

# Awareness Workshop Guidebook for Facilitators

JICA

Family Planning and Gender in Development Project

Jordan



Compiled by

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(IEC Expert: JICA)

Japan International Cooperation Agency

**January 2002**

## Preface

The Integrated Family Planning and Gender in Development Project started on the 1<sup>st</sup> of July, 1997, with a planned duration of six years; the first three years in the Southern Ghor Al Safi District of the Karak Governorate as the first phase, and the latter three years as the second phase expanding to the entire Karak Governorate. The Project's goal is to promote family planning in the Governorate by using an integrated approach, which utilizes the concept of gender in development in addressing the national population issues. This approach reflects upon the recommendations made at the Cairo International Conference on Population and Development: that is, to integrate gender, empowerment of women in particular, with family planning/reproductive health issues. The Project was made possible through the agreement between the Jordanian and Japanese Governments. It has been jointly implemented by the National Population Commission/General Secretariat (NPC/GS), the Jordanian Hashemite Fund for Human Development (JOHUD) and the Ministry of Health in cooperation with the Japan International Cooperation Agency (JICA).

One of the Project's activities is an IEC program for married women during the reproductive age and their husbands through mass media and interactive enter-education, as well as individual counseling for the women through home visits. It is well recognized that multimedia, by combining various communication methods including mass media, encourage new attitudes and the willingness to adopt new behaviors in general.

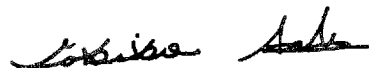
This guidebook has been produced as a guide for the facilitators at the interactive enter-education workshops. It attempts to provide them with information on the workshop strategies and with main messages to deliver to the people in the communities in addition to facilitation skills necessary for them at the workshops. We are grateful to Mr. Abdulmonem Malkawi, the National Population Commission, and Dr. Akiko Hagiwara, the Project's Expert, who made the guidebook available to us. We are also thankful to Dr. Suhail Abu-Ata, MD, for assisting them with medical information.

January 15, 2002

Tokiko Sato, Ph.D.

Chief Technical Advisor

Family Planning and Gender in Development Project



### Timetable for Facilitation Skills Training Seminar

	Jan. 29th (Tue.)	Jan.30th (Wed.)	Feb.3rd (Sun)	Feb.4th (Mon.)	Feb.5h (Tue.)
	Registration Tha'er				
9:30	Opening Remarks1 (9:30-9:40) Dr. Sato	Review of Day 1 Mr.Abed	Review of Day 2 Mr.Abed	Review of Day3 Mr.Abed	Review of Day4 Mr.Abed
	Opening Remarks2 (9:40-9:45) Ms. Majali				
9:45	Opening Remarks3 (9:45-9:50) Ms. Ni'matt	Lec. What is Family Planning ? Ms. Ni'matt	Lec. What is Enter- Video Education ? Mr.Naja	Lec. What is Active Listening Skills ? Dr.Suhail	Lec. Importance of FP in Jordan and for individuals Mr.Abed
	Introduction of this Seminar (9:50-10:00) Dr. Hagiwara				
10:00	Lec. What are Facilitation Skills ? Dr. Hagiwara	Pills (10:00-10:20) IUD(10:20-10:40)	Lec. What is Adult Education? Ms.Nina Ex. How to use Ms.Nina Ex. How to use Mr.Naja video	Ex Practice of Facilitation Skills (3) Active Listening Skills 10:00-11:30) Dr.Suhail	Lec. Behavioral Sciences- Why people change behaviors ? And about KAP survey Dr. Hagiwara
10:30	Ex. Facilitators' Tasks "To Do" and "Not To Do" Dr.Hagiwara	Depo-Provera (10:40- 11:00)			
11:00		Other Methods, Condoms, LAM etc. (11:00-11:20)	Break (11:00-11:15) Mr. Tha'er		Ex Practice of Facilitation Skills (5) WS closure Dr. Hagiwara
11:30	BREAK(11:30- 12:00) Mr. Tha'er	BREAK(11:20-11:40) Mr. Tha'er	Ex. Model Workshop Demonstrated by Ms.Nina (11:15- 1:00)	BREAK(11:30-12:00) Mr. Tha'er	BREAK(11:30-12:00) Mr. Tha'er
12:00	Ex. Practice of Facilitation Skills (1) Verbal Skills & Main Discussion Mr.Abed Dr.Hagiwara	Ex. Practice of Facilitation Skills (2) Workshop Opening 11:40-12:30 Dr. Hagiwara		Lec. Rumors and misconceptions Dr.Suhail	Ex. Model Workshop (Trial Workshop 1) 12:00-2:00 Dr. Hagiwara
12:30		Ex. Role Play 2 (FP methods) 12:30-2:00 Dr. Hagiwara		Ex Practice of Facilitation Skills (4) Dr.Suhail	
13:00	Ex. Role Play 1 (FP) (How to fill Supervisory sheet) Dr. Hagiwara		Ex. Finalize Workshop schedule and participants (1:00-2:00) Mr.Abed	How to deal with rumors and misconceptions	
13:30					
14:00	Daily Evaluation Dr. Hagiwara	Daily Evaluation Dr. Hagiwara	Daily Evaluation Ms.Nina	Daily Evaluation Dr. Hagiwara	Seminar Evaluation Dr. Hagiwara

King Abdullah's Birthday (Jan. 31st) is a Holiday

Ex: Exercise  
Lec:Lecture

# Awareness Workshop Guidebook for Facilitators

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12. Importance of Family Planning for Jordan and individuals
13. How to administer pretest and posttest (KAP Survey)
14. Supervisory sheet for workshop evaluation
15. Logistics for workshops

Evaluation Form for Day1

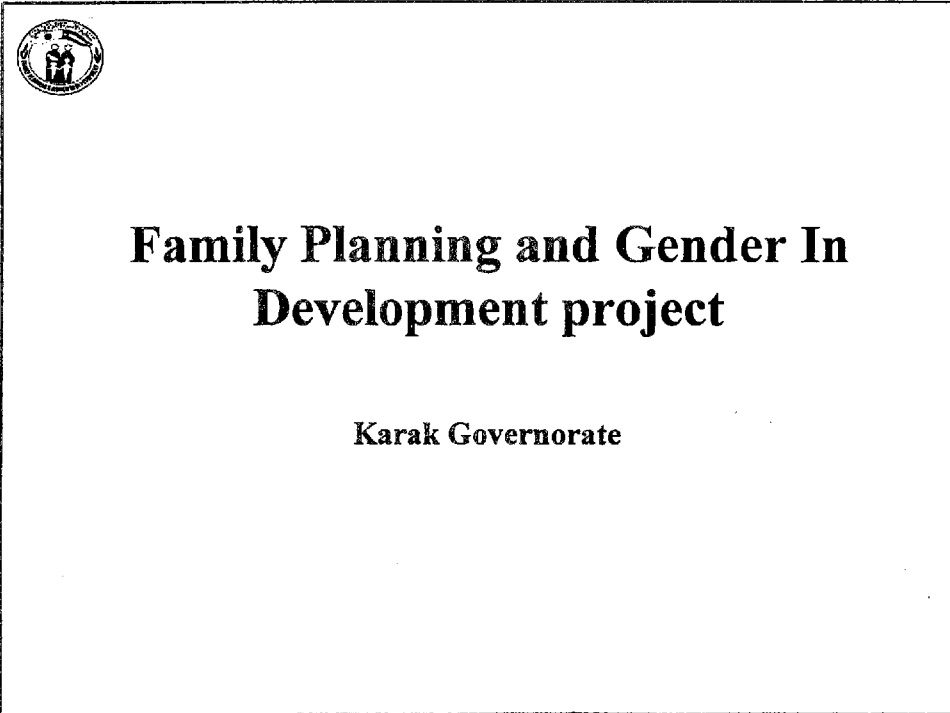
Evaluation Form for Day2

Evaluation Form for Day3

Evaluation Form for Day4

Final Evaluation Form

KAP survey form (pretest version)

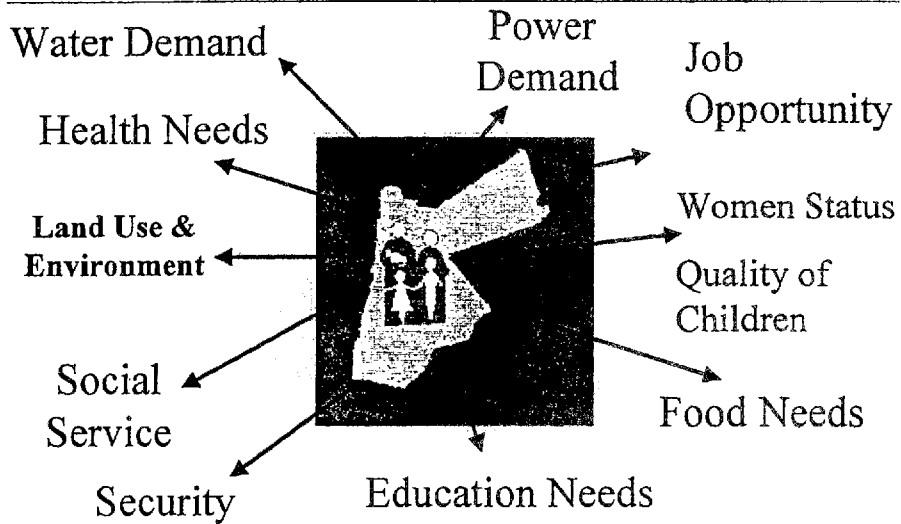




## Population of Jordan

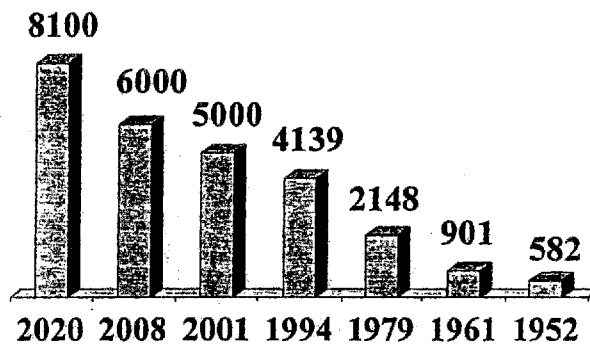


## Population Growth and Sustainable Development





## Population Growth and Population Projections 1952 - 2020



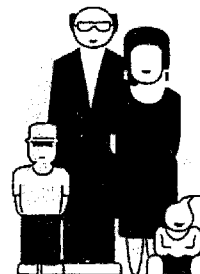
## Family Planning and Gender In Development project

Integrated Health and Socio-Economic Project

Health

Social

Economical





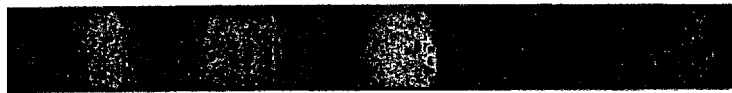
## **Family Planning and Gender In Development project**

**First Phase 1997 - 2000**

**Southern Ghor District**

**Second Phase 2000 – 2003**

**Karak City - Faqou' – Rabbah – Mota'h/Mazar – Ayy' - Qatraneh**



- 
- **National Population Commission/GS**
  - **Jordanian Hashemite Fund for Human Development**
  - **Ministry Of Health**
  - **Japanese International Cooperation Agency**





## Project Objectives

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**The strategic goal of the project is :**

To participate in the national efforts  
to reduce the accelerating population  
growth



## Project Objectives

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**The Project Aims to Achieve the Following:**

- Increase the Local Community Positive  
Attitudes Toward Family Planning
- Enhance Women Socio-Economic Status
- Support MCH Centers



## **First Phase 1997 - 2000**

### **Southern Ghor District**

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- **Awareness Activities**
- **MCH Centers Support**
- **Income Generation projects**



## **First Phase 1997 - 2000**

### **Southern Ghor District**

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#### **Awareness Activities**

