

Population communication manuals

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A manual on evaluation of population communication programmes

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Preface

This is the second in a series of manuals on various aspects of population communication. It is designed for use in training communicators and educators working at various levels in national population programmes. The need for such a work has long been felt.

The present manual is based on the recommendations of the Expert Meeting for Developing Guidelines for the Evaluation of National Family Planning Communication Programmes, convened by Unesco in Davao City (Philippines) in April 1974. It is related to three technical documents and a film. The documents, published by Unesco in the series 'Population Communication: Technical Documentation', are the following: *Communication Research in Family Planning An Analytical Framework*; *Research in Family Planning Communication*; *Evaluation Research on Family Planning Research*.

The film, *Research and Evaluation*, was produced by Unesco in the series *Films on Family Planning Communication*. A list of these training materials may be found at the end of this book.

It is recommended that the manual and related materials be used as a package in training programmes.

The views expressed in this publication are those of the author and not necessarily those of Unesco.

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1 The scope and purpose of the manual

This manual is intended for use by family-planning staff in administrative, communication, training and evaluation work. No manual will fit the needs of all family-planning communication programmes. The manual should be read, modified to satisfy local needs, translated and distributed to the national and provincial communication and evaluation staff. After communication and evaluation priorities are assigned, a plan of action should be developed, specifying samples needed, number of forms or questionnaires to be mimeographed, training to be given to interviewers, field interview strategy, methods of coding and editing the data, tabulating and analysing the results, and finally actions to be taken based on the findings.

This manual attempts to provide simple guidelines for communication evaluation, including the forms or questionnaires that could be used, and tabulations. The manual has been developed with the following specifications:

The questionnaires and forms can be easily adapted to most national and provincial family-planning programmes.

Communication efforts need to be evaluated within the context of an existing contraceptive technology.

Research and evaluation studies have yielded some specific guidelines on what to say to whom and how to use field-workers.

The interviewing and tabulations can be done by existing evaluation, clinic, mobile unit and field-worker staff.

The staff time required for evaluation should not interfere with ongoing or planned communication activities.

Within six months of receiving the manual, communicators should know better what to say, to whom, when, through which channel and with what anticipated effect.

Those in charge may think that they do not have sufficient staff to carry out a comprehensive communication programme or have it adequately monitored. However, field and clinic staff usually have ample time to collect and tabulate the necessary data for proper

evaluation. There are slack hours at the clinic during which staff could collect or tabulate the data required for adequate evaluation. The estimated number of man-hours are calculated in this manual. Field staff often conduct follow-up visits and could easily ask many of the media-exposure and other questions that would help to determine the effectiveness of the ongoing programme and a potential communication strategy. Clinic staff providing maternal and child health services could set up a procedure for pre-testing some of the family-planning messages and other materials. Given the infrastructure of staff in most family-planning programmes, there is no need to hire any additional personnel to achieve all the evaluation objectives described in this manual.

NOTES

2 Defining your responsibilities and priority communication needs

Defining your job descriptions and responsibilities

Before a communications programme can be adequately evaluated, each staff member at the national and provincial levels should have specific job descriptions. Once the job description is specifically defined for each member of the communication and evaluation staff, a plan of action for communication evaluation can be designed, assessing the priority needs and determining the objectives. After reviewing and modifying the instruments suggested in this manual, specific courses of action can be determined.

If you are a programme administrator . . .

- Have you received and reviewed a specific communication evaluation plan of action?
- Have you drafted job descriptions for all the communication and evaluation staff?
- Have you conducted a fact-finding survey in order to gain a better understanding of the communication and evaluation structures?
- Have you designated specific communication targets such as the proportion of couples in the reproductive age group who should be familiar with a specific family-planning slogan?
- Have you designed a plan of action for developing an awareness of population problems among elite groups?
- Do you know if the communication at clinics and depots is geared to the needs of couples requesting contraceptives or sterilization?
- Have you assigned operational and acceptance targets to field-worker supervisors and field-workers?
- Have you developed communication and education plans for the staff in the Ministries of Education, Agriculture, Labour and Health?

If you are a communication specialist . . .

- Do you have a communication plan of action for each month during the next year? Does the strategy include a well-balanced use of personal communication, folk and mass media?
- Have you assigned job descriptions for your communication staff?
- Have you conducted a fact-finding survey in order to gain a better understanding of the ongoing communications efforts in your area?
- Have you worked with the evaluation staff on a family-planning slogan or theme?
- Have you contacted advertising agencies and market research firms to determine how they can be used in promoting family planning?
- Have you contacted the Ministry of Information and Broadcasting, or radio station managers and newspaper publishers, to determine how family-planning advertisements, radio spots and news releases can be developed during campaigns and integrated in the ongoing communication programmes?
- Have you determined the effectiveness of the clinic education programmes?
- Do you replace and retrain field-workers or their supervisors who do not reach specific acceptance and continuous-use targets?
- Do you plan to involve agricultural extension agents, schoolteachers, village leaders, midwives and other influential persons in your communications programme?

If you are an evaluation specialist . . .

- What plans do you have for evaluating the communication programme?
- What data collected by the field-workers or clinic personnel could be utilized to evaluate the ongoing programme?
- What fact-finding have you done of existing evaluation work in the health field or by advertising agencies? How can the evaluation findings of existing development and communication programmes be applied to family planning?
- Have you talked with advertising and market research firms to find out what packaging, slogans and sales pitches have been most successful in selling products? What pre-testing, listenership surveys and media exposure surveys have been conducted and what guidelines are there which would be useful for developing a family-planning communication strategy?
- Do you distribute monthly and annual reports on the effectiveness of the ongoing programme to the communication and administrative staff?

What plans do you have for pre-testing the existing communication materials?

Have you conducted a baseline survey of knowledge, attitude and practice of family planning and gauged the public's exposure to media and personal forms of communication?

Do you know each month which field-workers and supervisors are achieving their acceptance and continuous-use targets, and have you analysed the characteristics and working procedures of the best field-workers?

Have you determined what the elite know about population and the family-planning programme, and what their specific participation in a communication programme could be?

How effectively have you monitored the participation of various community organizations, folk media and opinion leaders in support of the family-planning communication programme?

If you are responsible for training doctors, nurses, midwives or others providing contraceptive services . . .

Has your training programme stressed the importance of recommending contraceptives according to the needs of the couples?

Have you evaluated your training programme in terms of the information and services given the family-planning acceptors?

Does your family-planning training programme cover role-playing and other efforts to develop an empathy between the patient and the individual providing the service?

Have you developed any evaluation techniques to determine how long women coming to the clinics wait, how far they have to travel to the clinics, whether contra-indications are properly diagnosed, and whether instructions on the methods are adequate?

What ways do you have of obtaining negative information about the client's reactions to contraceptives and what evaluation do you have of communication efforts to reassure women who have side-effects with the contraceptives?

If you are a field-worker supervisor . . .

What evaluation do you have of your field-workers in terms of their reaching specific new acceptance and continuous-use targets?

Under what conditions do you replace field-workers who do not achieve their targets?

What are the home visit and group meeting working procedures and

- what are the characteristics of the best field-workers in terms of education, age and practice of family planning?
- Have you evaluated the best communication approach at home visits and group meetings?
- What type of in-service training do you provide the field-workers for whom you are responsible?
- How often do you visit the field-workers and in what way do you evaluate your own in-service training?
- What information do you feed back to the communication officer or the administrators of the programme in terms of the field-workers' problems and ways in which the communication programme can be improved?
- Have you evaluated the communication materials provided to the field-workers?
- How has the mass communication programme supported the activities of the field-workers, and what evaluation do you get from the field-workers on the effectiveness of the mass-media programme?
- In what ways do you assist the field-workers in obtaining community support? Specifically, have you arranged meetings between the field-workers and local community organizations, such as farmers' associations, meetings of teachers and parents, or village councils?
- In what way do you co-ordinate the use of indigenous folk entertainers and festivals with the field-workers' communication activities?

Defining the priority needs in communication evaluation

In order to define the priority needs for your communication evaluation, your plan of action should be based on the following criteria:

- Are there existing data collected by the field-workers and at the clinics which have not been tabulated and analysed? Could these data be useful in determining the effectiveness of the field-workers, the clinic staff or the mass communication effort? If so, could you develop a plan for analysing the data with existing staff?
- If the field-workers do not have specific acceptance targets and are not being replaced if they do not attain these targets, targets should be given priority as far as the field-workers are concerned.
- If the communication personnel or evaluation staff have not conducted a fact-finding survey of the existing infrastructure of facilities and personnel that could be used in a communication programme, this should be done immediately.

- If the clinic staff or field-workers are not providing complete and adequate information on contraceptive methods according to the needs of the couples, then this should be evaluated and improved as soon as possible.
 - If the current slogan and messages used in the leaflets, posters and other educational materials are not accurate and have not been pre-tested, they should be revised.
 - If the mass-media campaigns or ongoing programmes are not making a well-balanced use of existing media infrastructure and do not reach a target of 80 per cent of the couples in your province or country, then the current mass-media strategy should be revised immediately.
 - If provincial groups, business and government leaders are not aware of the national population policy or potential population problems as they affect their activities, then a communication programme should be designed and evaluated to develop an awareness of the population problem.
- No two countries or provinces will have the same priority needs. The most important need at this time is to review the strategy of the ongoing communication programme and determine a communication and evaluation plan of action that will achieve maximum results in terms of new acceptors and continuous use of the methods and to help couples develop a rationale for the spacing of children and number of children desired.

NOTES

3 What you should know about your country or province

Communication fact-finding

Most communicators and evaluators are not aware of the physical facilities, communication manpower and data that are available to them. Before an adequate communication and evaluation plan of action can be drawn up, a complete understanding of the infrastructure of communication channels should be undertaken. A fact-finding questionnaire is set out in Appendix 1 for this purpose. By answering the questions outlined in the questionnaires, you can better determine the following communication structure:

What is the structure and function of the mass media in the public and private sectors?

What elite groups exist?

What clinical and medical facilities exist?

What is the potential manpower for field-workers and supervisors?

What folk media exist?

What production facilities for printing and developing audio-visual materials exist?

Communication evaluation fact-finding

A large number of advertising and communication programmes have been going on inside your province or country. Through the mass media and salesmen, the public is being made aware of products that they can buy. In the health, agricultural and educational fields, the government is trying to improve the standard of living for the individual and communities. By contacting persons who have been responsible for these communication campaigns, you can determine how they have been evaluated and what communication approaches have been most useful.

Advertising, market research and sales organizations can inform you

about what types of advertisement have been most successful as well as what types of sales technique. They can also inform you about the emphasis that should be given to various types of media available in your area and with what anticipated effect. Several advertising firms have conducted listenership and media-exposure surveys. From these surveys you can determine what individual radio stations, at what times, should have radio spots and what advertisements the printed media require in order to reach specific audiences. If you can give the advertising agencies the characteristics of the target population you wish to reach and the nature of the contraceptive information that you are trying to communicate, they can provide ideas about ways of promoting family planning.

While talking with advertisers, you should find out how family planning can be tied in with the ongoing communication campaign. Will advertisers associate their products with small families? Can the sale of kerosene, soft drinks and other products be combined with the sale of condoms and resupplies of oral pills?

Many health programmes involving malaria control, vaccination and nutrition have used a combination of mass-media and group education techniques. By ascertaining what strategies have been applied by personnel conducting health-education campaigns, you can obtain guidelines regarding the appropriate balance to be struck between media and personal communication, as well as the type of messages and appeals which have been most successful.

Agricultural extension agents have also been involved in getting farmers to adopt new agricultural procedures. By talking with the director of agricultural extension services, you should be able to get some useful ideas on how family planning could be integrated into the agricultural education programme and what extension education techniques have been most successful. Another area of education that has been innovative is functional literacy programmes for adults and adult-education programmes. Determining how these programmes have helped satisfy local training and vocational needs would be valuable. Is there the potential for combining population, contraceptive and family-size information within the context of ongoing functional literacy, agricultural extension and health-education programmes?

Family planning needs to be communicated within the context of needs felt by the individual and the community. You should find out whether there are studies that have measured parents' aspirations for their children, and for themselves; what some of the needs felt by the community are, and how the population and family-planning messages can be related to these needs. A communicator or evaluator should

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What you should know about your country or province

spend at least two months studying the actual communication process in his area, as outlined above.

NOTES

4 Evaluating the ongoing family-planning communication programme

Assessing the value of your own activities

Do you currently have a communication programme which can be evaluated? There are several ways of evaluating what you have done: Have you achieved the results that you had set out for yourself when originally taking on the assignment as a communicator or evaluator? Are you obtaining the level of communication activities or evaluation data that you had planned for originally?

Have the personnel who are responsible to you produced the results that you had set out to achieve and have you evaluated them in the light of specific job descriptions, targets and production schedules?

Have you analysed your achievements using cost-benefit criteria and, if so, what is it currently costing you to achieve measurable results, given such indices as number of field-workers trained, amount of data analysed, tabulated and fed back, materials produced and distributed, etc.?

Have you spent at least one-third of your time travelling in your province or country to determine the effectiveness of the communication effort? Have you talked with men and women in the reproductive age group, as well as with field-workers, clinic staff and other personnel in the programme?

