|-----------------------------------|------------------------------------|------------|
| 01. Wanted to get pregnant | 02. Side effects of methods | |
| 03. Method failure (got pregnant) | 04. Supplies not available | |
| 05. Method inconvenient | 06. BHU-related reason | |
| 07. Non-FP health problem | 08. Health provider recommendation | |
| 09. No longer needed (menopause) | 10. Woman traveled | |
| 11. Husband absent | 12. Husband objected | |
| 13. Other family objected | 14. Other reason | 99. DK, NR |
| | | _____ |

Q14. Did you use another family planning method after **[method 1]**?

0. No => Go to Q22

Yes => Which method did you use?

- | | | | |
|------------|------------------------|------------------------|-------|
| 1. Pill | 2. Injection (2 month) | 3. Injection (3 month) | |
| 4. IUD | 5. Condoms | 6. Sterilization | |
| 7. Implant | 8. Other | 9. Method no noted | _____ |

Q15. Are you still using **[method 2]**?

Yes => Have you used it continuously since that visit?

1. Yes => Go to Q22

2. No, off and on, sometimes => Go to Q16

0. No => Go to Q16

9. NR => Go to Q16

Q16. How long did you use **[method 2]**? _____ months

99. DK, NR

Q17. Why did you stop using **[method 2]**?

01. Wanted to get pregnant

02. Side effects of methods

03. Method failure (got pregnant)

04. Supplies not available

05. Method inconvenient

06. BHU-related reason

07. Non-FP health problem

08. Health provider recommendation

09. No longer needed (menopause)

10. Woman traveled

11. Husband absent

12. Husband objected

13. Other family
objected

14. Other reason

99. DK, NR

Q18. Did you use another family planning method after **[method 2]**?

0. No => Go to Q22

Yes => Which method did you use?

1. Pill

2. Injection (2 month)

3. Injection (3 month)

4. IUD

5. Condoms

6. Sterilization

7. Implant

8. Other

9. Method not noted

Q19. Are you still using **[method 3]**?

Yes => Have you used it continuously since that visit?

1. Yes => Go to Q22

2. No, off and on, sometimes => Go to Q20

0. No => Go to Q20

9. NR => Go to Q20

Q20. How long did you use [method 3]? _____ months 99. DK, NR _____

Q21. Why did you stop using [method 3]?

- | | | |
|-----------------------------------|------------------------------------|------------------|
| 01. Wanted to get pregnant | 02. Side effects of methods | |
| 03. Method failure (got pregnant) | 04. Supplies not available | |
| 05. Method inconvenient | 06. BHU-related reason | |
| 07. Non-FP health problem | 08. Health provider recommendation | |
| 09. No longer needed (menopause) | 10. Woman traveled | |
| 11. Husband absent | 12. Husband objected | |
| 13. Other family objected | 14. Other reason | 99. DK, NR _____ |

TO ALL RESPONDENTS

Q22. I want to be sure: For how many months in total did you use any family planning method after you started in [month], 1999?
_____ months 99. DK, NR _____

Q23. Are you using a family planning method now?

1. Yes => Go to Q24 2. No => Go to Q25 9. DK, NR => Q25 _____

Q23. Which method are you using now?

- | | | |
|------------|------------------------|------------------------|
| 1. Pill | 2. Injection (2 month) | 3. Injection (3 month) |
| 4. IUD | 5. Condoms | 6. Sterilization |
| 7. Implant | 8. Other | _____ |

Q25. Do you intend using any family planning method again in the future?

1. Yes 0. No 8. DK/Undecided 9. NR _____

Q26. Have you ever had any problem with your [current or most recent] method?

00. No => Go to Q30a 99. Don't remember, DK,
NR => Go to Q30a

Yes => What problems did you have because of the method?