For the purpose of implementing Awareness Activities the project recruited a group of local males and females to help in the organization implementation of the awareness sessions through home visit to promote the project activities and encouraging community members to participate



## **First Phase 1997 - 2000**

### **Southern Ghor District**

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#### **Topics of the Awareness Sessions for Males and Females**

Reproductive health, Family Planning, breast feeding, Islam male participation, and family planning, female education, nutrition, gender

**1291 female            910 male**



## **First Phase 1997 - 2000**

### **Southern Ghor District**

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#### **MCH Centers Support**

For the purpose of improving the quality of family planning services

- The project Provided all centers with required equipments
- Trained MCH medical staff



## **First Phase 1997 - 2000**

### **Southern Ghor District**

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#### **Income generation projects**

**The purpose of the income generation projects is to:**

Empower local women in here community by providing here with chances to increase here family income which will enhance here economic status and more participation in family decision making



## **First Phase 1997 - 2000**

### **Southern Ghor District**

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#### **Promoters tasks**

- Plan and Organize awareness programs in cooperation with project
- Announce about the dates of the Awareness programs
- Encouraging local people to participate
- Registration of the participants in the Awareness programs
- Participate effectively in the projects activities and training workshops



## **First Phase 1997 - 2000**

### **Southern Ghor District**

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#### **Implemented projects**

- Honey bee keeping project
- Goat raising project
- bakery project
- Greenhouse project
- Swing project
- Plastic recycling project



## **Family Planning and Gender in Development**

**Karak Governorate**  
**Second Phase 2000 – 2003**



**Karak Governorate**  
**Second Phase 2000 – 2003**

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**Target Population**

Married female in reproductive  
age (15-49) and their spouses



**Karak Governorate**  
**Second Phase 2000 – 2003**

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**Project Purpose**

To increase family planning  
practice in Karak Governorate



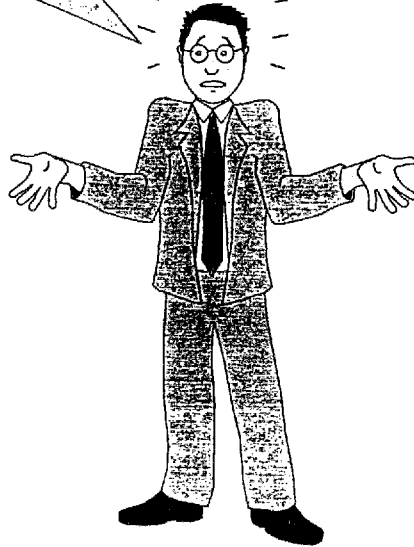
المرحلة الثانية  
محافظة الكرك 2000 - 2003

## Expected achievements

- ⇒ Capacity Building of CDC Staff Local Management Community (LMC) and Community Support Team (CST)
- ⇒ Increase positive attitudes toward RH/FP and women position in local communities through awareness activities
- ⇒ Improve socio-economic status of local women through increasing here participation in social and economic activities by introducing income generation projects



What to do?





## **Facilitators Tasks and Duties**

- To Participate in Training Workshops Implemented by the Project
- To Facilitate Workshops Using Interactive Video
- Supervise Interactive Video Workshops
- Participate in the Preparations of Interactive Video Workshops



## **Facilitators Tasks and Duties** Continued...

- Selection of participants
- Evaluation workshops
- Conduct the KAP Pre and Post Tests
- Cooperate achieve projects objectives





## **Local Management Committee Tasks and Duties**

- To Participate in the activities of the Project
- provide recommendations about project activities to the project management
- participate in advocating the project in their local community



## **Community Support Team Tasks and Duties**

- Work as a link between the project and the local community
- Conduct home visit
- Refer local women to MCH center
- Conduct meetings and discussion sessions to with local women to understand their needs



## **Community Support Team Tasks and Duties** Continued...

- Increase awareness of local women of FP methods
- provide counseling for women in FP
- report to management about field work

## Awareness Seminar Strategy for FP/RH

### 1. Purpose of Awareness Workshop

- 1) To provide learning opportunity to the people in community and help them to become more aware of FP/RH issues by watching video and participating discussion.
- 2) To provide opportunity for them to realize the differences of rumors and correct medical information
- 3) To encourage participants to start/continue family planning practice as well as maternal and child health care.
- 4) To encourage participants to advocate FP/RH issue in their family (to discuss with their spouse) as well as in their community

### 2. Expected Achievements

- 1) Improve participants' **awareness** on FP/RH issues (Directly)
- 2) Improve community people's **awareness** on FP/RH issues (Indirectly)
- 3) Participants can identify rumors and up-dated medical information by improved **knowledge**.
- 4) Participants' **attitude** toward FP/RH changes from negative to positive side.
  - By the achievement 1), 2), 3), and 4) people's **attitudinal** and **behavioral** change in FP/RH **practice** is promoted in the community.
  - Facilitator needs to listen to participant's opinions first and identify their attitudes and lead them to correct information (possibly encourage behavioral change)
  - It is necessary to examine baseline **KAP (knowledge, attitude and Practice)** to measure the above achievements among workshop participants. Although community KAP survey is ideal, it is not administered this time. (See "KAP Survey Strategy" for details).

### 3. Outline of Workshop

- Sunday-Thursday or Saturday
- 2 hours (one session) 10:00-12:00 for female, 3:00-5:00 (or 4-6:00) for male
- Men and women separately to encourage women's active participation to the discussion
- Venue is mainly in CDC. Ayy and Rabbeh in MCH centers.
- Basic components of each workshop:

Pretest  
Welcome  
Introduction of facilitator and participants  
Video show (one topic for one workshop)  
Discussion and role-plays  
Tea break  
Video Show (“Happy Family”)  
Closure  
Posttest

- 5 Topics of video (Birth spacing, antenatal care, postnatal care, breastfeeding, premarital medical examination)
- 4 repetition of same workshop for different target group in each target area (4x5x6=120)

#### 4. Selection of Participants

- ◇ From Target group of this project (married female 15-49 and their husbands)
- ◇ Beneficiaries of income generation program will be invited to the workshop with priority.
- ◇ Teachers and working women should be also encouraged to participate if they can take leave or permission to attend our workshop.
- ◇ 15 to 20 participants for one workshop
- ◇ Facilitators and members of CST will invite participants to each workshop.
- ◇ 15 to 20 participants may come out of 30 invitations.
- ◇ Different groups of participants for each workshop to approach different groups of people in the community.
- ◇ Although diversity is needed because we want them to spread information, it is possible to invite a few people repeatedly who may be able to advocate FP/RH issues to their community effectively.

Awareness Workshop and Training Plan Jan.2002 to March 2003

Ramadan

Activities	2002 January	Feb.	March	April	May	June	July	Aug.	September	October	Nov.	December	2003 January	February	March
<b>1 Awareness Seminar</b>  Interactive Video Workshop on 5 FP/RH topics  Interactive Video Workshop on 8 Gender topics		WS1	WS2	Follow-up and Evaluation	WS3	WS4	WS5		Follow-up and Evaluation	GWS1 (S. Comm. & Social role)		GWS2 (S.esteem & S.support)	Follow-up and Evaluation	GWS3 Dec.Making &participati on	GWS4 Negotiation & Economic
<b>2 Facilitator's Training</b>	Intensive Fac.Skill Training for 5 days		Trial Worksh op 2		Trial Workshop 3,4,5	Training on Gender (3 days)				Trial Workshp G1,G2			Trial WS G3,G4		
<b>3 KAP (Pretest/Posttest)</b>		KAP at WS	KAP at WS		KAP at WS	KAP at WS	KAP at WS			KAP impact Survey					

## Facilitator's Tasks

- (1) Participate Training programs prepared by FP/GID Project
- (2) Introductory training (Oct. 2001 for 2 days)
- (3) Intensive Facilitation Skill Training (Jan.2002 for 5 days)
- (4) Training for Gender in Development Issue (June 2002 for 3 days)
- (5) Trial workshops (one practice workshop for each workshop topic)
- (6) Facilitate workshops using Video assigned by FP/GID Project (From Jan.2002 to March 2003, 9 topics, 1 workshop for about 2 hours)
- (7) Participate workshops as observer assigned by FP/GID Project
- (8) Prepare each workshop collaboratively with FP/GID Project and other facilitators
- (9) Select participants of assigned workshop together with CST and FP/GID Project collaboratively.
- (10) Evaluate each workshop collaboratively with FP/GID Project and other facilitators
- (11) Administer Pretest and Posttest at each workshop to the participants
- (12) Work effectively and collaboratively with FP/GID Project, other facilitators and CST members to achieve project purposes.

<b>Facilitator's Tasks at Awareness Workshop</b>	
<b>"To Do"</b>	<b>"Not To Do"</b>
<p>(Related to Communication Skills)</p> <ul style="list-style-type: none"> <li>■ Do welcome participants</li> <li>■ Do provide safe and comfortable atmosphere to participants</li> <li>■ Do show your willingness to listen to the participants</li> <li>■ Do speak easy and clear language</li> <li>■ Do being humble to client</li> <li>■ Do being a good listener</li> <li>■ Do give participant chance to express himself/herself freely</li> <li>■ Do smile to client</li> <li>■ Do act ignorant to encourage discussion</li> <li>■ Do allow participants to answer questions from other participants</li> <li>■ Do appreciate various viewpoints</li> <li>■ Do express gratitude for the participants at the end of the workshop</li> </ul>	<p>(Related to Communication Skills)</p> <ul style="list-style-type: none"> <li>■ Not to criticize participants</li> <li>■ Not to insult participants</li> <li>■ Not to laugh at participants</li> <li>■ Not to avoid participants to speak</li> <li>■ Not to shout at participants</li> <li>■ Not to force participants to talk</li> <li>■ Not to be scared/afraid</li> <li>■ Not to allow any participant to dominate and talk all the time</li> <li>■ Not to give lecture during the discussion time</li> <li>■ Not to ask personal questions without participant's consent</li> <li>■ Not to answer all the questions by yourself</li> </ul>
<p>(Related to Medical Information)</p> <ul style="list-style-type: none"> <li>■ Do allow participants to explore rumors/misconceptions related to FP/RH during discussion</li> <li>■ Do help participants to distinguish rumors/misconceptions and correct information at the end of the discussion</li> <li>■ Do encourage clients to seek professional health services in MCH</li> </ul>	<p>(Related to Medical Information)</p> <ul style="list-style-type: none"> <li>■ Not to laugh at rumors and misconceptions</li> <li>■ Not to correct rumors and misconceptions immediately</li> <li>■ Not to give any wrong information</li> <li>■ Not to trust rumors</li> <li>■ Not force participants to choose any FP methods</li> </ul>

<ul style="list-style-type: none"> <li>■ Do allow participants to ask medical questions to midwife during Q&amp;A session.</li> </ul>	<ul style="list-style-type: none"> <li>■ Not to give information related to particular methods only</li> <li>■ Not to make any medical judgment</li> <li>■ Not to answer medical questions during discussion</li> </ul>
<p>(main messages)</p> <ul style="list-style-type: none"> <li>■ Do encourage participant to talk about FP/RH during general discussion</li> <li>■ Do encourage participant to talk about FP/RH at home with spouse</li> <li>■ Do encourage participant to talk about FP/RH in their community</li> <li>■ Do encourage participant to use FP/RH service at MCH center</li> </ul>	<ul style="list-style-type: none"> <li>■ Not to force participants to use any FP methods</li> <li>■ Not to discuss the video topic alone</li> </ul>



## Outline of the Awareness Workshop

**Pretest (KAP) 10 min**

**Introduction 10 min**

Welcoming participants  
Introducing each other  
Ice breaking  
Explain purpose of the workshop

**Video Show 15min**  
(one topic for one ws)

**Discussions and role play related to the topic 20min**

**Discussions on FP/RH in general 20 min**

“Do you agree with FP?”

“What people believe on FP?”