What evaluation indices do you have to measure your programme and how have you modified it based on findings from field studies or field reports?

Most communication and evaluation staff could not rate themselves very high using any of these criteria. There is very little contact between the person responsible for the programme and the field level staff. Few communicators receive any negative feedback from field-worker supervisors, clinic staff or the public.

Collection and evaluation of communication materials

You should collect all the posters, leaflets and other materials that have been produced within your country on family planning. Without any additional pre-testing you can evaluate these materials using the following criteria:

Are these materials honest? When describing the IUD, do they explain the possible side-effects, such as bleeding, headaches and other problems? Do they explain that women taking the pill and not wanting any more children are expected to return to the clinic once a month and take pills every day for as many as ten to fifteen years? Do they explain that 50 per cent of the women using the IUD and up to 70 per cent of the pill acceptors discontinue after two or three years? Do they explain that sterilization operations are generally irreversible and that men should use a contraceptive up to four weeks after the operation?

Is there a symbol or slogan that is reproduced on all the communication materials? Is the symbol easily identifiable and reproducible?

Do the posters and visuals communicate a specific message? Can the poster be understood by an illiterate and can all the writing be comprehended by a person who would be passing by the poster?

Do these materials explain the contraceptive? Do they refer to a specific size of family? Do the materials have easily understood instructions on how to use the contraceptives? Is the value of the two- or three-child family related to specific benefits to the children or their parents?

Do the materials explain where to go for contraceptives or how to obtain further information?

You should determine what are the existing printed material inventory levels at the national or provincial headquarters and at the various distribution points. An inventory policy should be based on how many items are needed over a given period of time. The field-workers or stock-room clerk should never let supplies drop below the estimated needs during a four-month period.

If the materials are honest and provide sufficient information and are being effectively used, then you should determine which items should be given emphasis. Usually simple and inexpensive one-page leaflets are easier to distribute and just as effective as pamphlets. You should consult the field-workers on their views. By simple field investigation you can evaluate if the posters are being torn down after they

are placed on the walls, if the leaflets and pamphlets are being distributed and read, and if the field-workers are using flip charts, pelvic kits and other materials supplied to them. In developing a plan of action, you should assign priority to the least expensive materials that reach the largest population. For evaluation purposes you may want to have the field-workers put a designated number on each leaflet or pamphlet they distribute. By counting the leaflets that are returned at the clinic at the end of each month, you can determine which field-workers or community organizations have distributed the greatest number of leaflets to the acceptors.

Assessing your ongoing programme

If the answer is 'no' to any of the following questions, then you should review and possibly revise your ongoing family-planning communication strategy:

Have you thoroughly investigated the structure and function of communication strategies in your country or province?

Does the mass-media programme reinforce and support the field-worker, clinic staff and others trained to provide family-planning education?

Are the field-workers selected from the areas where they work, given specific recruitment targets, assigned a specific area to cover, and are they similar to the couples whom they give information to in terms of age and marital status?

Do you utilize experience gained in the private sector in helping to advertise and distribute contraceptives?

Do you integrate family-planning communication with ongoing developmental communication support activities?

If there is significant folk media entertainment, do you utilize this medium in your communication strategy?

Does your budget and personnel used in mass-media campaigns reflect the effectiveness and audience exposure of individual media?

Are national, business, professional or governmental leaders aware of the implications of rapid population growth as it affects their activities?

Are the contraceptives chosen by men and women best suited to their needs for spacing or stopping pregnancies?

NOTES

5 How to pre-test the slogan, message and printed materials

Developing a symbol or slogan

All communication programmes should have a symbol and a slogan. Most national family-planning programmes have a symbol and a few have a specific slogan attached to the communication efforts. The symbol and the slogan should be placed on all printed materials and the slogan should be broadcast with every family-planning message. The qualities of a good symbol can be summarized as follows: (a) it should be easily identifiable; (b) it should be simple to replicate; (c) it should be simple in design; and (d) there should be some frame of reference.

The slogans in some countries emphasize a specific family size, usually two or three children. Whatever the slogan, it should be specific by relating to the contraceptives and/or family size. Preferably, the slogan should rhyme and be backed up with a recognizable sound symbol. A local instrument supporting the slogan with each radio broadcast or film clip is very useful. By identifying the symbol and slogan on all communication materials and at all distribution points for contraceptives, such as clinic and depot centres, the communication effort is tied in with the provision of services.

To determine the best slogan and symbol by pre-testing can be very valuable. Pre-testing can also give you an indication as to which additional themes or messages should be used in describing the contraceptives, the value of the small family and ways to overcome current resistance to the contraceptives and sustained practice. Even after pre-testing there is usually no one slogan or message that is going to satisfy the number of communication inputs that you will want to achieve.

Pre-testing messages

The first objective in pre-testing is to determine the slogan and the

visual that will be used. Write down on a piece of paper the existing slogans and messages that are used in the ongoing communication programme. Write down any additional messages that you think should be pre-tested. These messages or slogans should not be longer than one sentence or at the most two short sentences. Place these messages on cards so that they can be read by someone seeing them within a one-metre range. Divide the messages and themes into groups of four.

Choose the sample population that you wish to pre-test these messages with. You must first determine who is to be the target audience. Generally, men and women similar to the existing family-planning acceptors who are going to the health stations provide an adequate sample. A group of men and women chosen at random on the maternal and child health (MCH) staff or someone else in the health centre will generally be adequate for pre-testing purposes. A rough indicator of the way to select the sample as pre-test subjects is to choose men and women between 25 and 35 years of age who have three or four children. Most family-planning acceptors come to clinics not wanting any more children and already have five children. However, it is also useful to pre-test the messages for those who wish to space pregnancies. If 100 men and 100 women are used as subjects to pre-test the slogans and messages suggested here, it would take two clinic personnel working fifteen hours to complete the interviewing and another fifteen to twenty hours for tabulations. With only 200 men and women you should be able to get distinct preferences and indicators as to the best slogans and messages. Two hundred subjects is also an adequate number for posters or visuals; for radio spots or leaflets 100 subjects should do.

Appendix 2 contains an introductory form and baseline questions that should be given all pre-test subjects. Appendix 3 is a series of messages which could be pre-tested, with a diagram showing how to tabulate the results. After the baseline questions are asked, the women or men are shown the cards; if illiterate, the slogan is read to them. The cards should not be held up for longer than three seconds and only four cards should be used at one time. After the subject hears or reads the four cards, he (or she) is asked which slogan he likes the most, and which one the least. This information is then recorded and the interviewer goes to the next four cards and repeats the process. In pre-testing sixteen messages, the four messages liked the most or the four liked the least are then drawn out of the four packages. The subject is then asked to state which four messages he liked, which one he liked most of all, and, of the four they liked least, the one they liked least of all. After this is accomplished, the subject is then asked to state if

he or she believes any of the messages are dishonest, and these are then recorded. Another important criteria by which to determine the preferred message is to ask the women or men: 'What information would you most like to know before accepting a contraceptive?' and 'What information is most relevant for you when deciding on a specific size of family?' This rather simple testing to ascertain preferred slogans or messages can be very useful in determining which one you would like most to stress.

Pre-testing the visual or poster

All communication campaigns should have a visual representation of the pre-tested message. The pre-testing of visuals is very similar to the above. A series of posters are shown to women representing various family-planning themes. The poster pre-testing questionnaire (Appendix 4) can be used for this purpose. Four posters are shown and turned down every three seconds and the woman rates which one of the four she likes the most. The posters can be further evaluated by the colour, composition, lettering and specific descriptive details. Preferably, the visual representation of the family-planning programme should show the contraceptives and explain where a person should go for further information or supplies.

Pre-testing radio spots

Pre-testing radio spots using a tape recorder is somewhat artificial but can be done. Each radio spot is played individually and the subject ranks the spots using a rank order sheet on which there are four squares (see Appendix 5). For each radio spot, he or she records whether it is very good, fair, poor or bad. The subject can also rank it according to whether he or she thinks it is completely truthful, mostly truthful, partially truthful, or not truthful. After the radio spots are played, the subject is asked which one was liked the most and which one the least. There should always be an even number of choices to rank the radio spots or other materials. The median usually expresses a bias in rank order test.

Using the findings

With each of the appendix pre-test instruments, there are tabulation sheets. After the data have been tabulated, the findings can be used in the following manner:

- To determine what slogan should be used in all communication efforts.
 - To determine which are the strongest motives for a small family.
 - To determine the perceived disadvantages of the contraceptives.
 - To determine what messages can reinforce the principal slogan used in the campaign.
 - To determine what visual slogan should be utilized to support the communication programme.
 - To determine what radio spots have most potential effectiveness.
- Pre-testing should not only help in the choice of printed materials and mass-media programmes; the messages and posters should be reinforced by field-worker, community, clinic and elite education.

Your communication programme should fit the following specifications:

- You should have only one slogan and visual on all printed materials and broadcasts in all the media during any given campaign.
- The slogan and poster should be visualized by any person walking down the main street of a large city.
- A quick spot check by the field-workers and clinic personnel should show that the slogan is familiar to 80 or 90 per cent of all men and women within three months after the communication effort has started.

The pre-testing suggested here is easy to accomplish but it is somewhat artificial. Ideally, radio spots should be pre-tested as soon as heard on a radio, and posters after someone has just passed one or several in the streets. However, most natural setting pre-testing is rather difficult.

NOTES

6 How to evaluate the mass-media campaign

Evaluation of the ongoing programme

You should first have collected the data on the media infrastructure, determined what types of campaign have worked in the past, and pre-tested the slogan and visual. Appended is a pre-campaign survey form (Appendix 6) which could give you guidelines on which media to emphasize if media exposure surveys have not already been conducted. The survey also contains some questions for obtaining a baseline of existing knowledge about attitudes towards and practice of family planning. In most provinces and countries there are household surveys being conducted by statistical centres, university and plan organizations. Usually, small areas such as villages or urban clusters are stratified by population size, and then a sample of these areas within each stratum is selected by random sampling. Within each area, the households or houses are all listed and a sample of households is selected systematically at random. You should consult with a local sampling expert in designing the most efficient, scientific sample for your area. A sample size of 500 is adequate for only the simplest analysis; for more complex analysis, the sample size should be at least 1,000, depending on your needs and the estimated sample variation of what you are studying. If there are not more than 500 questionnaires to be completed, then ten field-workers can complete the interviewing in one month, assuming available transportation. You can use the questionnaire as a model. You can calculate the marginal tabulations in three weeks. One key puncher could put the information on cards in ten hours. Only two questions need to have code instructions developed. The coding and editing takes only seven minutes per questionnaire. On the margin of the questionnaire are the designated card and column numbers. The codes can be punched directly from the questionnaire.

Media emphasis

Without any media exposure studies or fact-finding, it is known that the radio is the most important medium. In populations with low literacy, say below 30 per cent, a rough guideline to follow is that half the cost and effort of a communication campaign should be put into radio spots and integrated programming. Further experience with mailing systems has shown that even where men and women are illiterate, they have mailings read to them. Even if there is only a 50 per cent registration of births, most countries could afford mailing information on family planning to women who have had a recent birth. Although newspapers and magazines are read by a more sophisticated audience than the general target population, advertisements, newspaper inserts and news releases have proved effective in most campaigns. Most countries have either slides or film clips shown in cinemas and, although initial production costs may be high, the cost per audience reached using slides and film clips has proved to be relatively inexpensive in the long run. There is rarely a rationale for producing 16 mm films if they are not shown in the public cinemas. If there are mobile units showing the films to large audiences, then the cost may be justified. However, audio-visual units are also very expensive and must reach a large population to be useful. Most mobile units can be expected to last seven years. If a driver, health educator and field-worker are assigned to the unit and spend twenty days a month in the field, then the cost is about \$18 per day. This assumption is based on a staff cost of \$180 per month, the fuel and repairs are \$60 a month and the vehicle costs \$10,000.

Evaluation instruments and procedures

The evaluation instruments used to measure the impact of a family-planning programme are useful for research purposes and should not be used on a national programme scale. The post-campaign evaluation survey (Appendix 7) can be used to measure changes in family-planning knowledge, attitudes and practice and gauge the individual effectiveness of specific media. A sample of 500 people chosen in a similar way as the baseline survey, but with a different group of men and women, could be used. The time to conduct the survey and tabulate the results would also be similar. To achieve immediate feedback for the ongoing campaign, the evaluation staff could use man-in-the-street interviews, diary takers, post cards and coupons as well as telephone responses.

The man-in-the-street interview is simply used to ask persons coming out of the cinema if they remember the family-planning film clip and if so, what they remember. Likewise, persons having passed a poster or exhibit could be asked what it is that they remember. There is no attempt at sophisticated evaluation, only quick feedback as to the effectiveness of the individual media.

A coupon could be placed on all printed materials, including newspaper advertisements. The coupon might bear a mark indicating in what medium it was placed and suggesting to potential respondents to take the coupon when going for services. By a return of the coupons from mailings, leaflets, advertisements and other materials, the evaluation staff could determine which media source was most effective. Some coupons might have the addresses or maps of the local clinics, or could be sent to a specific address for condoms or a booklet on contraceptives. To increase the effectiveness of coupons, they might be stamped with an expiration date providing free services for a limited-time-only, or they could state: 'The first one hundred persons to return the coupons will get free milk for their children.'