(Circle first three answers mentioned)

- | | | | |
|------------------|--------------------------------------|--------------------|-------|
| 01. Headache | 02. Nausea | 03. Vomiting | _____ |
| 04. Weight Gain | 05. Bleeding | 06. No menses | _____ |
| 07. Palpitations | 08. Backaches, general
body aches | 09. Don't remember | _____ |
| 10. Other | | | _____ |

Q27. Did you go somewhere for help with the problem? Where?

- | | |
|-----------------------------------|----------------------------|
| 1. Yes, same BHU | 2. Yes, other BHU |
| 3. Yes, private clinic | 4. Yes, FHW |
| 5. Yes, husband, family or friend | 6. No, I managed on my own |
| 9. Don't remember, DK, NR | _____ |

Q28. Would you say the problem was resolved to your satisfaction?

- | | | | | |
|-------------------------|--------------------------|-------|-----------|-------|
| 1. Yes, fully satisfied | 2. Yes, partly satisfied | 0. No | 9. DK, NR | _____ |
|-------------------------|--------------------------|-------|-----------|-------|

Q29. [Ask if woman did not go to same BHU]: Why didn't you go to the [same] BHU?

- | | |
|--|--------------------------|
| 1. Managed on my own, didn't need help | 2. Preferred other place |
| 3. BHU not convenient | 4. BHU too expensive |
| 5. I don't have confidence in BHU or BHU staff | 9. DK, NR |
| | _____ |

Q30a. In the last 3 months, has anyone from the BHU visited you in your home to talk about family planning?

- | | | | |
|--------|-------|-----------|-------|
| 1. Yes | 2. No | 9. DK, NR | _____ |
|--------|-------|-----------|-------|

Q30b. Do you see any advantages in using your [most recent OR current] method?

- | | |
|---|------------|
| 00. No advantage | 99. DK, NR |
| Yes => What advantages? (<i>Circle first three answers mentioned</i>) | |

- | |
|--|
| 01. Method is easy to use, convenient |
| 02. Method has few or no side effects |
| 03. Method can be used privately (without others' knowledge) |
| 04. Method is effective (prevents pregnancy) |
| 05. I have no worries about getting pregnant |
| 06. I have better health |
| 07. I like it |
| 09. Other |
| _____ |

Q31. Would you recommend this method to other women?

- | | | | |
|--------|-------|-----------|-------|
| 1. Yes | 0. No | 9. DK, NR | _____ |
|--------|-------|-----------|-------|

Q32a. Have you ever discussed family planning with your husband?

- | | | | |
|--------|-------|-----------|-------|
| 1. Yes | 0. No | 9. DK, NR | _____ |
|--------|-------|-----------|-------|

Q32b. Does your husband approve of your use of family planning?

- | | | |
|--------------------------------|-------|--------------------|
| 1. Yes | 0. No | 2. He is not aware |
| 8. DK, Not sure if he approves | 9. NR | _____ |

Now, I would like you to think about the visit to [BHU] when you *first accepted* the most recent method. [*Not a follow-up or resupply visit.*]

Q33. On that visit, how were you received at [BHU] by the family planning service providers? Were you received very well, just OK, or poorly?

1. Received very well 2. Received just OK
3. Received poorly 4. Mixed, depending on staff 9. DK, NR _____

Q34. During that visit, did the family planning service provider tell you about different family planning methods?

0. No 9. Don't remember, DK, NR

Yes => Can you name any of the methods she told you about?
(*Circle all methods she mentions.*)

- | | | |
|---------|---------------------|---------------------|
| Pill | Injection (2 month) | Injection (2 month) |
| IUD | Condoms | Sterilization |
| Implant | Other | |

(Code # of methods mentioned)

Q35. When you decided to use [**most recent method**], were you told that some side effects or problems might happen?

00. No => Go to Q37 98. DK, Don't remember 99. NR => Go to Q37

Yes => Can you name any of the side effects she told you about?
(*Circle first answer mentioned*)

1. Headache 02. Nausea 03. Vomiting
4. Weight gain 05. Bleeding 06. No menses
7. Palpitations 08. Backaches, general body aches 09. Other _____

Q36. Were you told what to do about side effects/problem?