**MAIN MESSAGE**

**Encourage participants to talk about FP or**

**Possibly to start using FP/RH services at MCH center**

**Tea break and video show 15 min**  
“Happy Family”

**Midwife/GP answers medical questions 10min**

**Closure 5 min**

Repeat important information and  
Show appreciation to participants and repeat

**Main messages**

**Encourage participants to talk about FP or**

**Possibly to start using FP/RH services at MCH center**

**Post test 10 min**

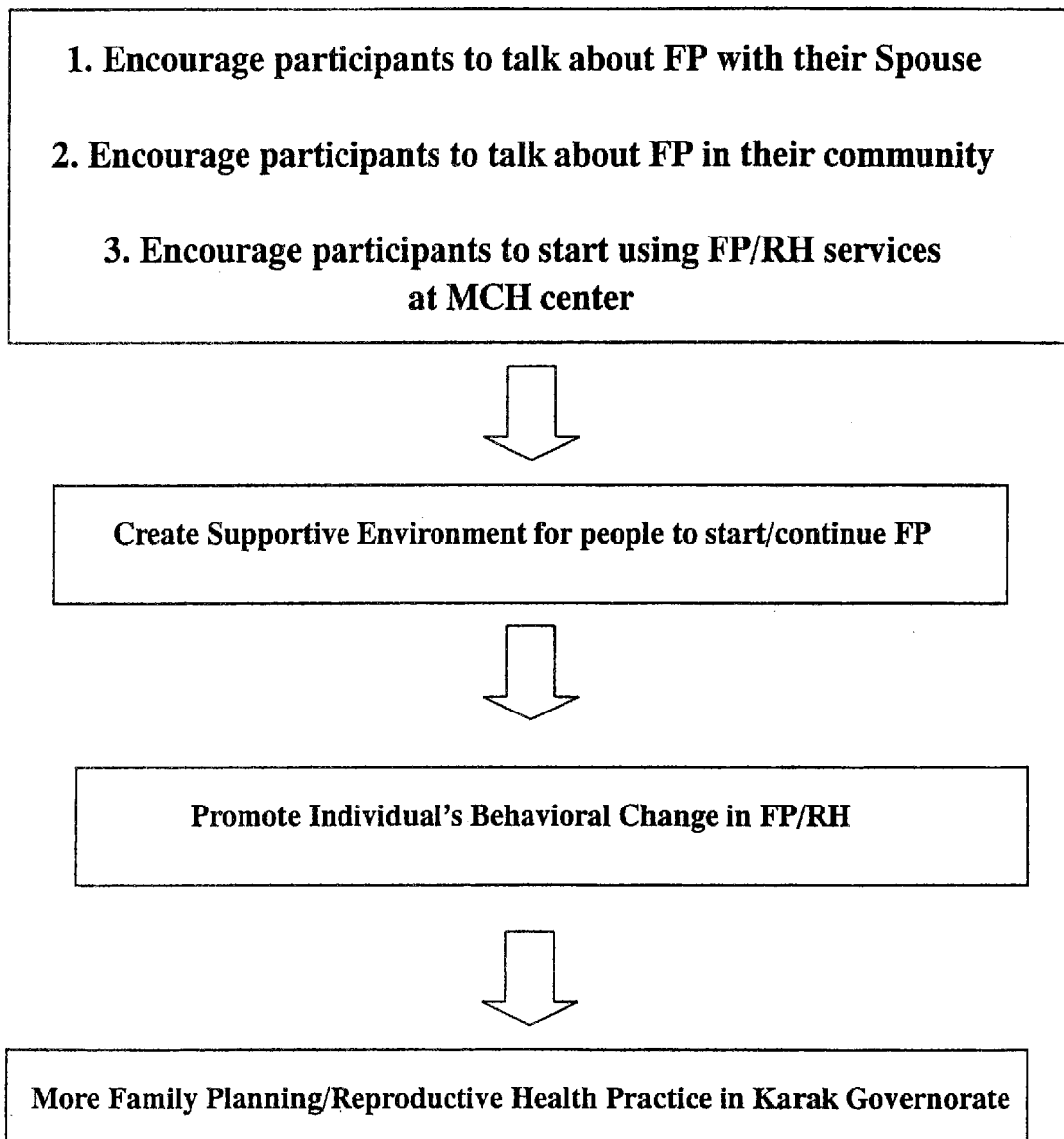
### Criteria to Select Participants for Awareness Workshop

1. From Target group of this project (married female 15-49 and their husbands)
2. 15 to 20 participants for one workshop
3. Facilitators and members of CST will invite participants to each workshop.
4. 15 to 20 participants may come out of 30 invitations.
5. Different groups of participants for each workshop
6. Different groups of people from different category are preferred.
7. Although diversity is needed because we want them to spread information, it is possible to invite a few people repeatedly who may be able to advocate FP/RH issues to their community effectively.
8. Beneficiaries of income generation program will be invited to the workshop with priority.

Workshop will be conducted with 5 topics.

For each topic, there will be 2 workshops for male and 2 workshops for female in 6 target areas.

### **Main Messages for all workshops**



## Manual for Discussion on FP/RH in general for all workshops

Facilitator's task is to encourage participants to talk about FP/RH in general, and find out if they believe any rumors and misconceptions related to FP/RH. Allow the participants freely express if they agree or disagree FP practice. Do NOT answer all the questions that participants ask at this point. (Questions should be answered by a midwife at the end of the workshop.) Let participants think and talk or answer each other. Most important outcome of this discussion is to provide a chance to hear different opinions among the participants and let them bring this discussion home and start talking about FP/RH with their spouse and in their community.

Possible questions to encourage discussion:

1. **Have you encouraged or discouraged anybody to use FP methods before?**
2. **What were the methods?**
3. **Why did you encourage or discourage FP methods?**
4. **Do you think that some methods are acceptable and some are not?**
5. **Do you know anybody who is strongly against FP?**
6. **Why does he/she disagree with FP?**
7. **Do you think your spouse agrees to use FP methods?**
8. **Have you or your spouse used FP/RH services at MCH center?**
9. **When a baby was born healthy, do you think that this baby needs to go to the MCH center for regular check-ups?**
10. **Do you wish to discuss FP/RH with your spouse?**
11. **Do you wish to talk about FP/RH with your neighbors and relatives?**
12. **Who should be informed more about FP/RH?**
13. **Can you encourage those to go to MCH center to get more information and services?**

Important Moderation Words:

1. Let's put the video topic aside and discuss general issues about FP/RH.
2. Do not worry if your statement is correct or not. We will ask our midwife to answer medical questions later on.
3. Do you all agree what he/she said? Is that same as what you heard?
4. I understand that you are now interested in the FP counseling for your family. That is very good. You can be benefited most if you visit MCH center with your spouse for FP counseling. We cannot continue your personal FP counseling here today.

5. If you are not comfortable to talk about FP, we do not force you to do so. Just please allow other people to talk about it.

This discussion should continue for 20 minutes.

At the end of the discussion, a facilitator needs to summarize important points of the discussion and repeat our main messages:

**MAIN MESSAGE**

**Encourage participants to talk about FP or**

**Possibly to start using FP/RH services at MCH center**

**Facilitation Skills**  
**Necessary for awareness workshop**

**Communication Skills**

Verbal skills

Nonverbal skills

Active listening skills

**Teaching Skills**

Distinguish rumors and correct medical information

Provide chance to learn something new

Summarize important part of discussion at the end of the workshop

**Encourage participants to talk about FP/RH and use FP/RH services**

**Moderation skills**

Allow all participants to talk and listen

Asking questions effectively

Time management

Covering important issues assigned

**Video management skills**

Show video effectively to the participants

**Supervisory skills**

Supervise other facilitator's workshop

Provide feedback

## Active Listening Skills for Facilitators

### 1. Better Communication by Active Listener's Skills

**“A good listener is a good communicator”. Listening skills are far more important than speaking skills for better communication. Listen carefully to what the participant says with your ears as well as with your mind. Allow the participants to explore their feelings and needs.**

### 2. Prerequisites for Better Communication

#### (1) Willingness to Understand Participant's Needs and Feelings

First of all, the facilitator needs to be willing to know participant's feelings and needs without the interruption of prejudice. Verbal cues such as ways and styles of talking, selection of words, tone of voice or nonverbal cues such as bodily action, and the use of space are the important messages from the client. Try to understand these nonverbal cues as well as verbal messages to understand the client fully.

Avoid judgment and pay attention to what the participant says verbally and nonverbally. Your sincere attitude to try to listen to the client gives the participant the feeling of safety and protection. It is important for the facilitators to observe what is going on with each participant as it is and attempt to understand it.

#### (2) Comfortable atmosphere to concentrate on the content of the talk

### 3. Verbal Communication Techniques

#### (1) Techniques to Create Intimacy

##### 1) Greetings and calling a participant by name

Greeting is an exchange of simple phrases of words, yet it is the most important base for better communication. Self-introduction is a first step to create mutually equal relationship with a participant.

##### 2) Choose The Words That The participant Can Easily Understand

Verbal communication is useful only when the receiver understands the sender's verbal messages

### 3) Repetition Techniques:

This is a technique to repeat what the participant says. With this technique, facilitator can ensure to the participant that she/he understood what the client just said. However, caution must be paid to avoid overusing this technique.

### 4) Techniques of Questioning

There are three major techniques in questioning.

#### (a) Closed Question (Yes/No Question)

#### (b) Neutral Question

This is a type of question that has to be answered verbally though it does not require many thoughts. For example, “what is your name?” “where do you live?” and “what are your favorite foods?”.

Although a neutral question is usually unthreatening to a participant, he/she sometimes hesitates to answer his/her private matters.

#### (c) Open Question

This type of question can induce free and voluntary answers from the participants. It is useful to collect overall information about what the participant thinks, how he/she feels, in what he/she is interested, and how he/she is reacting to...etc. This question can also help a participant to become aware of his/her own thoughts and feelings.

Avoid questions which start from “why”. This “why” questions makes a participant feel like being interrogated and place him/her on defensive.

### 5) Supportive Responses (Verbal Encouragement)

Relatively simple words, such as yes, and, then, oh, is that so, can release the tension of the client and support her to talk. Supportive responses make the client feel like being encouraged and make her talk about it more in detail. However, too many repetition of the same supportive response must be avoided because it makes the conversation boring and it does not encourage the participant any more. Facilitator must pay attention to what the participant wants to say and express attention by suitable supportive responses.



6) Rephrasing Responses

(a) Verification

Rephrasing helps a participant understanding his/her thoughts and feelings better. You can verify your understanding by saying in your own words what you heard the other person saying.

(b) Summarizing

Interpret what the client wants to say and repeat it with the summarized words. Participants sometimes don't know what they talk. Facilitator needs to summarize and clarify what they talk and help them understudying what they say.

7) Tone of the Voice

When a facilitator speaks to participants, it has to be maintained in moderate voice, not too low or not too high, with a cheerful mode, and has to be appropriate to the client's mood.

**3. Techniques of Nonverbal Communication**

(1) Relaxed Posture

When Facilitator is tensed, participants also become tensed and nervous. Relax and sit on the chair with natural and comfortable posture. Leaning toward the participants indicates your interest in the participants and willingness to listen to and understand what they say. A good posture promotes better communication.

(2) Facial Expression

Facial expression reflects how the client feels physically and mentally in each moment. Frowning and an avoidance of eye contact may be the expressions of acute physical pain, discomfort or psychological resistance.

(3) Eye Contact and Other Visual Behaviors

Visual behaviors convey much information in interpersonal communication. Avoidance of eye contact is often the expression of resistance or fear against the other person. A dull glance may indicate the decline of one's mental state. Looking upward while pulling one's chin into the chest can be the expression of skeptical or suspicious feeling.

Eye contact is the very basic of the interpersonal communication. Facilitators should be able to look at the client's face and maintain eye contact

with him/her. However, be careful not to gaze at the client with the eyes of suspicion or criticism.