On the radio spots as well as the printed materials, there can be a telephone number to call or box number to write to for further information or contraceptive supplies. A request to the public to call the telephone number or write to the box number can be used to obtain negative information about the campaigns as well as information on individual problems that need to be solved. The person answering the calls should record daily the number of calls, the sex of the caller, the questions asked and the information provided.

One of the best ways to measure the word-of-mouth communication that is generated by the mass media is to have literate persons write down what they hear people discuss about family planning generally and the campaign specifically. A diary of these discussions provides an interesting indication of public opinions about the programme, both good and bad, and reactions to the campaign. The diary taker should note daily the sex of the discussants and where the conversation took place.

If at the clinics or depots where contraceptives are offered the visitors are asked to give all their sources of information, where they heard about family planning and which was the most influential source of information, an analysis of this trend by month can help determine the effectiveness of each component of the programme. Finally, trend analyses can be used in two ways. First, the number of new acceptors and continuous users can be charted for a period of three to six months before the campaign begins, during the campaign, and after the

campaign. By analysing the trend in acceptances over and above what would have been expected during and after the campaign, the evaluator can assess the effectiveness of the programme. A graph of the new and return visits during the same period of time for provinces, with similar populations and contraceptive services, but where no campaign was carried on, may provide useful comparisons. At the national level, competition between provinces or districts can be generated by keeping the various communication officers informed as to where they stand in reaching targets in relation to other provinces. Comparisons between provinces or districts must take into consideration population size and distribution, the availability of contraceptive services and media infrastructure.

Developing a continuous communication and evaluation programme

Campaigns can be useful in determining what media mix or media emphasis should be used in the ongoing communication programmes. After conducting the post-campaign survey, the cost per 1,000 people reached by each medium should be estimated. The recurrent budget for the ongoing programme should take into consideration the characteristics of the target population such as age, sex, literacy and location as well as the effectiveness of the individual medium. Usually radio is more effective than printed materials such as newspaper advertisements. The use of simple cost analysis, advice by advertising agents and other communicators, and common sense, should lead to a well-balanced communication programme. The slogan and visual should be combined with the symbol on all media used. The pre-tested messages should be reinforced by constant repetition in all media.

Each month a report by the communication staff should be sent to the national office, indicating the number of radio spots, news releases, mailings, and other routine communication efforts that are performed. The report should include an inventory of materials that are needed at any given time by the field-workers and other persons distributing the materials.

There should be a continuous visualization of the slogan and theme, even during non-campaign periods. A principal objective should be to have family planning visualized by stencilled paintings, banners and/or posters. The evaluation and communication staff could allow a slack period in the general level of activities during the two or three months preceding a campaign when time is needed for the preparation for a

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7 How to evaluate the education of elite groups

The objectives of elite education

National leaders may not be aware of the population policies of their own country, the effects of population growth and structure on their specific activities, or the progress and developments in the family-planning programme. Improved communication with elite groups should lead to greater support for family-planning programmes and provide a rationale for revising abortion, sterilization and minimum-age-for-marriage laws. Some of the problems preventing full utilization of family-planning technology can be summarized as follows:

Family-planning programmes are usually structured at a low level in the Ministry of Health but with proper policy support these could be developed into an autonomous organization, utilizing the resources of all ministries.

Leadership in many family-planning programmes has been very weak; an effective elite communication programme could develop a better leadership structure.

Contraceptive services have been hampered because of under-utilization of paramedical personnel to insert the IUD and prescribe oral pills, and inadequate distribution of condoms and fresh supplies of oral pills in the villages. A communication programme could help to promote the use of paramedical personnel, depot distribution and commercial marketing systems.

Without legislation providing for medically safe abortions when women fail to use the contraceptives given to them, it is difficult to enable women to have children only when they want them.

Some 60 to 80 per cent of all men and women coming to the clinics want to put a stop to pregnancies. The elite should be informed of the need to provide sterilization services.

Family-planning communication programmes have been hindered by inadequate support from the private and public sectors controlling broadcasting, publishing and advertising institutions.

Many countries still have restrictions against the advertising of contraceptives.

A communication programme with elite groups should help clarify the issues or resolve the problems. Such a programme might cover some of the following subject areas:

Most leaders in both the public and private sectors are not aware that populations will double in almost all developing countries no matter how intensive or effective the family-planning programme may be.

Most ministries and government departments are not aware of how population growth affects their specific activities or how they could integrate population and family-planning communication into their own programmes.

There is a prevalent myth to the effect that population and family-planning efforts come from the developed countries.

Most national leaders are not aware of the fact that between 20 and 40 per cent of all women in their countries are having unwanted pregnancies and that family planning can be an effective means of improving maternal and child health.

The elite groups are generally not aware of the ongoing activities of the national family-planning programme and have not been requested to support the activities of that programme.

The population problem is not generally perceived in terms of complex interrelationships between resources available within a country, environmental deterioration, rapid migration to cities, restrictions on women's rights and a high rate of infant mortality.

The principal objective in educating elite groups through family-planning communication is to make them aware of the nature of the population problem and to provide specific courses of action that can be taken by changing laws and regulations or by direct participation in the implementation of the family-planning programme.

Identifying the elite groups

At the provincial and national levels, the names and addresses of elite groups can usually be found in *Who's Who*, a government gazette or from a subscription list of the leading periodicals. Basically, the elite groups can be summarized as follows:

All ministers, under-secretaries and department heads of government agencies. At the provincial level this would extend to the district administrators, including agricultural extension agents, village leaders, schoolteachers, etc.

The judiciary.

Legislators.

Professional groups such as doctors, lawyers, architects and engineers.

Directors and presidents of large industries.

Publishers, directors of radio stations and the directors of advertising agencies.

National opinion leaders ranging from theatrical personalities to sports champions.

Religious leaders.

Speech-writers for politicians.

Developing a communication strategy

After the elite's names and addresses have been recorded, a communication strategy can be designed. The family-planning administrator, communication director and evaluation staff should determine priority communication needs. Is there a need to obtain changes in government policy affecting the family-planning programme, or to develop an awareness of the population problem and family-planning programme? Should certain elite groups be given priority in the communication strategy? What will be the principal theme of the communication effort and the expected activities of the elite groups? How can the communication programme be effectively checked and evaluated? Should there be a pre-test of the communication messages? How can the existing support from elite groups, including the head of state or other influential persons, be brought into the communication programme? How can the communication effort be tied in with the communication strategy of field-workers, community education, mobile units, or other family-planning communication activities? What evaluation procedures designed within the context of baseline surveys and pre-test instruments can be applied to an evaluation of elite communication?

A communication strategy may utilize one or all of the following procedures:

Publication of statements explaining the population problem or supporting the family-planning programme made by the head of state or other influential persons.

Organizing one-day meetings of the elite groups and discussing and reviewing population and family-planning activities. Formulating a systematic programme to combine family-planning communication efforts with planned meetings of provincial groups, sessions of parliament, ministerial meetings, or provincial political rallies.

Establishing a monthly mailing programme to reach the elite. The messages can be related to a problem or event, such as energy and food shortage, employment problems or needs for education and health facilities.

Identifying the newspapers and magazines commonly read by the elite groups and issuing news releases or writing articles for such publications.

Preparing a questionnaire to gauge how aware elite groups are of population problems, and feeding back the findings to those groups.

Soliciting letters from the public to support legislation in favour of population and family-planning laws and policies.

Having leaders sign statements advocating the repeal of anti-abortion laws or the provision of better family-planning services.

Getting public figures who have had vasectomies or abortions to give open support to these methods.

Evaluation and monitoring of the programme

A quantifiable measure of an elite education programme consists of the number of public statements made and the release of such statements to the news media, as well as distribution through the mailing system. The staff should keep track of the proceedings of parliament sessions, the meetings of professional groups and decisions by the judiciary on laws and policies affecting the family-planning programme. The most important indices for evaluating the communication programme can be summarized as follows:

Have laws been passed or regulations changed governing the provision of abortion and sterilization services, the use of paramedical personnel and the advertising of contraceptives?

Have laws been passed and enforced regarding the minimum age for marriage, child labour, universal education, the provision of social security and the rights of women and children?

Has any action been taken by elite groups to provide population and family-planning training in adult education and communication programmes? Has the personnel the elite are responsible for been requested to provide contraceptive services or recruit a designated number of acceptors?

Has a questionnaire been formulated which measures the existing knowledge and attitudes of elite groups with respect to the population and family-planning programme as it specifically relates to their activities? Has any effort been made to determine what the

elite could do in the communication programme?

In Appendix 8 there is a questionnaire for the elite groups which attempts to develop a baseline of the awareness of the programme and asks questions which will provide an indication as to how they could participate in the programme. If the elite groups commit themselves to taking specific actions, then the communication evaluation staff would have a basis by which to measure their activities.

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8 Evaluation of the field-worker's activities

Objectives of communication activities

Most national family-planning programmes have a cadre of full-time field-workers who make home visits and conduct group meetings. In most countries, the field-workers are women because the principal forms of contraception, the IUD and oral pills, are used by women. Cumulative experience has shown that there are very distinct guidelines by which to select field-workers, train them, set up their field activities and evaluate their effectiveness. The communicator should ask the following questions and the evaluator should develop a strategy for obtaining the answers:

- What portion of the field-workers should be men and how should they work with females in communication activities?
- What portion of a field-worker's time should be divided between the health station or clinic, conducting home visits, group meetings or making follow-up visits?
- How can a field-worker get couples to accept the most effective method for their particular needs?
- What type of media support for the field-workers would be most effective and what leaflets, flip charts and audio-visual materials given the field-workers are most useful?
- How is the evaluation of the field-worker's effectiveness and problems to be reported to the communication evaluation and administrative staff in such a way that it gives rise to specific action on their part?

Guidelines for evaluation

There are some very specific guidelines from existing experience by which the communication programme by field-workers can be gauged. In selecting field-workers, they should be similar to the target audience they are trying to communicate with in terms of their age, education

and background. Field-workers should be assigned to cover a population of a given size which will usually vary, depending on the density of the population, from 15,000 to 25,000. They can be expected to visit all women in the reproductive age group in an urban setting within one year to eighteen months. A field-worker can normally conduct ten home visits a day and conduct two group meetings with fifteen to twenty persons a week. Generally speaking, the field-workers can be expected to recruit from three to eight new IUD acceptors, five to ten oral pill or condom acceptors, and one or two sterilization acceptors in a month, but this depends on the acceptability and availability of the methods. Whatever the methods are, the field-worker should be given both a new acceptor and continuous-use target. This can be done by giving her fifteen points for a sterilization, seven for a new IUD, five for an oral pill, three for a condom and one point for each return visit. To increase continuous use, the field-worker should set up four or five distribution centres for condoms and oral pills in her area. The field-worker should have some form of educational materials such as leaflets on the contraceptives. The usefulness of film-strip projectors and other audio-visual aids has yet to be determined.

Evaluation of the field-worker communication activities

Many programmes assign field-workers as temporary personnel so that if they do not achieve their targets, they can be replaced. Assigning the targets by which to evaluate a field-worker will vary depending on the availability and acceptability of the contraceptives, the total population and distribution of the population, the number of men and women currently practising or wanting contraception and the length of time a programme has been in operation. The evaluation director can determine the current level of referrals per field-worker and the return visits for contraceptives and assign a target based on what 70 to 80 per cent of the existing field-workers are currently accomplishing.

Most field-workers have a daily home visit form in which they record the name and address of the persons they visit, together with such information as number of living children, age of wife, current practice of family planning, and interest in accepting a contraceptive. Appended is a daily home visit form (Appendix 9) and a monthly record form (Appendix 10) which can be used to evaluate their activities.

The most accurate way to gauge which field-workers recruit a given number of acceptors is to use a coupon system. The coupons shown in

Appendix 11 have four parts. The first part is used to record the name and address of the person intending to practise a specific method. The second part is used for follow-up purposes. Three to six months after the coupon is issued, a field-worker can determine if the person accepted the method and, if so, whether she is a satisfied user and if not, why not; and what communication or change in programme activities are necessary to overcome her resistance. The follow-up section is sent to the evaluation staff at the end of each month. The third part of the coupon records the man's or woman's name, number of living children, education and address. The person wanting to practise family planning takes the third and fourth sections to the doctor or other person providing the contraceptive services. At the time of the clinic visit the doctor fills in the information on the type of contraceptive given and if there are payments to the doctor or motivator, then the fourth section is used as a receipt form. When the payments are made, the third and fourth sections are collected and the centre section is used for evaluation purposes; the fourth section goes to the accounting office. Since each coupon has a number designating the individual who has issued the coupon, it is easy to trace who referred which acceptors each month. If the results for each field-worker are returned to them there is a built-in sense of competition between workers to achieve the targets assigned to them.