0. No 8. DK, Don't remember 9. NR

Yes => Can you name 1 thing she told you to do if you had side effects?
(*Circle first answer mentioned*)

1. Come to BHU 2. Wait and they will reduce
3. Rest 4. Other _____

Q37. During any of your visits to the BHU, did you have any questions you wanted to ask the family planning service provider about family planning?

1. Yes => Go to Q38 0. No => Go to Q41
8. DK => Go to Q41 4. NR =>Go to Q41 9. DK, NR _____

Q38. Did you ask your questions?

1. Yes => Go to Q39 0. No => Go to Q40
8. DK => Go to Q41 4. NR =>Go to Q41 _____

Q39. Did the family planning service provider respond to your questions to your satisfaction? [After reply, Go to Q41]

1. Yes, fully satisfied 2. Yes, partly satisfied 0. No 9. DK, NR

Q40. Why didn't you ask your questions?

1. I didn't have time 2. Provider was rushed, busy
3. Too many others were waiting 9. DK, NR _____

Q41. Did you usually feel comfortable expressing your views to the family planning service provider?

1. Yes, very comfortable 2. Yes, mostly comfortable
3. Depends on staff 0. Not comfortable 9. DK, NR _____

Q42. Did the family planning service provider tell you when to come back for another visit?

1. Yes 0. No 8. DK, Don't remember 9. NR _____

Q43. In your opinion, was the amount of time you waited at [BHU] to receive family planning services too long or about right?

1. Too long 2. About right 9. DK, NR _____

Q44. Were you ever told that supplies of your family planning method were not available at [BHU]?

0. No 8. DK, Don't remember 9. NR

Yes => What did you do the last time your method was not available at [BHU]?

1. Switched to another method 2. Stopped using any method
3. Returned later for method 4. Went to another place for supplies _____

Q45. Was the total cost of obtaining family planning services at [BHU] *for you* too much, too little, or about right?

1. Too much 2. Too little 3. About right 9. DK, NR _____
-

Q46. Apart from [BHU], do you know any other place where you can get family planning?

0. No 9. DK, NR

Yes => Where else can you get family planning?
(Circle first three answers mentioned)

1. Pharmacy, shop 2. Another BHU 3. Husband
4. Private practice 5. Hospital 6. Other _____
-

Q47. Have you ever obtained any family planning services or supplies from somewhere besides [BHU] while you have been living in this camp?

0. No 9. DK, NR

Yes => Where else did you get your family planning services or supplies?
(Circle first three answers mentioned)

1. Pharmacy, shop 2. Another BHU 3. Husband
4. Private practice 5. Hospital 6. Other _____
-

Q48. Thinking about your family planning use, would you say that family planning has helped you and your family?

0. No 9. DK, NR

Yes => How has it helped you and your family?
(Circle first three answers mentioned)

1. Children are healthy, better off
2. I am less tired / less weak / stronger / healthy
3. Economic benefit
4. Small families are better off
5. I have more time for myself
6. I have no worries about getting pregnant
8. Other _____
-

Now I would like to ask you some questions about yourself and your husband.

49. How old are you? _____ years 99. DK, NR _____

50. How old is your husband? _____ years 99. DK, NR _____

Q61. Do you take part in any community activities?

00. No

99. DK, NR

Yes => What community activities do you take part in?

(Circle first three answers mentioned)

1. Literacy classes

2. Income generation

3. FHW

4. Community member

5. Other activity

Our interview is finished now.

Thank you for your time and for answering these questions.

Questions to Interviewer

Where was the interview conducted?

1. At respondent's home

2. At BHU

3. Other place

Was anyone else present at the interview?

1. Yes, small children

2. Yes, older children

3. Yes, Husband

4. Yes, other adult women

5. Yes, other adult men

0. No

Interviewer's Observations / Notes

Supervisor's Observations / Notes