(4) Gestures and Bodily Actions

Bodily actions such as shaking one's knee with impatience or the restless movements of the limbs and head usually indicate one's anxiety and frustration. These actions also make the other person anxious and restless. Folded arms and legs indicate the feelings of resistance or defensiveness. When the fingertips are strummed on a convenient surface such as the desk or the arms of the chair, this person is impatient and frustrated. Facilitator must learn to avoid those negative actions in listening to the participants.

Gestures and bodily actions of the facilitator can reflect his/her mind and emotions. Gestures such as holding arms or crossing legs may indicate that, "I am getting tired of your talk. Please hurry up. I have so many other things to do." Participants cannot continue talking if facilitators show these gestures. On the other hand, the gesture which implies that the facilitator is very interested in what the participant says encourages the client to talk.

(5) The Use of Space

Personal space can be thought of as a territory for an animal. Although personal space is invisible, there are norms of interpersonal distances that govern our interpersonal relationships:

- 1) Intimate distance: 0 ~ 0.45 m
- 2) Private distance: 0.45 ~ 1.2 m
- 3) Social distance: 1.2 ~ 3.6 m
- 4) Public distance: 3.6 ~ 7.5 m

When a facilitator wants to talk to a participant intimately, the distance between two should be usually within 0.45 m. However, some participants may have different perception of personal territory. It is more obvious that there are cultural and racial differences in the use of space.

Please understand and make good use of these basic communication techniques in your awareness workshops.

## **Verbal communications**

**Defined as the verbal channel to transfer the message**

**By words**

**By verbal expression**

**Received by the receiver through his/her ears.**

- ▶ **20% of our communication is through the Verbal communication channel.**
- ▶ **First impression of the receiver stays for long**
- ▶ **Leaves remarkable effect on the receivers for long time**

**Thus, you have to start using effective verbal communication from the beginning with your participants at the workshop.**

**Do Not start with hesitation**

**Do Not start with very complicated technical start**

**Do Not start with very long sentence**

**Do Not make so many apologies**

**Do Not laugh at the reactions of the participants**

**Do Not be too dry (rude) when you comments on the participants**

**Try to change your voice tone according to the subject that you are talking about**

**Be clear and simple**

## **Behavioral Sciences and Adult Education**

### **How can we change adult's behaviors?**

- 1. Behavioral Sciences are to:**
  - Find patterns of human behaviors**
  - Analyze/Understand reasons of behaviors**
  - Expect behaviors**
  - Help people to change behaviors**
- 2. Why some behaviors have to be changed?**
  - Dangerous behaviors**
  - Unhealthy behaviors**
  - Economically costly behaviors**
  - Socially unacceptable behaviors**
  - Unpleasant behaviors**

**Behaviors which have negative impact on one's life should be changed by intention. There are some established behavior modification methods.**

- 3. Behavior modification methods include:**
  - Self-monitoring**
  - Goal Setting**
  - Stimulus control**
  - Reinforcement**
  - Behavioral rehearsal**
  - ....etc.**

**Case study 1: Change eating behaviors (Stimulus control method)**

**Case study 2: Stop Smoking (Stimulus Control Method)**

#### 4. How to change FP/RH behaviors among workshop participants?

There are three rules.

- ▶ **Rule 1** It must be an Informed Choice
- ▶ **Rule 2** It must be an effective adult learning
- ▶ **Rule 3** It must be supported by social environment

##### **Rule 1** It must be an Informed Choice

Family Planning is a sensitive personal issue which should not be forced by any other person. Family Planning behaviors therefore should be informed and chosen by each individual (Informed-Choice) but not to be chosen by any other people. Facilitators' task is to encourage self-learning and self-choice of FP skills among participants.

##### **Rule 2** It must be an effective adult learning

Participants of the workshop are all adults.

Facilitator needs to understand the nature of adult learning because adults learn in different ways from children.

##### Children's leaning style

- ▶ Follow instructions
- ▶ Obedient to teacher
- ▶ Passive repetition
- ▶ Receive information
- ▶ Benefit of learning is not understood by children themselves
- ▶ Teacher teaches children and children learn all the time (One Way)

**Adults can learn best when:**

- ▶ **It is internally motivated**
- ▶ **It solve immediate problems**
- ▶ **Benefit of learning is clear to learners**
- ▶ **It is participatory**
- ▶ **It is experiential**
- ▶ **Leaning process occurred with respect to learners**
- ▶ **Learning process occurred in safe and comfortable atmosphere**
- ▶ **Learner is in a position to decide**
- ▶ **Learners and instructors can teach each other and learn together**

**(Multiple ways)**

### **Rule 3** It must be supported by social environment

**Behavior is chosen by individual.**

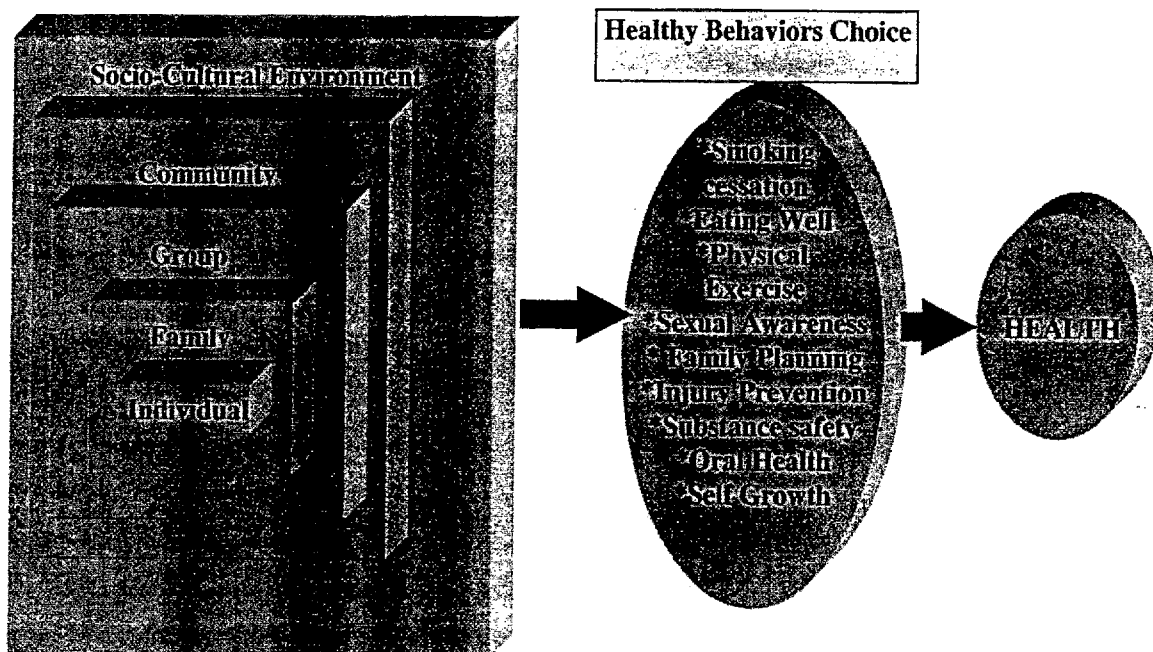
**However, this choice is influenced a lot by the social and cultural context.**

**Therefore, individual's behavioral change needs to be supported by his/her family as well as by their community.**

**If the family and society become more supportive to FP, there is a better chance for a couple to start/continue FP practice.**

**Facilitator's task is to encourage participants to talk about FP/RH with their spouses and in their community. This will create supportive social and cultural environment in a long run.**

## Individual Chooses Health Behaviors within the socio-cultural context



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(原稿のまま)

## Rumors and misconceptions

### Handling rumors and misconceptions

#### Pills

**Misconception:** Using pills may cause hair loss

**Answer:** that is not true because there is no relation between hair loss and using pills

**Misconception:** using pill may cause cervix cancer

**Answer:** that is not true because research found no relation between using pills cervix cancer. In contrary they found that using pills protect users from utras and ovary cancer

**Misconception:** using pill may cause congenital defects

**Answer:** that is not true because researches found no relation between pregnancy which occur during or after using pills will be more likely to be with congenital defects

**Misconception:** using pill may cause one of the following diseases (Epilepsy, Depression, stress

**Answer:** that is not true because using pills do not cause Epilepsy. But in cases that the women originally have Epilepsy, using pills with Epilepsy medication will be less effective. So it is recommended to use another FP method

Using pills for prolonged time may cause depression and stress

**Misconception:** using pill may cause infertility

**Answer:** that is not true because all pill users could be pregnant again after 3 months or more

**Misconception:** using pill may cause uterus bleeding

**Answer:** that is not true because pills is used for both preventing pregnancy and regulating period

**Misconception:** Pill users may gain weight

**Answer:** that is not true because usually any person in normal condition may have more weight between 4 – 10 kg yearly. Women who start using pills and gain weight that is because she feel more protected against pregnancy and feel more comfortable and tend to eat more.

#### IUD

**Misconception :** using IUD may cause cervix cancer

**Answer :** that is not true because researches found no relation between using IUD and cervix cancer



**Misconception :** using IUD may cause vaginal infections

**Answer:** IUD do not cause any infections. But should be inserted full sterilization conditions

**Misconception:** IUD may move to the Heart

**Answer:** usually IUD do not move from the uterus, in some cases it perforate to abdominal cavity because of insertion errors.

**Misconception:** IUD may cause tacky cervix

**Answer:** IUD do not cause tacky cervix, but it may cause it only during insertion.

**Misconception:** using IUD may cause weight increase

**Answer:** there is no relation; weight increase may be because of fear-free of pregnancy

## Injections

**Misconception:** using injections may cause cervix cancer

**Answer:** that is not true because researches found no relation between using injections and cervix in the contrary it protect users from it.

**Misconception:** using injections may cause stress

**Answer:** it may cause stress at the beginning of using .

**Misconception:** using injections may cause amenorrhea for long periods

**Answer:** this normal and there is no need to stop using as for health concerns. You have to assure the user that this common to happen and it prevent anemia

**Misconception:** using injections may cause infertility

**Answer:** In some cases the ability to be pregnant again may take 6-12 month after the last injection .

70 % of women who use injection get pregnant during 12 months and 90 % get pregnant during 24 months

## Condom

**Misconception:** Using Condoms cause cervix dryness

**Answer:** this is not there is no relation between using condoms and such dryness

**Misconception:** Using Condoms reduce fertility

**Answer:** that is true because this the purpose of using condoms

**Misconception:** Using Condoms cause cervix infections

**Answer:** These symptoms are rare to happen unless there is previous infection and maybe because of allergy to latex the substances that condoms made of

**Misconception:** Condoms are slippery during intercourse

**Answer:** Few percentages maybe slippery during intercourse and because of using errors or the size is not fit properly

**Misconception:** Condoms reduces sexual satisfaction

**Answer:** few people may encounter less satisfaction during intercourse; others feel the other way that using condoms may increase sexual satisfaction because of fear-free of pregnancy

**Misconception:** Condoms maybe harmful to male health (sexual ability)

**Answer:** this is not true, because sexual abilities maybe be affected by organic and psychological causes. And condoms do not cause sexual inabilities.