Evaluating the quality of the individual home visit or group meeting has been difficult. Some of the qualitative aspects of the communication evaluation process can be summarized as follows:

- Is the field-worker capable of stressing the methods in such a way that they satisfy the needs of the couples wanting to space or avoid pregnancies?
- Is there a joint commitment between the husband and wife in the process of making a decision about the contraceptive?
- How effective is the field-worker in developing community support for her family-planning communication activities?
- How does the field-worker develop an awareness of the population problems as they affect health, education and other local development efforts?
- How does the field-worker develop functional relations between the aspirations of parents and specific family sizes?
- How can she be honest in explaining the side-effects associated with the methods and at the same time build up acceptability and the discipline required to use the methods?
- What promotion techniques, such as 'free offer for a limited time only'

and specific appointment dates, can she use in getting a commitment for immediate action?

How does the field-worker diagnose and overcome culturally related resistance to family planning such as the role and status of women, subjects of discussion that are taboo, resistance of family members, the preferred need for at least two sons, as well as the real needs for children due to high infant mortality rates, support in old age and cheap labour?

How can the field-worker communicate to the supervisors and administrators the type of problems that will lead to specific courses of action?

How can the communication evaluation activities of the field-worker be combined with other evaluation needs such as baseline media exposure surveys, clinic education, community education and pre-testing of materials?

With the proper utilization of the attached daily home visit and monthly record forms, coupons and questionnaires used by the field-workers, the evaluation and communications staff should know within five to seven months what types of field-worker activities have been most successful, which field-workers need to be replaced and how to develop a strategy for continuous field-worker communication and evaluation.

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9 Evaluation of contraceptive service education

When men or women go to get their contraceptives, there is an additional communication activity. This will vary with the following conditions:

The legal or policy aspects allowing doctors and paramedical personnel to provide sterilization, abortion, the IUD, or to prescribe oral pills.

The effectiveness of the mass media, and field-worker or other community education programme.

The number of persons using the contraceptives in the community and their satisfaction and dissatisfaction with these methods.

The fact that motivation of a woman using the various contraceptive services will vary with timing of the last birth; the number of living children; the death of previous children; the number of living sons and their ages; whether she is breast-feeding; whether the decision has the approval of the husband; and other economic, social and cultural factors.

The desire to use the method to space the distance between pregnancies or to prevent pregnancies.

The training and experience of the depots, paramedical personnel, doctors, etc.

The time and effort required by the providers of services to educate the women and men.

The setting, such as the private doctor's office, the bedside in a hospital, the home, the group education at the health centre, the pharmacy or, if supplied by the depot, the retail store, barber shop, etc.

The educational support materials in the pharmacy or doctor's office such as counter displays, leaflets, posters or flip charts and pelvic models.

The salary and payment schedule for the doctors, depots or others providing the services.

The requirements, such as the husband's and wife's consent for sterilization, age of the wife and age of the youngest child.

The previous practice and use of contraceptives by the acceptor.

Designing a communication strategy

A communication strategy for the personnel providing the services should take into consideration the following factors:

What contraceptive methods are currently being emphasized and are the acceptors able to use those methods to satisfy their need to space or avoid pregnancies?

What personnel can be used to communicate with the providers of services, such as the doctors who conducted the initial training programmes, detail men who explain drugs to the doctors, family-planning field-workers or nurse-midwife supervisors or, in the case of commercial distribution channels, the wholesalers?

What communication channels can be used, such as medical journals and direct mailings?

What medical standards will be maintained in the provision of contraceptive services, such as contra-indications for the IUD and pill?

The following are possible guidelines for communication:

Vasectomy should be offered to men who do not want any more children and whose youngest child is from 3 to 5 years old.

Vasectomy is preferable to tubal ligation in all circumstances except where the female tubes can be tied as a routine part of a post-operative procedure.

The IUD has a higher use-effectiveness for women who want to stop childbirth than oral pills or condoms.

Oral pills can be prescribed by medical or paramedical personnel after screening women for whom there are contra-indications. If resupplies are readily available and free they can be effective for women who want to delay their first birth or space the distance between children. With early marriages, most women have three or four children before they are 30 years old. The oral pills have not proved effective for women who want to stop pregnancies altogether, due to the long periods during which the pills must be taken.

Women who are breast-feeding can start taking low-dosage oral pills within six weeks after delivery, without a significant decline in lactation.

If a woman is menstruating and wishes to avoid pregnancy, she should be using a contraceptive.

If menstrual regulation or early-term abortion is acceptable and accessible as a back-up for contraceptive failure, all forms of contraceptives can be recommended.

Many people have heard rumours about contraceptives and have fears that need to be overcome during the clinic education. Communication programmes should try to overcome certain common misunderstandings and should make it clear that:

Vasectomy does not cause impotence. The fluid ejaculated does not contain any sperm, but this goes unnoticed.

Women who have had a tubal ligation continue to menstruate.

Menstrual regulation or early term abortion usually takes 3 to 5 minutes and is safe and effective.

Although there is generally breakthrough bleeding associated with both the oral pill and IUD, it is not considered dangerous to the woman's health. If the problem persists, then the method can be discontinued.

All forms of controlling fertility, including abortion, are safer than allowing pregnancy to go to term.

Couples rarely get an honest explanation of the available methods, their advantages and disadvantages. Women are not informed that 10 to 15 per cent of the IUD acceptors will have a pregnancy and that usually 50 to 70 per cent of the women will discontinue the IUD after four to five years. Out of 100 women accepting the oral pill, about half of them will discontinue within a year and as many as 60 to 80 per cent after two years.

Evaluation methodologies

One of the best techniques to evaluate contraceptive education procedures is to plant women or men in the clinics. They can be specially trained to evaluate the services. If the personnel providing the services know they are being evaluated, but do not know who the evaluators are, then they are likely to provide better education and treatment for the people they see. Every month a woman or man could go to the clinic or doctor's office and collect the following information: (a) the time spent waiting at the clinic for methods; (b) the questions they were asked for clinic's records; (c) the contra-indications that were given; (d) the explanation given about the loop, the pill and other methods, (e) and method which was given most emphasis; (f) the side-effects that were mentioned; (g) the number of personnel the clinic had and what each staff member did during the visit; (h) if pills were prescribed, the number of cycles of pills that were given at one time; (i) the instructions that were provided on how to take the pills; (j) if an IUD was inserted, whether the doctor explained how to check the

strings; (k) points rating of the clinic in terms of courtesy and the accuracy of information; and (l) how much it costs for pills and for the visit to the clinic.

Commendation or criticism could be given by the person planted in the clinic. This technique is also effective in determining whether doctors paid on a fee basis are giving false reports.

The evaluator should determine for each of the clinics, private doctors, depots or health stations, whether or not men and women are choosing a method that helps them avoid unwanted pregnancies. The individual service centre can be evaluated by the proportion of persons accepting, compared with the total proportion of the eligible population in the area, the type of methods they choose, and the number of return visits each month.

Without an identification number for all persons accepting, many men and women are falsely counted as 'new acceptors'. Some national programmes now record more 'new acceptors' than there are women in the reproductive age group. Since new acceptance figures are not an adequate evaluation tool for measuring the success of the programme, except where sterilization is involved, the evaluation staff should look at the total number of persons issued with supplies each month, and then study the use-effectiveness of these methods. To measure the true effectiveness of the programme, the evaluation staff should develop definitions of a 'new acceptor' that prevent the same person from being counted two or three times.

The staff providing clinic education can also help with the pre-testing of messages and materials, and with gauging the effectiveness of the field-worker's education techniques. There are a large number of man-hours that health and family-planning clinic personnel could be using for evaluation purposes, such as conducting surveys and tabulating responses. Clinics usually keep a record of answers to questions about source of information. Priority should be given to the analysis of these answers.

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10 Developing a communications evaluation plan of action

After a fact-finding survey to understand the communication infrastructure and process in your province or country, all the administrative, communication, training and evaluation staff should spend at least five days drawing up an annual plan of action. The agenda for the first day of the meeting should cover the priority needs, determination of communication evaluation objectives, review of the section of defining job descriptions and priority communication needs. The second day should be devoted to reviewing the problems in achieving the objectives and assessing the staff, budget and time requirements to achieve the objectives. The actual plan of action should describe the communication and geographical setting, the major problems in the programme, the criteria used for assessing priorities, the objectives and strategy, the organization and administration, the specific job descriptions of all staff involved in the plan, the target groups and possible messages, the budget breakdown and the principal activities by month. Once the plan is approved, then every month the director of the communication programme should circulate the specific objectives for each month and the tasks to be performed by each staff member during the month. A deadline should be set for the accomplishment of each task.

Many plans of action have not been implemented because they were too ambitious. It is better to have a simple plan that can be carried out than a complex plan that cannot. Because government policy, the status of family-planning programmes, communication infrastructure, staff competence and energy, budget and time requirements vary from area to area, there is no way to give detailed guidelines for a communication strategy.

One possible sequence of events might be as follows:

To conduct fact-finding—two months.

To measure the effectiveness of field-workers, assign targets and improve the feedback of information from the field as well as the individual effectiveness of the workers—two to three months.

To construct a list of elite groups and start a mailing system—one month.

- To conduct baseline family-planning and media exposure surveys, to organize a media campaign and to achieve a visualization of the symbols and knowledge of the slogans—two to three months.
- To measure the communication effectiveness of clinic staff and promote the methods best suited to the needs of women and to study the quality of services by planting women in the clinics—one month.
- To integrate family planning systematically into community education activities such as adult education, into folk media, literacy classes, the factories, agricultural co-operatives and groups formed by the field-workers, such as mothers' clubs.

Even if there is little communication or evaluation activity during the next year, the following goals in developing a plan of action should be achieved:

The media messages should be honest.

The field-workers and clinic staff should stress the methods suited to the needs of the couples.

There should be one symbol and slogan used in the communications effort.

The elite should be informed that the population in their province or country will double no matter how intensive the family-planning activities and as many as 25 to 40 per cent of all women are having pregnancies they do not want.

The communication and evaluation staff should consider two important objectives when developing a plan of action. First, the communication strategy should help couples discriminate between family sizes, so that each couple has a pregnancy spacing concept and a size of family goal. Second, couples should know how to use the appropriate family-planning methods.

NOTES

Appendices

1 Fact-finding questionnaire and check-list

Before developing a plan of action for the communication programme, there should be an understanding of the population policy; the administrative obstacles to communicating messages; the private and public efforts to communicate to various target groups; and the ongoing evaluation techniques used to gauge results. Not all the questions raised will be answerable but most of the fact-finding questions are relevant to developing a strategy.

I. Population and family-planning policy

A major problem in communicating family-planning messages has been the policy of legal restrictions. Within family planning there are problems in administratively structuring the programme high enough to utilize public communication infrastructure and flexible enough to use the private advertising or marketing systems.

There are usually restrictions on utilizing the available medical and paramedical manpower by prohibiting fees for services or preventing the development of a broad-base distribution system by not allowing depot or commercial distribution of condoms and oral pills. Another problem is prohibiting abortion and/or sterilization.

In going beyond family planning, there are the issues of child allowances, compulsory education, the legal rights of women, the involvement of women in the labour force, government development priorities, the problems of the environment, the health status of women and children, the legal age for marriage, energy and food shortages, income disparities, and a host of other relevant issues that should be considered in the fact-finding process.

A. Policy within family planning

1. Can the family-planning communication staff work directly with the Ministry of Information and Broadcasting to develop a plan for using the radio, television and other public-sector media?
2. Can contracts be signed with private radio stations, advertising agencies or marketing firms to develop campaigns?
3. Can commercial channels or depots for distribution of condoms and oral pill supplies be developed?
4. Can public and private doctors and paramedical personnel be given a set fee for each IUD insertion, sterilization or prescription of pills?
5. Are medically safe abortions offered to women who fail using the contraceptives given them?
6. Are there restrictions in offering vasectomy and tubal ligation?
7. Are there restrictions on the prescription of oral pills or having paramedical personnel insert the IUD?

8. Are there excessive duties on the import of contraceptives?
9. Can contraceptives be advertised in the newspapers or on the radio?
10. Are there restrictions against paying persons who recruit new acceptors?

B. Policy beyond family planning

1. How can the family-planning message be integrated into the total development communication process?
2. What are the problems associated with providing women equal rights and opportunities?
3. What are the local issues associated with environmental problems?
4. What policies affecting development, and subsequently fertility, mortality and migration, are relevant to the following issues:
(a) development allocations by sector; (b) income disparities; (c) health insurance and social-security programmes; (d) labour versus capital intensive programmes; (e) agricultural co-operatives and land reform; (f) public participation in the programmes, and (g) graduated income tax.
5. What are policies pertaining to birth spacing or stopping rewards and constraints?

C. Communication activities aimed at changing a policy

1. Are there plans to conduct a survey of the elite population and family-planning attitudes? (see Appendix 9).
2. Has the Head of State signed a statement supporting family planning?
3. What statements have been issued by the various ministries, the heads of planning organizations, and other leaders?
4. Have leading economists and sociologists written articles and papers on population and family planning for national publication?
5. Have there been or are there plans for seminars on population for newspaper editors, broadcasters and others working in the communication effort?
6. Is there a newsletter on population and family planning sent to national as well as provincial leaders and professionals?
7. Are there organized 'speakers' bureaux?
8. What findings from knowledge, attitudes and practice (KAP) surveys have been publicized, such as problems of unwanted children and public support for family planning? (see Appendix 6).
9. Is there a systematic attempt to send news releases on population to newspapers, radio stations and magazines?
10. Are there plans for national or regional workshops or seminars on family planning?

II. Development support communication

1. What are the communication support activities for agricultural, educational and industrial development efforts?
2. What health campaigns are planned and how can population and family planning be related to the total health-education efforts?
3. What studies of parents' aspirations have been conducted by university or government agencies and what is the relevance to family-planning motives?
4. How are the mass media used to support development programmes, what tie-ins can there be with family planning and population related content?
5. What development support campaigns have been most successful and how can family-planning staff learn from the results of these campaigns?
6. What have been the pre-testing and evaluation techniques used, and what have been the results of the studies?
7. What family-planning messages can be tied in with the development communications support activities?
8. What audio-visual materials are going to be used for the development communication activities and can they have some family message content?
9. Will government ministers or departmental heads issue directives or supporting statements on population and family planning?
10. Can family planning be added to the training programmes for schoolteachers, agricultural extension agents and other functionaries?
11. Can the functionaries be given leaflets on the contraceptives or coupons?

12. Will ministries allow payments for IUD and sterilization referrals as well as having the functionaries act as depots for condoms and oral pills?
13. Can the functionary supervisors help monitor the family-planning communication activities?
14. What feedback can the functionaries provide on the effectiveness of the family-planning communications programme?
15. Would functionaries be willing to evaluate the communication activities or the field-workers or clinic staff, to pre-test messages or conduct baseline surveys?

III. Contraceptive services

1. How many doctors are there in your country?
2. How many of these doctors are providing contraceptives to their patients?
3. How many paramedical personnel have been trained to insert the IUD or distribute oral contraceptives?
4. About how many condom distribution places are there?
5. Approximately what percentage of babies are born at hospitals, health stations, under the care of trained and certified midwives, untrained midwives, or others?
6. If all those who deliver babies are not now trained to provide contraceptives, are there any plans to train them during the next year?
7. Which methods of contraception (if any) are now being offered by government services and voluntary agencies?

Methods	Government services	Voluntary agencies
IUD		
Pills		
Sterilization		
Condoms		
Other		

8. How much does the patient pay?

	IUD	One pill cycle	Dozen condoms	Vasec- tomy	Tubec- tomy	Other (specify)
Government sponsored services						
Family-planning association services						
Private services						
Other						

9. Can a patient (man/woman) obtain sterilization upon request from government health services? From a private physician?
10. If a woman becomes pregnant while using a contraceptive, can she obtain an abortion? If yes, how much must she pay?
11. Could government family-planning centres handle additional acceptors of family planning? If yes, what percentage of increase might be absorbed by established centres?
12. What percentage of the rural population will be provided with contraceptive services during the next year?

IV. Targets

1. Acceptances last year and targets during the next year:

	Acceptances			Targets during the next year		
	Government programmes	Family Planning Association programmes	Other (specify: private MDs, chemists)	Government programmes	Family Planning Association programmes	Other (specify)
<u>Contraceptive method</u>						
IUD						
Oral contraceptives						
Vasectomy						
Tubal ligation						
Condom						
Foam						
Diaphragm						
Other (specify)						

V. Radio

1. Give the number of government and privately owned radio transmitters.
2. How many receivers are there?
3. Approximate percentage of people owning radios in urban areas; in rural areas?
4. Will the government give free radio time for family planning?
5. Will the private stations give free radio time for family planning?
6. How much time will government stations allow:
 - a. How many 60-second spot announcements for family planning might be available each month?
 - b. How many 5-minute announcements each month?
7. Can the script-writers at the radio stations be commissioned to bring family planning into the content of their programmes?
8. Would the radio stations broadcast news items on family planning and population?
9. What are the clearance procedures to obtain free time on the radio?
10. Does the government radio station take any commercial spots? If so, what is the cost per 30-second spot during prime time? Other hours?
11. Which private stations would take 30-second announcements on family planning and what would be the cost?

<u>Station</u>	<u>Would take</u>		<u>Cost of 30-second spot</u>	
	<u>Yes</u>	<u>No</u>	<u>Prime time</u>	<u>Other hours</u>
1				
2				
3				
4				
5				

12. Would private station managers be willing to allow free time?

13. Have any surveys been conducted to indicate when people listen to the radio most often?
 - a. When do women listen to the radio most often?
 - b. What percentage of all married women listen to the radio at least once a day?

VI. Newspapers

1. How many newspapers are there in your country?
2. What is the estimated total circulation?
3. What type of family planning related copy would the paper use?

Paper No. 1 (Name)	Paper No. 2 (Name)	Paper No. 3 (Name)
<u>Feature stories</u>		
<u>Letters to the editor</u>		
<u>Cartoons</u>		
<u>Comic strips</u>		
<u>Other (specify)</u>		

4. For the three largest newspapers, could you obtain the following information from the publisher or managing editor?

<u>Names of three leading newspapers</u>			
	<u>No. 1</u>	<u>No. 2</u>	<u>No. 3</u>
<u>What is the circulation?</u>			
<u>Average number of pages?</u>			
<u>Daily or weekly?</u>			
<u>Does the editor believe contraception should be provided to women?</u>			
<u>What types of news releases would be published?</u>			
<u>a. Items on effect of population on development plan</u>			
<u>b. Items on when population will double</u>			
<u>c. Items on effect of population on education</u>			
<u>d. Items on status of the family-planning programme</u>			
<u>e. Information on contraceptives</u>			
<u>f. Location of family-planning clinics</u>			
<u>g. Other (specify)</u>			
<u>How much would it cost per week for six column-inches of space?</u>			
<u>Would the publisher donate the above six column-inches a week for an advertisement?</u>			

VII. Magazines

1. How many magazines are there in your country?
2. What is their estimated total circulation?
3. Which magazines are most read by national leaders and/or policy-makers?

	Names of magazines					
	No.1	No.2	No.3	No.4	No.5	No.6
<u>Circulation</u>						
Would editor be interested in having articles on population?						
Would magazine publish an article on the family-planning programme or contraceptives?						
How much is advertising space for $\frac{1}{4}$ page?						
$\frac{1}{2}$ page?						
Full page?						

4. What are the three magazines most read by women in the child-bearing years?

	Names of magazines		
	No.1	No.2	No.3
Would they publish articles on the need for family-planning programmes?			
Would they publish articles describing contraceptive methods?			
How much is a half-page advertisement per issue?			

VIII. Mailings

1. How many post offices are there in your country?
2. Are postal services available throughout rural areas?
3. How many days does it normally take for a letter from the capital city to reach an individual in a remote village?
4. Who is responsible for delivering letters in rural villages?
5. What is the lowest cost of sending letters at a bulk rate?
6. Would the government allow letters on family planning to be sent free?
7. Are vital data, such as births, deaths, marriages, recorded in urban areas?
8. Would the birth registrar allow a clerk in his office to send out letters?
9. Would the birth registrar allow a clerk in his office to copy names and addresses from his records to be used for mailings?
10. When an illiterate woman in a rural area receives a letter, who will usually read it to her?

IX. Films

1. How many cinemas are there in your country?
2. What is their estimated total seating capacity?
3. Are slides or film clips shown before or after a programme?
4. Would the cinemas show films or slides on family planning before or after the programme?
5. What would be the cost for showing slides three times daily for one month in a medium-size theatre?
6. How many projectors are available to show family-planning films?
7. Are the above projectors now being used to show family-planning films?

X. Indigenous entertainers

1. What are some types of indigenous entertainers that could be used to promote family planning?
2. Are there puppet shows, play groups, musicians and theatre groups that could integrate family-planning content into their entertainment?
3. Would they be willing to bring in family planning as a part of their entertainment?
4. If so, what would it cost?

XI. Advertising agencies

1. What type of services could advertising agencies provide you?
2. What advertising campaigns have been most successful?
3. Have the advertising agencies conducted media listenership surveys?
4. What advice can the agency give you on media mix?
5. What pre-test and evaluation activities have been carried out by these agencies?
6. Would advertising agencies assist in planning and carrying out family-planning information programmes if funds were made available by the government or other sources?
7. Would agencies tie family-planning and population messages into their advertising copy?

XII. Printing

1. From two printing firms with offset presses, obtain estimated bids for the following:

Name of printing firm	
No.1	No.2
One million one-page (8½" x 11") leaflets on contraceptives. No colour or artwork.	
10,000 posters (19" x 25") in two colours.	
10,000 posters (11" x 16"). No colour.	
10,000 printed messages on letter paper with envelopes.	
Training manual (8½" x 11½") with 40 pages and soft cover.	

2. Does the family-planning office/Family Planning Association have a copying machine?
3. Does the family-planning office/Family Planning Association have a multilith machine?
4. Does the family-planning office/Family Planning Association have a mimeograph machine?
5. What is the cost per 10,000 items to have materials multilithed or mimeographed?

XIII. Person-to-person communication

1. What is the current number of full-time family-planning workers?
2. How many do you plan to hire during the next year?
3. How long will their training period be?
4. How many field supervisors will be hired during the next year?
5. How long will their training period be?
6. What will be the minimum number of new acceptors required each month, if any, of each full-time worker? Will there be continuous-use targets? Will the targets be based on the effectiveness of the methods?
7. Will the workers be requested to establish distribution points for oral pills and condoms?
8. How many depots will each worker be responsible for supplying?
9. What will be the salary scale per month for a full-time worker?
10. Will midwives or family-planning acceptors be paid travel or payment as an incentive to recruit new acceptors?

2 Pre-test baseline questionnaire

The pre-test setting at the Health Department or wherever the interview is taking place should be quiet and undisturbed. Do not use the same subjects for different types of pre-test studies. To test interview bias, simply colour code the responses on tabulation sheets so that each colour represents a specific interviewer. You can see immediately by the colour patterns if there is an interviewer bias. You can also give the pre-test to the interviewer before he or she starts the pre-test. Bias is diagnosed by the similar responses of the interviewer and interviewees.

Make sure that all the baseline questions are completed for each test subject. The baseline questions take only ten minutes to complete. By analysing the types of response by characteristics of the subject, you can gauge better how to gear the messages to specific target audiences.

All the data for each pre-test can go on one card directly from the questionnaire. The key-puncher can place the codes on a card directly from the questionnaire. To place all the data on cards for all the pre-tests takes a key-puncher about two hours. To run off all marginal tabulations and relevant cross tabulations on a counter and sorter would take about eight hours. In order to get distributions by groups of messages on a counter and sorter, you must first isolate the groups and then get the message distribution.

Pre-test baseline questionnaire

Name of interviewer:

Sex of respondent: Male ____ (1) Female ____ (2)

Col.

Pre-test

1

Card No.

2

Interviewer

3

Respondent ID No.

4 5 6

Sex

7

Hello, my name is _____. I would like to take a few minutes of your time. We are trying to develop a communications programme related to the health of mothers and would like to have your help.

1. How old are you?

- | | |
|--------------|----------------|
| (1) 15 to 19 | (6) 40 to 44 |
| (2) 20 to 24 | (7) 45 or more |
| (3) 25 to 29 | (8) No answer |
| (4) 30 to 34 | (9) Don't know |
| (5) 35 to 39 | |

8

2. Have you ever been married?

(If yes) Are you currently married, widowed, divorced or separated?

- | | |
|-----------------------|---------------------|
| (1) Never married | (4) Divorced |
| (2) Currently married | (5) Not ascertained |
| (3) Widowed | |

9

3. What does your husband (or you) do for a living?

- | | |
|---------------------------|-----------------|
| (1) Farmer | (6) Shopkeeper |
| (2) Professional | (7) Unemployed |
| (3) Labourer | (8) Service |
| (4) Government employee | (9) Other _____ |
| (5) Salesman outside shop | |

10

4. How many children have ever been born to you?

- | | |
|-----------|-----------------------------|
| (1) None | (6) Five |
| (2) One | (7) Six |
| (3) Two | (8) Seven or more |
| (4) Three | (9) No answer or don't know |
| (5) Four | |

11

5. How many living children do you have now?

- | | |
|-----------|-----------------------------|
| (1) None | (6) Five |
| (2) One | (7) Six |
| (3) Two | (8) Seven or more |
| (4) Three | (9) No answer or don't know |
| (5) Four | |

12

6. How many years of schooling have you completed?

- | | |
|------------------|-----------------------------|
| (1) None | (6) 9 to 10 years |
| (2) 1 to 2 years | (7) 11 to 12 years |
| (3) 3 to 4 years | (8) 13 years or more |
| (4) 5 to 6 years | (9) No answer or don't know |
| (5) 7 to 8 years | |

13

7. Do you approve or disapprove of couples doing something to space or stop pregnancies?

- | | |
|----------------|----------------|
| (1) Approve | (3) Don't know |
| (2) Disapprove | (4) No answer |

14

8. If you could start married life all over again,
how many children would you want to have? 15
- | | |
|-----------|-----------------------------|
| (1) None | (6) Five |
| (2) One | (7) Six or more |
| (3) Two | (8) 'Up to God' |
| (4) Three | (9) Don't know or no answer |
| (5) Four | |
9. Just before your last pregnancy, did you want to have
another child at that time? 16
- | | |
|---------|----------------|
| (1) Yes | (3) No answer |
| (2) No | (4) Don't know |
10. Have you ever used a method of family planning to
space or stop pregnancies? 17
- | | |
|---------|----------------|
| (1) Yes | (3) No answer |
| (2) No | (4) Don't know |
- Never used a method 18
- | | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|
- (If yes) Which method have you ever used?
- Oral pill 19
- | | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|
- Condom 20
- | | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|
- Withdrawal 21
- | | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|
- IUD 22
- | | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|
- Sterilization 23
- | | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|
- Rhythm 24
- | | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|
- Other 25
- | | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|
11. Are you currently using a method? 26
- | | | |
|---------|--------|-----------------------------|
| (1) Yes | (2) No | (3) No answer or don't know |
|---------|--------|-----------------------------|
12. (If yes) What method are you currently using? 27
- | | |
|-------------------------|-----------------------------|
| (1) Not currently using | (6) Withdrawal |
| (2) Oral pill | (7) IUD |
| (3) Condom | (8) Rhythm |
| (4) Vasectomy | (9) No answer or don't know |
| (5) Tubal ligation | |

3 Pre-test form for messages

A counter and sorter can be used for all cross and marginal tabulations. The baseline data should be put on each pre-test card. For this reason, the column starts with '27'. Most standard cards have eighty columns.