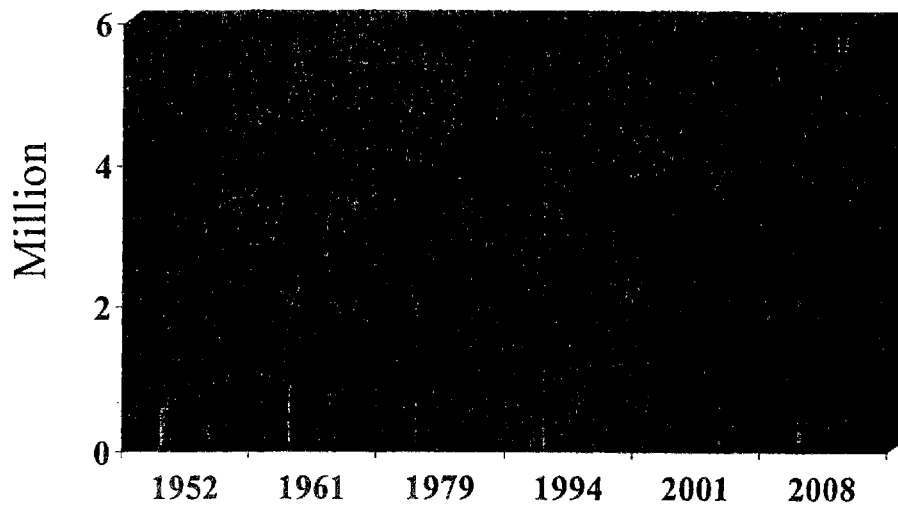
**Misconception:** Condoms are used in ejaculation only

**Answer:** providing the right counseling about using condoms may correct this misconception

# Family Planning and Gender In Development project

Karak Governorate

## Population Growth Population Projections 1952 - 2008

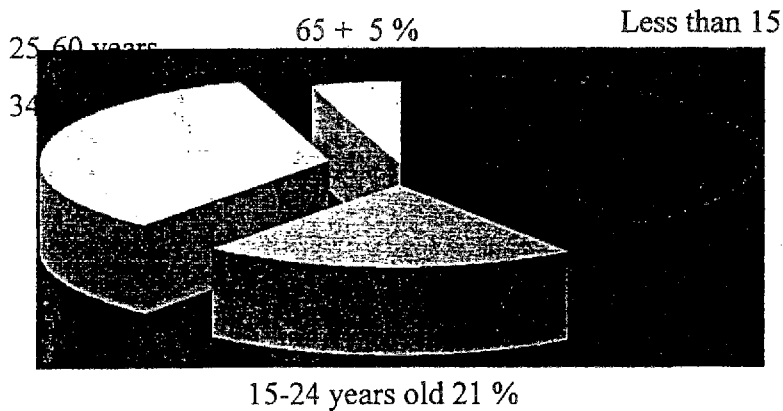


## Accelerated Population Growth

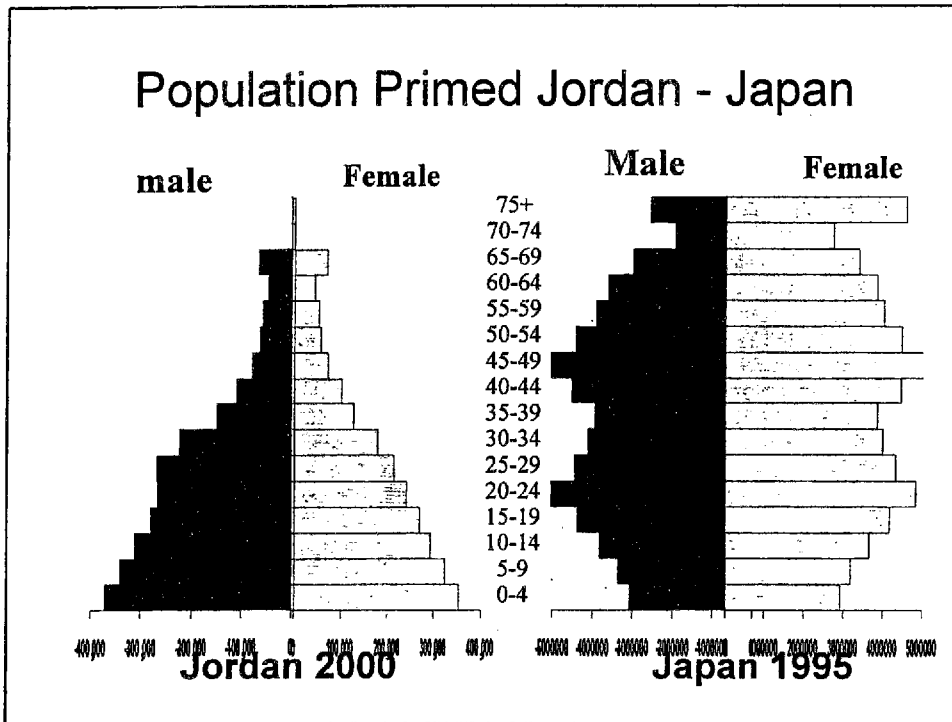
First Million	• 1964	Number of years to add one more Million
Second Million	• 1977	13 years
Third Million	• 1987	10 years
Forth Million	• 1993	6 years
Fifth Million	• 2001	7 years
<u>Sixth Million</u>	• <u>2006</u>	<u>6 years</u>

## Young population

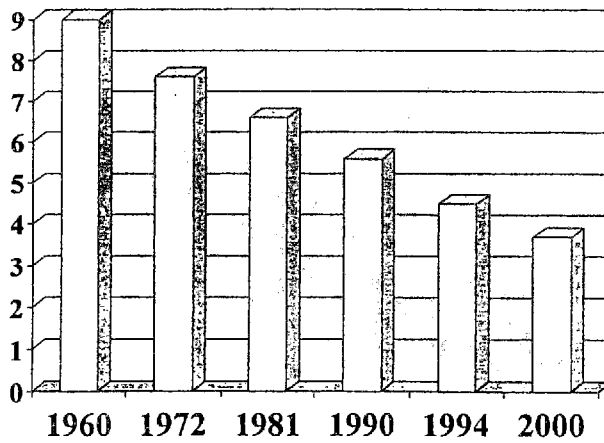
61% of Jordan people are less than 25 years old



## Population Primed Jordan - Japan



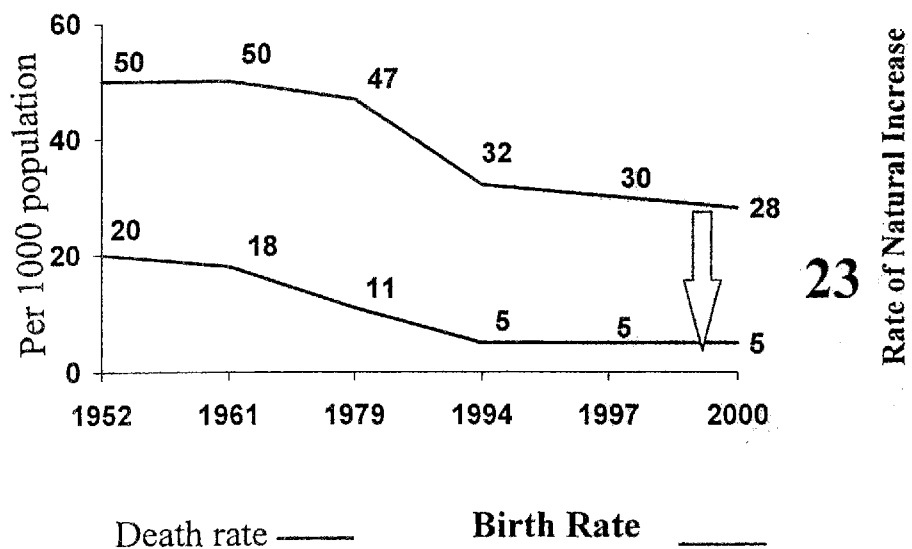
## Total Fertility Rate



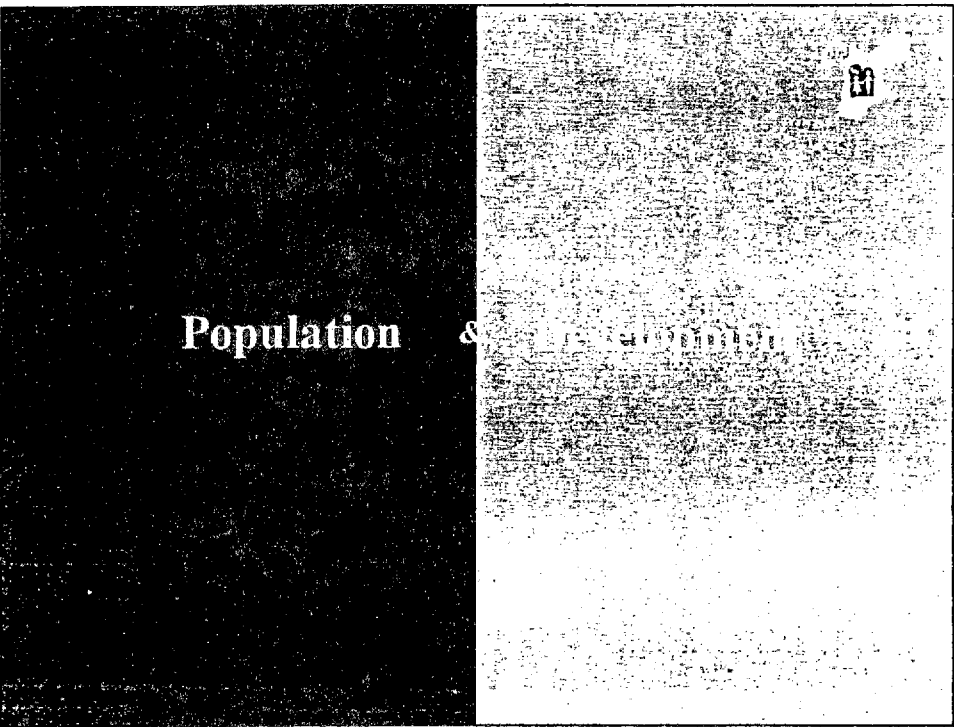
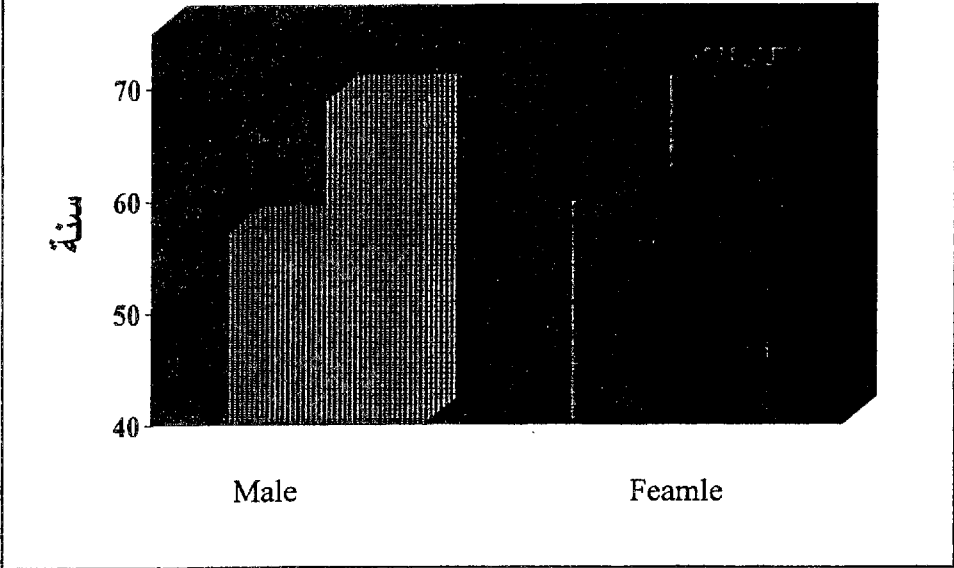
## Estimated Yearly Births and Deaths