Although communication programmes can have several messages reinforcing a central theme, there should be only one slogan. The slogan can evolve from testing various messages. Place all the slogans or messages on 4-inch by 12-inch cards in bold type. You will have to read the messages to illiterates. Read four messages at a time and then note the preferred message. Messages used here are for illustration purposes only. After you have selected out of each of the four groups the messages liked 'least' or 'most', you can then have the messages ranked by various criteria. To avoid bias in message order presentation, change the order of showing the slogan with each subject.

For questions 10 to 15 you will need to get the frequency of responses and assign codes to them. Once you have the coding instructions, you can then provide the proper codes. Remember that all columns should have one code, not more than one.

1. I am going to read to you a series of statements. I would like to know which of the statements you like most and which you like least.

<u>LEAST</u>	<u>GROUP 1</u>	<u>MOST</u>
	1-1 For safe, reliable, inexpensive methods to stop child birth, use the loop or pills.	
<u>29</u>	1-2 To avoid another pregnancy, take a pill a day.	<u>31</u>
	1-3 The loop and pills are safe.	
	1-4 For protection against pregnancy continue using the pills.	
	1-5 Your friends and neighbours are using the loop and pills; why don't you?	
<u>LEAST</u>	<u>GROUP 2</u>	<u>MOST</u>
	2-1 To have children only when wanted, visit the nearest health station.	

Least	<u>1</u>	
	28	<u>29</u>

Most	<u>1</u>	
	30	<u>31</u>

<u>LEAST</u>	<u>GROUP 2 (cont.)</u>	<u>MOST</u>		
	2-2 Do you want to be pregnant now?		Least	2
33	2-3 The more mouths to feed from your wages, the less schooling for each. The more children in the home, the less space for each.	35	32	33
	2-4 Children that are planned have better health, social status, more security, more food, better schooling and jobs.		Most	2
	2-5 You can have children when wanted.		34	35
<u>LEAST</u>	<u>GROUP 3</u>	<u>MOST</u>		
	3-1 Men, inform your wives of family planning.		Least	3
	3-2 A planned family is a happy family.		36	37
37	3-3 For more food, better housing and education of your children, practice family planning.	39	Most	3
	3-4 Family planning is safe and harmless.		38	39
	3-5 Family planning is for parents who want children later.			
<u>LEAST</u>	<u>GROUP 4</u>	<u>MOST</u>		
	4-1 Today you do not need to have 5 or 6 children because you think that 3 or 4 may not survive.		Least	4
	4-2 Two or three children can provide better support in your old age than five or six.	43	40	41
41	4-3 Two children is better.		Most	4
	4-4 For the prosperity of /name of country/ have only two or three children.		42	43
	4-5 Two or three children is best.			
2.	Now, of the four you like most, which do you think is the best?		44	45
	Group 1 2 3 4			
	Message 1 2 3 4 5			
3.	Of the four you like the least, which is the worst?		46	47
	Group 1 2 3 4			
	Message 1 2 3 4 5			
4.	Now I am going to put all the messages in front of you (or, will read all the messages again). What one message explains most what a person like yourself would most want to know before accepting a method of family planning?		48	49
	Group 1 2 3 4			
	Message 1 2 3 4 5			

5. Is there a message you think is not truthful?	50
Yes__ (1) No__ (2)	
If yes, which message?	
Group 1 2 3 4	51
Message 1 2 3 4 5	52
6. Is there a message you did not understand?	53
Yes__ (1) No__ (2)	
Group 1 2 3 4	54
Message 1 2 3 4 5	55
7. Do you think a family-planning message should describe a specific family size, such as 2 or 3 children?	56
(1) Yes (2) No (3) No answer or don't know	
8. Do you think the message should describe the pills, IUD or other contraceptives?	57
(1) Yes (2) No (3) No answer or don't know	
9. What do you think is the most important aspect of a contraceptive?	58
(1) Safety (5) None of these	
(2) Reversible (6) All of these	
(3) Reliable (7) No answer	
(4) Easy to use (8) Don't know	
10. What are some of the reasons that couples have seven children?	59
_____	60
_____	61
_____	Put code 9 for NA
11. What are some of the reasons that couples have 2 or 3 children?	62
_____	63
_____	64
_____	Put code 9 for NA
12. Do you know of any reasons why women do not use the IUD?	65
_____	66
_____	67
_____	Put code 9 for NA

13. Do you know of any reasons why women do not use the pills?

68

69

70

Put code 9 for NA

14. Do you know of any reasons why men do not accept vasectomy?

71

72

73

Put code 9 for NA

15. Do you know of any reasons why women do not have tubal ligation?

74

75

76

Put code 9 for NA

16. Place a code to identify the message pre-test.

1

77

4 Pre-testing posters

Punch all the baseline data on the poster pre-test card. Divide the posters into groups of four or five. Make sure that the subject sees the poster for only four seconds. After showing a series of posters, determine which poster was liked most and which least. The posters described are for illustration purposes only. For questions 16 to 21 you will have to develop your own codes based on frequency of response.

<u>LEAST</u>	<u>GROUP 1</u>	<u>MOST</u>		
	1. Oral pill poster.			
	2. IUD poster.			
<u>29</u>	3. Picture showing condom.	<u>31</u>	Least	<u>1</u> 28 29
	4. Picture showing sterilization.			
	5. Poster showing all methods.		Most	<u>1</u> 30 31
<u>LEAST</u>	<u>GROUP 2</u>	<u>MOST</u>		
	1. Women going to clinic.			
	2. Doctor explaining loop to women.			
<u>33</u>	3. Religious leader discussing family planning.	<u>35</u>	Least	<u>2</u> 32 33
	4. The Head of State supporting family planning.		Most	<u>2</u> 34 35
<u>LEAST</u>	<u>GROUP 3</u>	<u>MOST</u>		
	1. The large and small family contrasts.			
	2. The poster of only two or three children.			
<u>37</u>	3. Family with two or three children.	<u>39</u>	Least	<u>3</u> 36 37
	4. A poster with a large family in distress.		Most	<u>3</u> 38 39
<u>LEAST</u>	<u>GROUP 4</u>	<u>MOST</u>		
	1. A graphic picture of a small family.			
	2. A photograph of a small family.			
<u>41</u>	3. A painting of a small family.	<u>43</u>	Least	<u>4</u> 40 41
			Most	<u>4</u> 42 43

2. Of the four you like the most, which do you think is the best?

Group 1 2 3 4

Poster 1 2 3 4 5

44 45

3. Of the four you like the least, which one is the worst?

Group 1 2 3 4

Poster 1 2 3 4 5

46 47

4. Do you think the poster should show a specific family size?

(1) Yes

(3) Don't know

(2) No

(4) No answer

48

5. Do you think men and women would like to see what the contraceptives look like on a poster?

(1) Yes

(3) Don't know

(2) No

(4) No answer

49

6. What type of person should be explaining the contraceptives?

(1) Husband

(6) Family planning worker

(2) Wife

(7) Other _____

(3) Doctor

(8) Don't know

(4) Nurse

(9) No answer

(5) Religious leader

50

7. What colour on this poster do you like the most?

(1) Red

(6) Black

(2) Blue

(7) Other _____

(3) Green

(8) Does not make any

(4) Orange

difference

(5) Yellow

(9) Don't know or no answer

51

8. What colour do you like the least?

(1) Red

(6) Black

(2) Blue

(7) Other _____

(3) Green

(8) Does not make any

(4) Orange

difference

(5) Yellow

(9) Don't know or no answer

52

9. Should the poster explain where a person can go to obtain further information or supplies?

(1) Yes

(3) Don't know

(2) No

(4) No answer

53

10. Do you think any of these posters show an untruthful situation?

(1) Yes

(3) No answer

(2) No

(4) Don't know

54

If yes, which one?

Group 1 2 3 4

Poster 1 2 3 4 5

55

56

11. What poster do you think gives the type of information a woman would like to have before going to a family-planning clinic?

Group 1 2 3 4

57

Poster 1 2 3 4 5

58

12. Which lettering do you like the most?

Group 1 2 3 4

59

Poster 1 2 3 4 5

60

13. In describing the contraceptives, which word is most important?

(1) Safe

(4) Reversible

(2) Reliable

(5) Easy to use

(3) Free

61

14. Which poster would you be most likely to tell a friend or neighbour about?

Group 1 2 3 4

62

Poster 1 2 3 4 5

63

15. What are some of the reasons couples have 6 or 7 children?

64

65

66

16. What are some of the reasons why parents have 2 or 3 children?

67

68

69

17. Do you know of any reasons why women do not use the IUD?

70

71

72

18. Do you know of any reasons why women do not use the pill?

73

74

75

19. What are the reasons why men do not accept vasectomy?

20. What are some reasons why women do not accept tubal ligation?

The code to identify the poster pre-test.

76

77

78

79

2

80

5 Pre-test radio spots

For ease of tabulation we suggest that nine radio spots of thirty-second duration be pre-tested. The radio spots are usually competing with the sounds of children and household noises. Although the setting at a health station is somewhat artificial, the spots could be pre-tested using a tape recording of the spots, mixed with news, music or even static. Under such circumstances it is difficult to develop rank order comparisons. We therefore recommend that the spots be placed in varying order on a tape recorder with only a sound symbol separating the spots. If you do separate the order of presentation of the spots to avoid bias, make sure you keep track of the number of individual spots. You should play three spots at a time and then get preference.

The rank order test can be done by giving a woman a sheet of paper designating 'very good', 'good', 'poor' and 'bad', and 'very truthful', 'truthful', 'partially truthful' and 'not truthful' for each spot or you can simply ask the woman while playing each spot how she rates the spot by these criteria.

For illustrative purposes we will describe the spots in the following manner: (a) announcement on the pill; (b) announcement on the IUD; (c) announcement on sterilization; (d) announcement on the condom; (e) a spot describing all methods; (f) a spot on the two or three-child family; (g) a spot on the national or provincial population problem; (h) a spot aimed at elite groups; (i) a spot aimed at husbands.

If a sound symbol does not separate the spots, then a slogan should. We suggest the spot be played in groups of three to get a preference and the individual to rank the spots by truthfulness and 'good' or 'bad'.

1. I'm going to play some announcements on the tape recorder.
I would like to know which ones you like the least and most.

First 3 spots

Liked least _____
Liked most _____

Col.

28
29

Second 3 spots	Liked least _____
	Liked most _____
Third 3 spots	Liked least _____
	Liked most _____

30
31
32
33

Put one code
specifying
spot. If no
answer, put
'0' code.

2. Now I will play each announcement and I would like to know if you think the spot is very good, good, poor or bad. For the same spot I would like to know if you think the spot is very truthful, truthful, partially truthful or false.

Spot 1: (1) Very good (2) Good (3) Poor (4) Bad

(1) Very truthful (2) Truthful
(3) Partially truthful (4) False

34
35

Spot 2: (1) Very good (2) Good (3) Poor (4) Bad

(1) Very truthful (2) Truthful
(3) Partially truthful (4) False

36
37

Spot 3: (1) Very good (2) Good (3) Poor (4) Bad

(1) Very truthful (2) Truthful
(3) Partially truthful (4) False

38
39

Spot 4: (1) Very good (2) Good (3) Poor (4) Bad

(1) Very truthful (2) Truthful
(3) Partially truthful (4) False

40
41

Spot 5: (1) Very good (2) Good (3) Poor (4) Bad

(1) Very truthful (2) Truthful
(3) Partially truthful (4) False

42
43

Spot 6: (1) Very good (2) Good (3) Poor (4) Bad

(1) Very truthful (2) Truthful
(3) Partially truthful (4) False

44
45

Spot 7: (1) Very good (2) Good (3) Poor (4) Bad

(1) Very truthful (2) Truthful
(3) Partially truthful (4) False

46
47

Spot 8: (1) Very good (2) Good (3) Poor (4) Bad

(1) Very truthful (2) Truthful
(3) Partially truthful (4) False

48
49

Spot 9: (1) Very good (2) Good (3) Poor (4) Bad

- (1) Very truthful (2) Truthful
(3) Partially truthful (4) False

(Put code '5' for no answer; put code '6' for don't know).

3. Now, of all the spots, which did you like the least and which the most?

Most _____

Least _____

4. If you wanted to make an announcement that would get the largest number of men and women to the family planning clinic, which one would you choose? _____

5. Should the announcement be by a man or woman announcer?

- (1) Man (3) Doesn't make any difference
(2) Woman (4) Don't know or no answer

6. Should the announcement be by a doctor, nurse, radio broadcaster or someone else?

- (1) Doctor (3) Radio broadcaster
(2) Nurse (4) Other _____

Code for radio pre-test.

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$\frac{3}{57}$

6 Pre-survey

The 167 questions on the pre-survey take about twenty-six minutes to ask and obtain the responses. The findings from the survey will provide a baseline on population and family-planning knowledge, attitudes and practice. The answers to the questions relating to population growth, desired last pregnancy and support for family planning can be used in the elite questionnaires and as a basis for formulating messages to the élite. The media exposure questions will help with the mass-communication strategy. There are questions aimed at optimizing the efficiency of contraceptive services and selecting the best type of field-workers. Facility access and utilization questions will be useful in community education and contraceptive delivery systems.

Once all the questions have been completed, an identification number should be placed on the questionnaire. Take the questionnaires at random and start with '0001', '0002', and continue until all questionnaires have a number. Place the number on all cards along with a survey and identification code. There are a few open-ended questions. To develop the codes, list all the responses on 100 questionnaires in eight major response categories. Give the most frequent responses codes 1 through 8 and use the same codes for all the questionnaires. Code 9 would be 'no answer'.

It takes about five interviewers two months to complete 500 questionnaires.

Most countries have some communication activities. You may want to add some of the thirty-eight questions listed on the Post-Evaluation Survey (Appendix 7).

1. Respondent's name:

Family name

First name

Other name

Col.

1. KAP I.D. $\frac{4}{1}$

2. Card $\frac{4}{2}$

2. Respondent's address:

House number

Lane or street

Village or city

District

Brief description of how to locate respondent's house for follow-up: landmark, identifying characteristics, etc.:

3. Record of attempts to interview respondent:
Attempt

No.	Date	Time	Name	Result	Remarks
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

4. Final outcome of interview:

- | | |
|---------------------------------|--------------------------------|
| (1) Interview completed | (4) Moved, new address unknown |
| (2) Unable to locate respondent | (5) Refused |
| (3) Unknown | (6) Never at home |
| | (7) Other _____ |

5. Date of completed interview if there was one.
(if no interview, code '999')

Month

Year

6. Interviewer's I.D. Number

(see separate code)

7. District or province:

- | | | |
|------------|------------|------------|
| (11) _____ | (16) _____ | (21) _____ |
| (12) _____ | (17) _____ | (22) _____ |
| (13) _____ | (18) _____ | (23) _____ |
| (14) _____ | (19) _____ | (24) _____ |
| (15) _____ | (20) _____ | (25) _____ |

8. Population size:

- | | |
|----------------------|----------------|
| (1) 20,000 or more | (6) 500 to 999 |
| (2) 10,000 to 19,999 | (7) 200 to 499 |
| (3) 5,000 to 9,999 | (8) 100 to 199 |
| (4) 2,500 to 4,999 | (9) 1 to 99 |
| (5) 1,000 to 2,499 | |

Sex of respondent:

- | | |
|----------|------------|
| (1) Male | (2) Female |
|----------|------------|

3. Respondent's
I.D. No.

3	4	5	6
---	---	---	---

7

Month	Year
8	9 10

11	12
----	----

13	14
----	----

15

16

Hello, my name is _____. I am working for _____.
We are trying to collect information and would like to ask
you some questions. I will need about 25 to 35 minutes of
your time.

9. How old are you?

- | | |
|--------------|-----------------------------|
| (1) 15 to 19 | (5) 35 to 39 |
| (2) 20 to 24 | (6) 40 to 44 |
| (3) 25 to 29 | (7) 45 or over |
| (4) 30 to 34 | (8) No answer or don't know |

17

10. Have you ever been married? (If yes) Are you currently
married, widowed, divorced or separated?

18

- (1) Never married, single TERMINATE INTERVIEW
(2) Currently married
(3) Widowed
(4) Divorced
(5) Not ascertained

11. What does your husband do for a living?

19 20

Occupation

- | | | |
|-------------------------------|-----------------|----------------------|
| (01) Farmer | (06) Shopkeeper | (11) _____ |
| (02) Professional | (07) Unemployed | (12) _____ |
| (03) Labourer | (08) Service | (13) _____ |
| (04) Government
employee | (09) Clerical | (14) Not ascertained |
| (05) Salesman outside
shop | (10) Craftsman | (15) Don't know |

12. Have you ever been to school?

21

(If yes) How many years of schooling have you completed?

- | | |
|------------------|----------------------|
| (1) None | (6) 9 to 10 years |
| (2) 1 to 2 years | (7) 11 to 12 years |
| (3) 3 to 4 years | (8) 13 or more years |
| (4) 5 to 6 years | (9) Not ascertained |
| (5) 7 to 8 years | |

13. How many children have ever been born to you? Don't forget
any who were born but may have only lived a short time.

22 23

(If none, go to Q. 15)
Number

- | | |
|------------|----------------|
| (01) One | (11) Eleven |
| (02) Two | (12) Twelve |
| (03) Three | (13) Thirteen |
| (04) Four | (14) Fourteen |
| (05) Five | (15) Fifteen |
| (06) Six | (16) Sixteen |
| (07) Seven | (17) Seventeen |
| (08) Eight | (18) Eighteen |
| (09) Nine | (19) Nineteen |
| (10) Ten | (20) Twenty |

97 No children
ever born

98 Don't know

99 Not ascertained

14. How many children have you had who are still living?

Number

- | | |
|------------|----------------|
| (01) One | (11) Eleven |
| (02) Two | (12) Twelve |
| (03) Three | (13) Thirteen |
| (04) Four | (14) Fourteen |
| (05) Five | (15) Fifteen |
| (06) Six | (16) Sixteen |
| (07) Seven | (17) Seventeen |
| (08) Eight | (18) Eighteen |
| (09) Nine | (19) Nineteen |
| (10) Ten | (20) Twenty |

15. Are you currently expecting a baby? That is, are you currently pregnant?

- | | |
|---------|----------------|
| (1) Yes | (3) Don't know |
| (2) No | (4) No answer |

16. Did you have a baby last year?

- | | |
|---------|----------------|
| (1) Yes | (3) No answer |
| (2) No | (4) Don't know |

17. Do you want any more children?

- | | |
|---------|----------------|
| (1) Yes | (3) Don't know |
| (2) No | (4) No answer |

18. How many more children do you want to have?

- | | |
|-----------|------------------------|
| (1) None | (6) Five |
| (2) One | (7) Six |
| (3) Two | (8) God's will |
| (4) Three | (9) Not ascertained or |
| (5) Four | don't know |

19. Now supposing that you could start married life all over again and choose just the number of children you wanted, how many children would you want to have? (Probe: How many children do you consider the ideal family size?)

- | | |
|------------|------------------|
| (01) One | (10) Ten |
| (02) Two | (11) Eleven |
| (03) Three | (12) Twelve |
| (04) Four | (13) Thirteen |
| (05) Five | (14) Fourteen |
| (06) Six | (15) Fifteen |
| (07) Seven | (16) Sixteen |
| (08) Eight | (17) No children |
| (09) Nine | |

20. Do you fear that some of your children will die (might die if you were to have children) before becoming adults?

- | | |
|---------|----------------|
| (1) Yes | (3) No answer |
| (2) No | (4) Don't know |

24 25

97 No children
ever born
98 Don't know
99 Not ascertained

26

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29

30 31

97 Up to God
98 Not ascertained
99 Don't know

32

21. Just before your last pregnancy began, did you want another child at that time?

(1) Yes (3) No answer
(2) No (4) Don't know

33

22. Do you know of any methods used by married couples to delay or prevent pregnancy?

(1) Yes (3) No answer
(2) No (4) Don't know

34

23. What methods have you heard about? (Ask each method; circle 'yes' if heard, 'no' if not).

For each method:
'7' for don't
know any method

Oral pill	(1) Yes	(2) No	(3) NA	(4) DK
IUD	(1) Yes	(2) No	(3) NA	(4) DK
Condom	(1) Yes	(2) No	(3) NA	(4) DK
Male sterilization	(1) Yes	(2) No	(3) NA	(4) DK
Female sterilization	(1) Yes	(2) No	(3) NA	(4) DK
Withdrawal	(1) Yes	(2) No	(3) NA	(4) DK
Rhythm	(1) Yes	(2) No	(3) NA	(4) DK

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24. Have you or your husband ever used any method to plan the spacing or limit the number of children?

(1) Yes (3) No answer
(2) No (4) Don't know

42

25. Which method have you ever used? (Ask each method and circle 'yes' if ever used, 'no' if never used).

Never used any
method, use
code 7

Oral pill	(1) Yes	(2) No	(3) NA	(4) DK
IUD	(1) Yes	(2) No	(3) NA	(4) DK
Condom	(1) Yes	(2) No	(3) NA	(4) DK
Withdrawal	(1) Yes	(2) No	(3) NA	(4) DK
Male sterilization	(1) Yes	(2) No	(3) NA	(4) DK
Female sterilization	(1) Yes	(2) No	(3) NA	(4) DK
Rhythm	(1) Yes	(2) No	(3) NA	(4) DK
Other _____	(1) Yes	(2) No	(3) NA	(4) DK

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26. If someone wanted to get a contraceptive or an operation to prevent pregnancies, do you know where they could go? (If yes) Where? (Check each place mentioned; do not read the list).

For each place code:
(0) Mentioned
(1) Not mentioned
(2) Uncertain if
mentioned

Health station

51

Private doctor

52

Depot listed

Field-worker

Health corps

Pharmacy

Nurse or midwife

Other (specify) _____

27. Are you currently taking the oral pills which prevent pregnancy?

- (1) Yes (3) Not ascertained
(2) No (4) Don't know

28. Would you show me the pills?

- (0) She had a packet
(1) She did not have a packet
(8) No answer

29. Where did you get the pills?

- (1) Health station (4) Midwife
(2) Pharmacy (5) Other source _____
(3) Private doctor

30. Have you ever become pregnant while taking the pills?

- (1) Yes (3) No answer
(2) No (4) Don't know

31. What would be the most convenient way to get supplies of the pills? From whom would you like to get your supplies?

- (1) Health station (6) Depot
(2) Private doctor (7) By no one
(3) F.P. clinic (8) Don't want
(4) Pharmacy (9) No answer
(5) Retail shop

32. If I could give you pills now, would you start taking them?

- (1) Yes (3) No answer
(2) No (4) Don't know

33. Some times the man withdraws before he reaches climax. Are you currently using this method?

- (1) Yes (3) Not ascertained
(2) No (go to Q. 36) (4) Don't know

34. Have you ever become pregnant while using this method?

- (1) Yes (3) No answer
(2) No (4) Don't know

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(7) Not currently taking pills

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35. (If yes) How many times have you become pregnant while using this method?
- | | |
|-----------------|----------------|
| (1) Once | (6) Six times |
| (2) Twice | (7) Never |
| (3) Three times | (8) Don't know |
| (4) Four times | (9) No answer |
| (5) Five times | |
36. There is a small plastic device which fits in the womb and prevents pregnancy. It is called the loop or ring. Are you currently using this method?
- | | |
|----------------------------|----------------|
| (1) Yes <u>Go to Q.417</u> | (3) Don't know |
| (2) No | (4) No answer |
37. Some women have an operation which prevents pregnancies. Have you ever had an operation to prevent pregnancies?
- | | |
|----------------------------|----------------|
| (1) Yes <u>Go to Q.417</u> | (3) Don't know |
| (2) No | (4) No answer |
38. Some men have an operation which prevents pregnancies. The operation takes only 10 minutes, and prevents the sperm from joining other fluids during the sex act. The operation is completely reliable, safe and inexpensive. There is no change in the man physically. Have you had this operation?
- | | |
|----------------------------|----------------|
| (1) Yes <u>Go to Q.417</u> | (3) Don't know |
| (2) No | (4) No answer |
39. Some husbands use a rubber device to prevent pregnancies, called a 'condom'. Are you currently using this method?
- | | |
|---------------------------|---------------------|
| (1) Yes | (3) Not ascertained |
| (2) No <u>Go to Q.417</u> | (4) Don't know |
40. (If yes) Where did you get your supplies?
- | | |
|-------------------|------------------------|
| (1) Field-worker | (6) Street vendor |
| (2) Health centre | (7) Other _____ |
| (3) F.P. clinic | (8) No answer |
| (4) Pharmacy | (9) Not using supplies |
| (5) Drug store | |
41. How long did you breast-feed your babies?
- | | |
|--------------------|-----------------------------|
| (1) 0 to 3 months | (6) 2 to 2½ years |
| (2) 3 to 8 months | (7) 2½ to 3 years |
| (3) 8 to 12 months | (8) 3 to 4 years |
| (4) 1 to 1½ years | (9) Don't know or no answer |
| (5) 1½ to 2 years | |
42. Have you ever become pregnant while breast-feeding?
- | | |
|---------|----------------|
| (1) Yes | (3) No answer |
| (2) No | (4) Don't know |
43. How many times did you become pregnant while breast-feeding?
- | | |
|--|-----------------|
| (1) Never became pregnant while breast-feeding | (3) Twice |
| (2) Once | (4) Three times |
| | (5) Four times |

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- (6) Five or more time (8) Don't know
(7) No answer

44. Of all the methods we have discussed, which one do you think is best for couples who do not want any more children?

- (1) Male sterilization (6) Withdrawal
(2) Female sterilization (7) Other _____
(3) Oral Pill (8) None of them
(4) IUD (9) Don't know
(5) Condom

45. Some women have something done to them by a midwife, a doctor or by themselves to end a pregnancy they do not want. Has this ever happened to you?