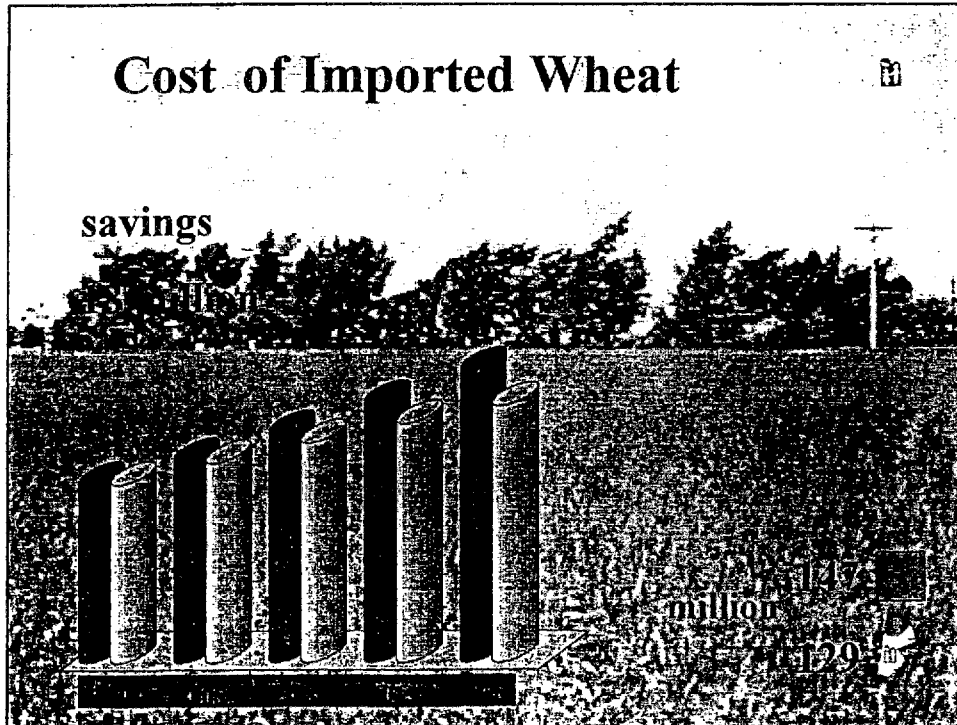
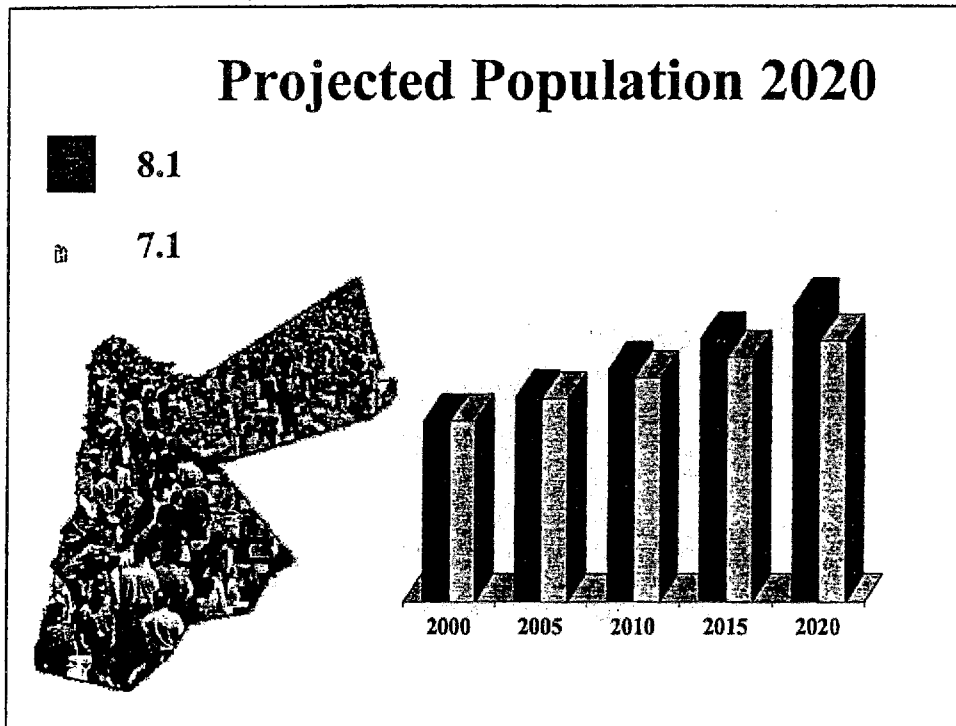
<u>Year</u>	<u>Births</u>	<u>Deaths</u>
1964	45	14
1977	90	18
1987	114	21
1993	132	24
2000	150	27

## Natural Increase

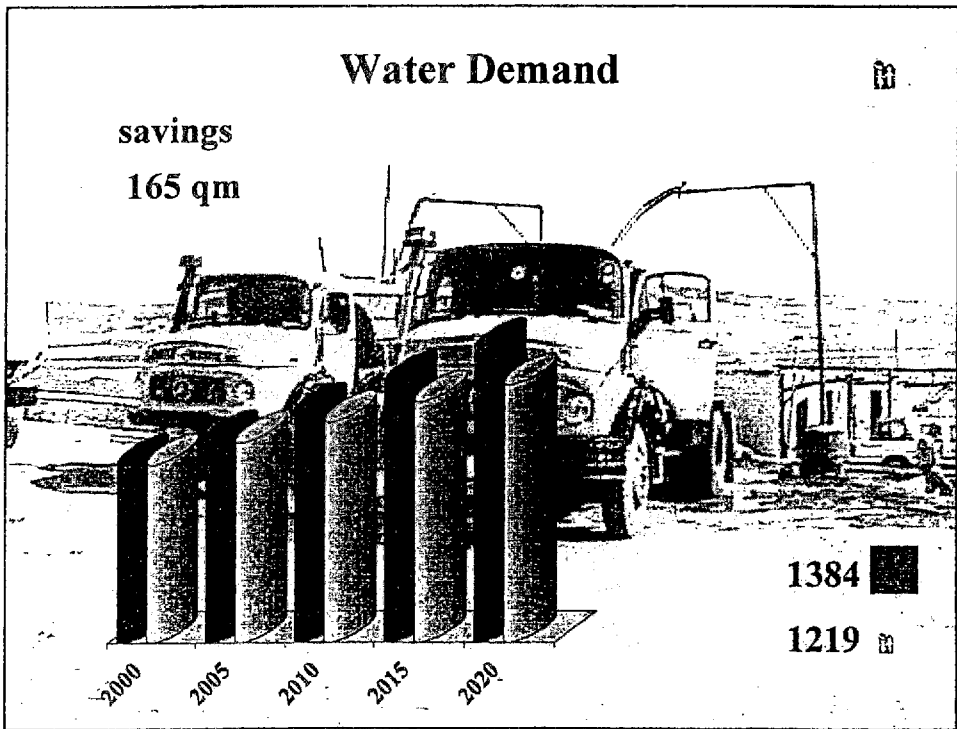
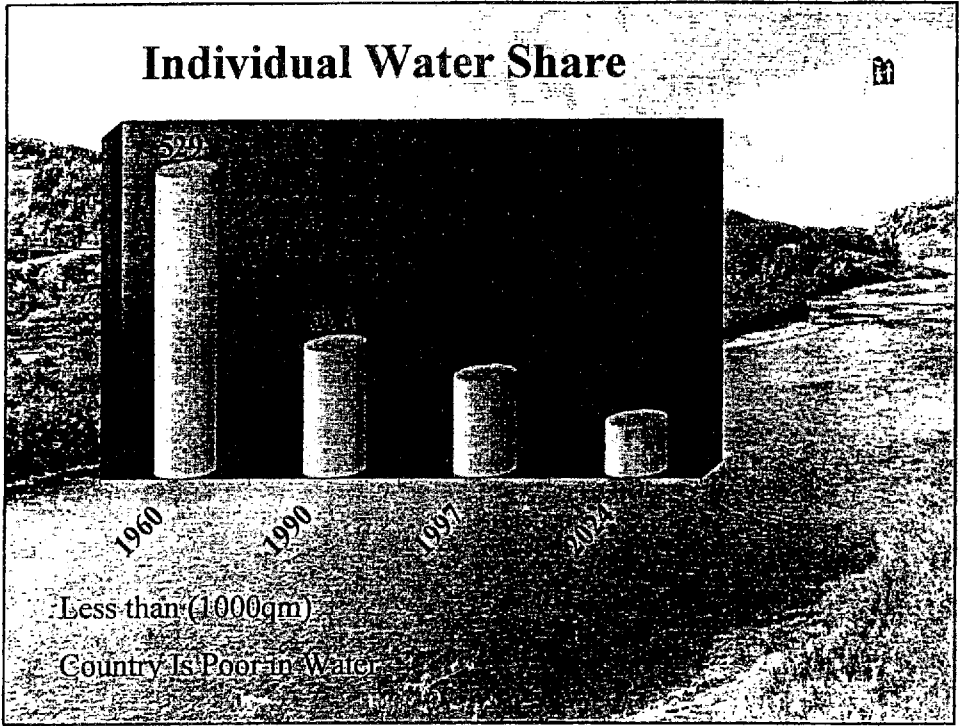


**Expected Age at birth increased  
1972 - 2000**

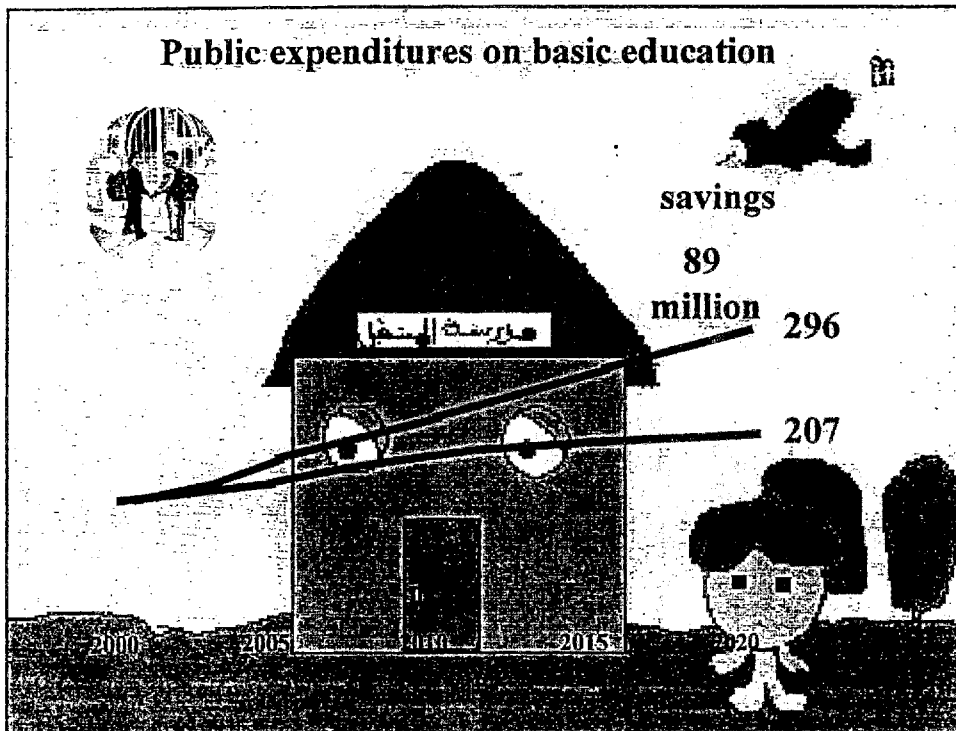
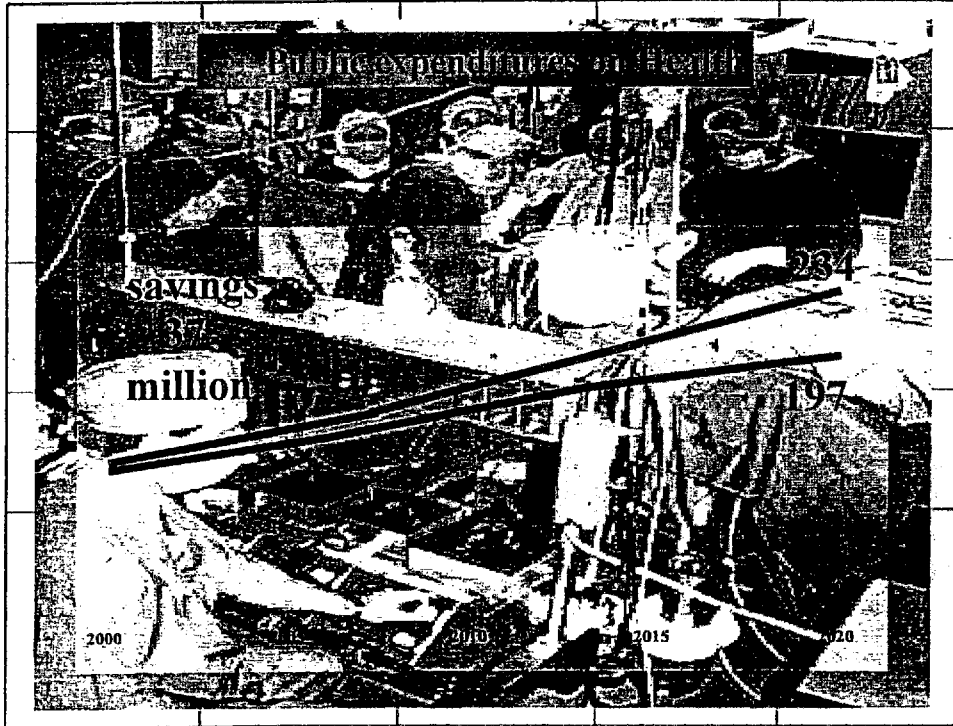


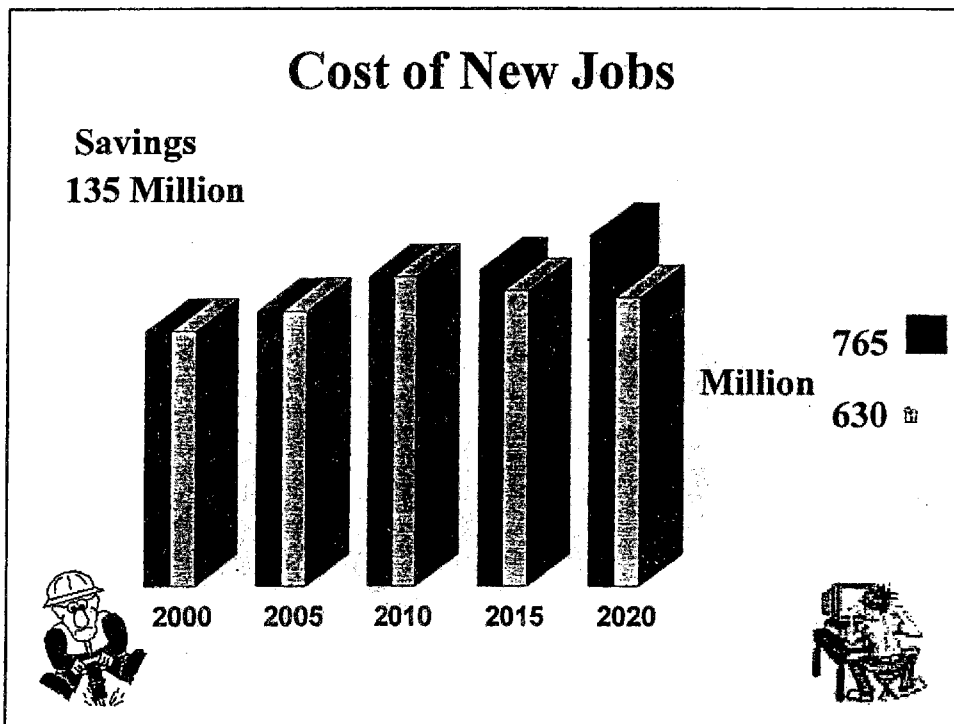






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**Accumulated Saving in 5 Categories**

**Education, Oil, Health, Jobs, Wheat**

**Savings**

**1050.000.000 JD**



**National Population strategy**

## **Objective of National Population strategy**

**To balance the population growth rate  
with requirements of sustainable  
development and economic growth**

## **National Population strategy Domains**

1. Reproductive health
2. Equity between male and female
3. Population and sustainable  
Development
4. Systems to implements and support NPS

## **Reproductive Health**

1. Safe Motherhood
2. Child Health
3. Family Planning
4. Adolescence Health
5. Male Participation
6. Early breast Cancer Detection
7. STD's/HIV
8. Menopausal services
9. Infertility

## **KAP Questioner (Pre and post test) instructions**

1. Explain to the participants in the workshop the purpose of data collection which is  
“ To know their opinion of family planning and other health issue in total and not in an individual basis “
2. Explain to the participants that all collected information are considered confidential and nobody unauthorized will have access to it
3. Ask the participants to answer all questions frankly and objectively.
4. Ask the participants to answer in the appropriate place by
  - Circling the right answer
  - Fill in the blank with clearly
  - Mark ✓ in the box next to the suitable answer
5. Ask the participants to answer all questions successively to the end of the questioner
6. Ask the participants not to write in the shadowed box
7. Thank all participants for their cooperation

## Supervisory Sheet for Facilitation Skills at Awareness Workshop

Date:	Area
Time: ~	Male 1/ Male 2/ Female1/ Female2
Name of Facilitator:	
Number of Participants:	Name of Supervisor:

Achievement of the Purpose of the workshop					
items	scale				
	(Very Poor)	(Poor)	(Good)	(Very Good)	(Excellent)
	1	2	3	4	5
1. Did participants become more aware of FP/RH?	1	2	3	4	5
2. Did all participants have chance to talk their idea freely?	1	2	3	4	5
3. Were the participants interested in the topic?	1	2	3	4	5
4. Did facilitator find some rumors and misconceptions related to FP/RH among the participants?	1	2	3	4	5
5. Did facilitator support participants to distinguish rumors/misconceptions and correct medical information?	1	2	3	4	5
6. Did facilitator encourage participants to talk about FP/RH with their spouse?	1	2	3	4	5
7. Did facilitator encourage participants to talk about FP/RH in their community?	1	2	3	4	5
8. Did facilitator encourage participants to use services available at MCH center?	1	2	3	4	5
9. Were the main messages repeated at the end of the workshop effectively?					



<b>Communication Skills</b>					
10. Did facilitator encourage all the participants to talk?	(Very Poor)	(Poor)	(Good)	(Very Good)	(Excellent)
	1	2	3	4	5
11. Did facilitator provide safe and comfortable atmosphere to the participants?	1	2	3	4	5
12. Did facilitator use easy and clear language?	1	2	3	4	5
13. Was facilitator a good listener?	1	2	3	4	5
14. Was facilitator polite to participants?	1	2	3	4	5
15. Did facilitator ask questions effectively?	1	2	3	4	5
16. Did facilitator act ignorant and let participant answer some questions?	1	2	3	4	5
17. Did facilitator respect different views of participants?	1	2	3	4	5
18. Did facilitator congratulate successful cooperation to the participants at the end of the workshop?	1	2	3	4	5
19. Was the facilitator well-accepted by the participants?	1	2	3	4	5
20. Were there any complaints from the participants?	1. YES	2. NO			
<b>Workshop Management</b>					
21. Was the discussion on the video topic conducted properly?	(Very Poor)	(Poor)	(Good)	(Very Good)	(Excellent)
	1	2	3	4	5
22. Was the discussion on FP/RH general conducted properly?	1	2	3	4	5
23. Were Pretest and posttest administered properly?	1	2	3	4	5
24. Was the participant's registration book filled properly?	1	2	3	4	5

25. Did facilitator receive support from midwife effectively?	(Very Poor)	(Poor)	(Good)	(Very Good)	(Excellent)
	1	2	3	4	5
26 Was the video shown effectively?	1	2	3	4	5
27. Was the time managed properly?	1	2	3	4	5
28. Overall, how successful was the workshop?	1	2	3	4	5

<b>Comments and Remarks</b>
Three good points of this workshop:
1.
2.
3.
Three major points need to be improved:
1.
2.
3.

<b>Other Remarks</b>

## Logistics of the Workshop

### Necessary items to prepare before the workshop

1. Video tapes for workshop (workshop video & Happy Family)
2. VCR set to show video at the workshop
3. Pretest and posttest forms
  - 1) Pretest for male
  - 2) Posttest for male
  - 3) Pretest for female
  - 4) Posttest for femalePrepare test form according to the participants
4. Project LOGO Pen (gift to the participants)
5. Juice pack and cookies for participants and staff

1-5 will be provided to each CDC or MCH center (Rabbeh, Ayy) by the project prior to the workshop. Rural leaders or Midwives are responsible to keep those before the workshop.

### At the Workshop

- ▶ Workshop will be conducted by one facilitator, one midwife and one assistant facilitator.
- ▶ Transportation fee for facilitators, midwives and assistant facilitator will be provided at the next facilitators' meeting. (Next meeting is on March 2002.)
- ▶ There will be one Project staff to supervise workshop in addition to the assistant facilitator.
- ▶ **Completed pretest, posttest, participant's registration book, and supervisory sheet need to be submitted to FP/GID project staff at the end of each workshop.**
- ▶ **Clean up the room used for workshop and put VCR and videotape in place.**

If there is any question, please call FP/GID Project Office

03-2355842 or 06-5531985

## Dairy Evaluation Form for Facilitation Skill Training Seminar (DAY1)

Items	scale				
	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
	1	2	3	4	5
1. The purpose of this seminar was explained clearly to the participants.	1	2	3	4	5
2. I gained new knowledge and skills in the training today.	1	2	3	4	5
3. Facilitation skills were explained clearly.	1	2	3	4	5
4. Participatory method was useful to understand Facilitator's task "to Do", "Not to Do".	1	2	3	4	5
5. I gained skills of verbal communication to conduct workshop.	1	2	3	4	5
6. Role Play was well organized and helped me to understand facilitation skills.	1	2	3	4	5
7. List Facilitator's major tasks "To Do" five.	1.				
	2				
	3				
	4				
	5				
8. List five things that facilitator should not do.	1.				
	2				
	3				
	4				
	5				
9. List words that encourage more ideas from participants.	1.				
	2				
	3				
	4				
	5				
9. What did you learn most in today's training?					

## Dairy Evaluation Form for Facilitation Skill Training Seminar (DAY2)

Items	scale				
	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
	1	2	3	4	5
1. I gained new knowledge and skills in the training today.	1	2	3	4	5
2. Lecture on FP was useful for me to understand FP methods.	1	2	3	4	5
3. I understand that each family planning method have advantages and some side effect.	1	2	3	4	5
4. Role Play was well organized and helped me to understand facilitation skills.	1	2	3	4	5
5. I understood the importance of workshop openings.	1	2	3	4	5
6. I gained skills of workshop openings	1	2	3	4	5
7. List three Facilitator's major tasks in the workshop openings.	1. 2. 3.				
8. What did you learn most in today's training?					
9. Any other comments?					

### Daily Evaluation Form for Facilitation Skill Training Seminar (DAY3)

Items	scale				
	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
	1	2	3	4	5
1. I understand clearly the difference between adult and child education.	1	2	3	4	5
2. I can teach adults easily.	1	2	3	4	5
3. I feel that workshop has clarified my role as facilitator of health education.	1	2	3	4	5
4. Education which utilizes entertainment facilitates quick assimilation of knowledge.	1	2	3	4	5
5. Education which utilizes entertainment	1	2	3	4	5
6. I need more training to perform as a good facilitator.	1	2	3	4	5
7. The theater helps the facilitator to approach RH issues.	1	2	3	4	5
8. Following the workshop "using entertainment in education" became clear.	1	2	3	4	5
9. The guidebook how to use interactive theater is clear.	1	2	3	4	5
10. I think I can use the guidebook easily.	1	2	3	4	5
11. The training method was entertaining and effective.	1	2	3	4	5
12. Role play assisted in learning the facilitator's role.	1	2	3	4	5

## Dairy Evaluation Form for Facilitation Skill Training Seminar (DAY4)

Items	scale				
	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
	1	2	3	4	5
1. I gained new knowledge and skills in the training today.	1	2	3	4	5
2. Lecture on Active Listening Skills was useful for me.	1	2	3	4	5
3. Practice of Active Listening Skills was well organized and helped me to gain facilitation skills.	1	2	3	4	5
4. Lecture on Rumor and misconception was useful for me.	1	2	3	4	5
5. Practice of how to deal with rumors and misconception was well organized and helped me to gain facilitation skills.	1	2	3	4	5
6. I gained practical skills to handle rumors and misconceptions at the workshop.	1	2	3	4	5
7. List three examples of rumors related to FP?	1.				
	2				
	3				
8. What did you learn most in today's training?					
9. Any other comments?					

## Final Evaluation Form for Facilitation Skill Training Seminar

<b>Knowledge and skills</b>					
Items	scale				
	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
	1	2	3	4	5
1. I feel I have gained new knowledge in this seminar.	1	2	3	4	5
2. I feel I have gained new skills in this seminar.	1	2	3	4	5
3. I understand the purpose and objectives of awareness workshop better after this training seminar.	1	2	3	4	5
4. I understand the importance of family planning better after taking this training seminar.	1	2	3	4	5
5. I gained knowledge on family planning methods after taking this training seminar.	1	2	3	4	5
6. I can identify rumors and misconception related to FP better after taking this training seminar.	1	2	3	4	5
7. I understand how to support behavioral change among adults better after taking this training seminar.	1	2	3	4	5
8. My communication skills improved after taking this training seminar.	1	2	3	4	5
9. My active listening skills improved after taking this training seminar.	1	2	3	4	5
10. I gained enough facilitation skills in this training seminar to start acting as facilitator at awareness workshop.	1	2	3	4	5



Items	scale				
	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
	1	2	3	4	5
11. I am confident to encourage workshop participants to talk about family planning at the workshop.	1	2	3	4	5
12. I am confident to encourage workshop participants to talk about family planning with their spouse and people in community after the workshop.	1	2	3	4	5
13. I am confident to encourage workshop participants to go to MCH centers to receive further information and treatment.	1	2	3	4	5
14. I understood well how to supervise other facilitator's facilitation skills.	1	2	3	4	5
15. I understand well all the logistics necessary to conduct awareness workshop.	1	2	3	4	5

#### Seminar Contents

16. The training seminar was well presented and organized.	1	2	3	4	5
17. The objectives of this training seminar were achieved.	1	2	3	4	5
18. Training methodology was effective to gain new knowledge and skills	1	2	3	4	5
19. Handouts were appropriate and helpful for me to learn new knowledge and skills.	1	2	3	4	5

### Seminar Conditions

Items	scale				
	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
	1	2	3	4	5
20. The training hall was comfortable and suitably equipped for the training seminar.	1	2	3	4	5
21. Food provided at the seminar was of good standard.	1	2	3	4	5
22. Training seminar was conducted in a safe and comfortable atmosphere.	1	2	3	4	5
23. Time allocated for each session was adequate.	1	2	3	4	5





<b>Please specify if the following statements are true or not true.</b>	
5. Women who take pill for contraceptive will have more chance to get cancer later on their lives.	1. True 2. Not true 3. Don't Know
6. A woman needs to take pill only when she sleeps with her husband.	1. True 2. Not true 3. Don't Know
7. Women who use IUD will have more chance to have abnormal child when they terminate IUD and become pregnant.	1. True 2. Not true 3. Don't Know
8. IUD travels inside a woman's body sometimes to her heart.	1. True 2. Not true 3. Don't Know
9. Condom causes vaginal infection or dryness of the cervix.	1. True 2. Not true 3. Don't Know
10. After God's will, male is genetically responsible for the sex of the baby.	1. True 2. Not true 3. Don't Know
11. Premarital medical examination is needed <u>only</u> for people who are not sure about their reproductive ability.	1. True 2. Not true 3. Don't Know
12. Physical exercise is not suitable for <b>any</b> the pregnant women because it is dangerous for the baby.	1. True 2. Not true 3. Don't Know
13. Healthy baby needs not to visit MCH center for check-ups.	1. True 2. Not true 3. Don't Know

14. Babies stay healthier in general when they are fed breast milk.	<b>1. True</b> <b>2. Not true</b> <b>3. Don't Know</b>
15. Men are capable to take care of babies except breastfeeding.	<b>1. True</b> <b>2. Not true</b> <b>3. Don't Know</b>

### Survey Part 2

1. Do you agree with using FP methods for you or your spouse to prevent or delay pregnancy?	<b>1. YES</b> <b>2. NO</b> <b>3. Don't Know</b>
2. Do you think that your spouse agrees using FP methods?	<b>1. YES</b> <b>2. NO</b> <b>3. Don't Know</b>
3. Do you think that your mother agrees with using FP methods for you or your spouse?	<b>1. YES</b> <b>2. NO</b> <b>3. Don't Know</b>
4. Do you think that your mother-in-law agrees with using FP methods for you or your spouse?	<b>1. YES</b> <b>2. NO</b> <b>3. Don't Know</b>
5. Do you think that your religion <b>oppose</b> the concept of FP?	<b>1. YES</b> <b>2. NO</b> <b>3. Don't Know</b>
6. Begetting many children is important for a man to prove his masculinity/virility.	<b>1. YES</b> <b>2. NO</b> <b>3. Don't Know</b>
7. Begetting many children is important for a woman to prove her fertility.	<b>1. YES</b> <b>2. NO</b> <b>3. Don't Know</b>

<p>8. Begetting many children can be harmful to the health of mother.</p> <p>9. FP gives the mother enough time to take care of the needs of her family.</p> <p>10. Begetting many children decreases their chances to be fully educated.</p> <p>11. If a family has all girls, they should keep having children until they have at least one boy.</p>	<p>1. YES 2. NO 3. Don't Know</p> <p>1. YES 2. NO 3. Don't Know</p> <p>1. YES 2. NO 3. Don't Know</p> <p>1. YES 2. NO 3. Don't Know</p>
<p>12. Do you plan to have more children in future?</p> <p>13. How many do you think is ideal number of children for your family?</p> <p>14. Do you think that your spouse wants the <u>same</u> number of children that you want, or does he/she want <u>more</u> or <u>less</u> than you want?</p>	<p>1. YES 2. NO 3. Undecided</p> <p>(            ) sons (            ) daughters</p> <p>1. Same as I want 2. More than I want 3. Less than I want 4. Don't Know</p>
<p>15. Do you think that Family Planning should be discussed by husband and wife?</p> <p>16. Do you think that how to spend family income should be discussed by husband and wife?</p>	<p>1. YES 2. NO</p> <p>1. YES 2. NO</p>

<p>17. I am willing to discuss FP with (choose as many as it applies)</p>	<ol style="list-style-type: none"> <li>1. Spouse</li> <li>2. Mother-in-law</li> <li>3. Parents/Siblings</li> <li>4. Friends/Relatives</li> <li>5. Neighbors/Acquaintance</li> <li>6. Religious leader</li> <li>7. Doctor/Midwife/nurse</li> <li>8. CST</li> <li>9. Others</li> <li>10. None of them</li> </ol>
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**Survey Part 3**

<p>1. Are you (or your spouse) currently using FP method?</p> <p>2. <u>If yes</u>, what is the method? (check as many as it applies)</p> <p><u>If NO</u>, go to Q4.</p> <p>3. <u>If yes in Q1</u>, for how long?</p> <p><input type="text"/> Go to Q.9</p>	<ol style="list-style-type: none"> <li>1. YES</li> <li>2. NO</li> <li>1. Pill</li> <li>2. IUD</li> <li>3. Injections</li> <li>4. Norplant</li> <li>5. diaphragm/foam/jelly</li> <li>6. condom</li> <li>7. female sterilization</li> <li>8. male sterilization</li> <li>9. breastfeeding</li> <li>10. calculation/rhythm/calendar/safe period</li> <li>11. periodic abstinence</li> <li>12. withdrawal</li> <li>13. traditional methods</li> <li>14. other</li> </ol> <p>(            ) Years and (            ) Months</p>
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<p>4. <u>If no in Q1</u>, did you (or your spouse) ever use FP methods?</p> <p>5. If yes in Q4, what were the methods that you (or your spouse) used before and stopped? (check as many as it applies)</p>	<ol style="list-style-type: none"> <li>1. YES</li> <li>2. NO</li> </ol> <ol style="list-style-type: none"> <li>1. Pill</li> <li>2. IUD</li> <li>3. Injections</li> <li>4. Norplant</li> <li>5. diaphragm/foam/jelly</li> <li>6. condom</li> <li>7. female sterilization</li> <li>8. male sterilization</li> <li>9. breastfeeding</li> <li>10. calculation/rhythm/calendar/safe period</li> <li>11. periodic abstinence</li> <li>12. withdrawal</li> <li>13. traditional methods</li> <li>14. other</li> </ol>
<p>6. What are reasons that you (or your spouse) did not use or stopped FP methods before?</p>	<ol style="list-style-type: none"> <li>1. wants to have a child</li> <li>2. pregnant now</li> <li>3. breastfeeding</li> <li>4. newly born baby</li> <li>5. newly married</li> <li>6. side-effects of FP methods</li> <li>7. fear of infertility</li> <li>8. health concerns</li> <li>9. fear of congenital anomalies</li> <li>10. Fear of illness</li> <li>11. Menopausal</li> <li>12. Old age</li> <li>13. Amenorrhea</li> <li>14. Inability to reproduce</li> <li>15. Infrequent sex</li> <li>16. Spouse's absence</li> <li>17. Spouse's death</li> </ol>

<p>7. If you (or your spouse) never used FP method, do you plan to use FP methods in the future?</p>	<p>18. Lack of knowledge  19. Difficulty to get method  20. High cost  21. Inconvenient  22. Dislike clinic service  23. Dislike doctor/nurse/pharmacist  24. No female doctor available  25. I oppose to FP  26. Spouse opposed  27. Religion  28. Other people opposed  29. Fatalistic  30. other reasons</p> <p>1. YES  2. NO  3. UNDECIDED</p>
<p>8. If YES in Q7, what are the methods do you (or your spouse) prefer to use?</p>	<p>1. Pill  2. IUD  3. Injections  4. Norplant  5. diaphragm/foam/jelly  6. condom  7. female sterilization  8. male sterilization  9. breastfeeding  10. calculation/rhythm/calendar/safe period  11. periodic abstinence  12. withdrawal  13. traditional methods  14. other</p>

<p>9. Have you ever discussed FP with any of the following people? (check as many as it applies)</p>	<p>1. Spouse  2. Mother-in-law  3. Parents/Siblings  4. Friends/Relatives  5. Neighbors/Acquaintance  6. Religious leader  7. Doctor/Midwife/Nurse  8. CST  9. Others  10. None of them</p>
<p>10. Have you talked with your spouse about the number of children you would like to have?</p>	<p>1. YES  2. NO</p>
<p>11. Have you ever encouraged or discouraged anyone to use FP?</p>	<p>1. YES  2. NO</p>
<p>12. Do you discuss how to spend money for your family with your spouse?</p>	<p>1. YES  2. NO</p>

<p>13. Have you or your spouse ever used services at MCH centers?</p>	<p>1. YES  2. NO</p>
<p>14. Have you or your spouse ever received FP methods from MCH center?</p>	<p>1. YES  2. NO</p>
<p>15. Have you and your spouse ever received FP counseling at MCH center?</p>	<p>1. YES  2. NO</p>
<p>16. Where did you or your spouse last go to obtain FP methods?</p>	<p>1. Private Doctor  2. MCH center  3. Pharmacy  4. Others  5. Has never used</p>

**Please make sure that you have answered everything.  
Your privacy is strictly protected.**

**Thank you for your answers.**