- (1) Yes (3) No answer
(2) No (4) Don't know

46. If I could give you a pill now that would prevent pregnancy for as long as you wanted, would you take one?

- (1) Yes (3) Don't know
(2) No (4) No answer

47. (If she went to a family-planning clinic) Would you say the treatment at the clinic was satisfactory or unsatisfactory?

- (1) Satisfactory (3) Don't know
(2) Unsatisfactory (4) No answer

48. (If a current user) How did you hear about the contraceptive you are using? That is, who told you about it or where did you read or hear about the method? (Check each source mentioned by the respondent; do not read the list of sources to the respondent).

Granny midwife
Field-worker
Family-planning clinic
Doctor
Nurse
Schoolteacher
Health corps
Health station
Friend/neighbour

76

77

78

79

KAP I.D. 4

1

Card No. 2

2

Respondent's

I.D. Number

3 4 5 6

For each source code:

- (1) Mentioned
(2) Not mentioned
(7) Is not using any method currently
(8) Not ascertained

7

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Husband

Relative

Literacy class

Agricultural agent

Village leader

Trained midwife

Radio

Cinema

Newspaper

Other (specify) _____

16171819202122232425

49. Which source of information was most influential in getting you to use your current contraceptive method to space or stop pregnancies? (Show or read list).

- | | |
|--------------------------|-------------------------|
| (01) F.P. clinic staff | (12) Village leader |
| (02) Doctor | (13) Midwife |
| (03) Nurse | (14) Radio |
| (04) Schoolteacher | (15) Cinema |
| (05) Health headquarters | (16) Newspaper/magazine |
| (06) Health Station | (17) Fieldworker |
| (07) Friend/neighbour | (18) Granny midwife |
| (08) Husband | (19) Other _____ |
| (09) Relative | (20) No answer |
| (10) Literacy corps | (21) Don't know |
| (11) Agricultural agent | |

- 26 27
(22) Is not currently using a method

50. From whom would you like to get information on family planning?

- | | |
|-----------------------|----------------|
| (1) Doctor | (6) Pharmacy |
| (2) Health Station | (7) Midwife |
| (3) Husband or wife | (8) Don't know |
| (4) No one | (9) No answer |
| (5) F.P. clinic staff | |

28

51. Who should be responsible for spacing or stopping pregnancies?

- | | |
|-------------|----------------|
| (1) Husband | (4) Don't know |
| (2) Wife | (5) Neither |
| (3) Both | (6) No answer |

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52. If we could set up a place to get condoms and pills near here, where would you like to get supplies?

- | | |
|--------------------|----------------------------|
| (1) No answer | (5) Village leader's house |
| (2) Health Station | (6) Retail store |
| (3) Private doctor | (7) Other _____ |
| (4) School house | (8) Don't know |
| | (9) No answer |

30

53. Generally, would you prefer to go to a Health Station or to a private doctor for contraceptives?
- (1) Private doctor (3) No answer
(2) Health Station (4) Don't know
54. Should people be given the contraceptives free of charge or should they pay something?
- (1) Free (3) Don't know
(2) Pay (4) No answer
55. Do you think your husband/wife would approve of your using a method to stop pregnancy, or disapprove?
- (1) Approve (3) Don't know
(2) Disapprove (4) No answer
56. Do you believe the population is growing rapidly, slowly, or hardly at all?
- (1) Rapidly (3) Hardly at all
(2) Slowly (4) Don't know
57. Should the population be growing slower, faster or about the same as right now?
- (1) Slower (4) Don't know
(2) Faster (5) No answer
(3) About the same
58. Have you heard or read that the population problem is increasing or that the population is growing very fast?
- (1) Yes (3) Don't know
(2) No (4) No answer
59. Would you say you strongly agree or strongly disagree with the statement, "People should limit the number of their children to two or three"?
- (1) Strongly agree (4) No answer
(2) Agree (5) Don't know
(3) Strongly disagree (6) Doesn't make any difference
60. What are the advantages of a large family?
- (1) _____ (6) _____
(2) _____ (7) No advantage
(3) _____ (8) No answer
(4) _____ (9) Don't know
(5) _____
61. What are the advantages of a small family size?
- (1) _____ (6) _____
(2) _____ (7) No advantages
(3) _____ (8) No answer
(4) _____ (9) Don't know
(5) _____

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62. Do you believe the government should offer women information on how to have children only when they are wanted?
- (1) Yes (3) Don't know
(2) No (4) No answer
63. Do you belong to any clubs or organizations?
- (1) Yes (3) No answer
(2) No (4) Don't know
64. (If belonging to any clubs or organizations) Which one?
- (1) Agricultural (6) Parent/teacher
(2) Women's club (7) Other _____
(3) Cultural group (8) Don't know
(4) Union (9) No answer
(5) Religious
65. Which of the following facilities have you visited during the last month?
- Schools (1) Yes (2) No (3) NA (4) DK
Retail shop (1) Yes (2) No (3) NA (4) DK
Health station clinic (1) Yes (2) No (3) NA (4) DK
Religious place (1) Yes (2) No (3) NA (4) DK
Government office (1) Yes (2) No (3) NA (4) DK
Club (1) Yes (2) No (3) NA (4) DK
66. Which facility would be most convenient for you if contraceptives were offered at one of these places?
- (1) School (6) Women's club
(2) Retail shop (7) None of them
(3) Health station (8) Don't know
(4) Religious place (9) No answer
(5) Government office
67. Have you been visited by a salesman?
- (1) Yes (3) No answer
(2) No (4) Don't know
68. Of the people you know personally, whose advice do you respect most?
- (1) Husband (4) No one (7) Friend
(2) Doctor (5) Brother (8) Head of family
(3) Father/mother (6) Mother-in-law (9) DK or NA
69. Which person you hear or read about do you respect most?
- (1) Husband (6) _____
(2) Religious leader (7) _____
(3) Family doctor (8) _____
(4) Government leader (9) No answer
(5) Don't know

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70. Approximately, what is your monthly income?

- | | |
|---------------|-----------------------------|
| (1) No income | (6) _____ |
| (2) _____ | (7) _____ |
| (3) _____ | (8) _____ |
| (4) _____ | (9) No answer or don't know |
| (5) _____ | |

53

71. Do any of your children go to secondary school?

- | | |
|---------|---------------------|
| (1) Yes | (3) Not ascertained |
| (2) No | (4) Don't know |

54

72. Did you register your last birth?

- | | |
|---------|---------------------|
| (1) Yes | (3) Not ascertained |
| (2) No | (4) Don't know |

55

73. Do any of your children go to primary school?

- | | |
|---------|---------------------|
| (1) Yes | (3) Not ascertained |
| (2) No | (4) Don't know |

56

74. How many years of education do you want for your children?

- | | |
|--------------------------|---------------------------------|
| (1) University degree | (5) As much as I can afford |
| (2) As much as they want | (6) Elementary school (6 years) |
| (3) High school diploma | (7) Junior high (9 years) |
| (12 years) | (8) Read and write |
| (4) The more the better | (9) None |

57

75. Do you listen to the radio?

- | | |
|--------------------------|----------------|
| (1) Yes | (3) No answer |
| (2) No <u>go to Q.87</u> | (4) Don't know |

58

76. Where do you listen to the radio?

- | | |
|------------------------|-------------------|
| (1) At home | (4) No answer |
| (2) In shops | (5) Do not listen |
| (3) Other places _____ | (6) Don't know |

59

77. What programmes do you listen to?

- | | | | | |
|---------------------|---------|--------|--------|--------|
| News | (1) Yes | (2) No | (3) NA | (4) DK |
| Plays | (1) Yes | (2) No | (3) NA | (4) DK |
| Folk music | (1) Yes | (2) No | (3) NA | (4) DK |
| Western music | (1) Yes | (2) No | (3) NA | (4) DK |
| Education programme | (1) Yes | (2) No | (3) NA | (4) DK |

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78. What is your favourite radio programme?

- | | |
|-------------------------|-------------------|
| (1) Music | (6) Stories |
| (2) News | (7) Western music |
| (3) Plays | (8) No answer |
| (4) Women's programme | (9) Don't know |
| (5) Education programme | |

65

79. Which radio station do you listen to most?

- | | |
|-----------|----------------|
| (1) _____ | (6) _____ |
| (2) _____ | (7) _____ |
| (3) _____ | (8) No answer |
| (4) _____ | (9) Don't know |

66

80. Do you own a radio?

- | | |
|---------|----------------|
| (1) Yes | (3) No answer |
| (2) No | (4) Don't know |

67

81. Did you listen to the radio yesterday?

- | | |
|---------|----------------|
| (1) Yes | (3) No answer |
| (2) No | (4) Don't know |

68

82. At what time did you listen to the radio yesterday?

- | <u>A.M.</u> | <u>P.M.</u> (cont'd.) |
|------------------|-----------------------|
| (01) 5:00-5:30 | (19) 2:00-2:30 |
| (02) 5:30-6:00 | (20) 2:30-3:00 |
| (03) 6:00-6:30 | (21) 3:00-3:30 |
| (04) 6:30-7:00 | (22) 3:30-4:00 |
| (05) 7:00-7:30 | (23) 4:00-4:30 |
| (06) 7:30-8:00 | (24) 4:30-5:00 |
| (07) 8:00-8:30 | (25) 5:00-5:30 |
| (08) 8:30-9:00 | (26) 5:30-6:00 |
| (09) 9:00-9:30 | (27) 6:00-6:30 |
| (10) 9:30-10:00 | (28) 6:30-7:00 |
| (11) 10:00-10:30 | (29) 7:00-7:30 |
| (12) 10:30-11:00 | (30) 7:30-8:00 |
| (13) 11:00-11:30 | (31) 8:00-8:30 |
| (14) 11:30-12:00 | (32) 8:30-9:00 |
| (15) 12:00-12:30 | (33) 9:00-9:30 |
| (16) 12:30-1:00 | (34) 9:30-10:00 |
| | (35) 10:00-10:30 |
| | (36) 10:30-11:00 |
| <u>P.M.</u> | (37) 11:00-11:30 |
| (17) 1:00-1:30 | (38) 11:30-12:00 |
| (18) 1:30-2:00 | (39) 12:00-12:30 |
| | (40) 12:30-1:00 |

1st 69 70

2nd 71 72

3rd 73 74

4th 75 76

5th 77 78

List up to five time periods. If ½-day a.m. (41); if all day (42); if half-day p.m. (43); not listened (44); no answer (45); don't know (46)

KAP I.D. 4
1

Card No. 3
2

Respondent's I.D.
No.

3 4 5 6

83. Which season of the year do you listen to the radio most?

- | | |
|------------|-------------------|
| (1) Summer | (5) All the same |
| (2) Autumn | (6) Do not listen |
| (3) Winter | (7) No answer |
| (4) Spring | (8) Don't know |

7

84. Have you ever heard anything about family planning on the radio?

- | | |
|---------|----------------|
| (1) Yes | (3) Don't know |
| (2) No | (4) No answer |

8

85. Do you listen to the radio in groups?

- | | |
|---------|----------------|
| (1) Yes | (3) Don't know |
| (2) No | (4) No answer |

9

86. Which programme is listened to as a group?

- | | |
|------------------------|-----------------------|
| (01) No answer | (12) Housekeeping |
| (02) Don't know | (13) Health |
| (03) None | (14) Flowers |
| (04) Music | (15) Religious |
| (05) News | (16) Education |
| (06) Plays | (17) Farmers |
| (07) Women's programme | (18) Other programmes |
| (08) Educational | (19) Literacy |
| (09) Stories | (20) _____ |
| (10) Night plays | (21) _____ |
| (11) Western music | |

10 11

87. Are you able to read a newspaper?

- | | |
|---------------------------|----------------|
| (1) Yes | (3) No answer |
| (2) No <u>Go to Q.967</u> | (4) Don't know |

12

88. (If yes) Do you read a newspaper?

- | | |
|---------|----------------|
| (1) Yes | (3) No answer |
| (2) No | (4) Don't know |

13

89. (If yes) How often?

- | | |
|---------------------------|----------------|
| (1) At least once a week | (4) Every day |
| (2) At least once a month | (5) Don't know |
| (3) Rarely | (6) No answer |

14

90. What section do you read most?

- | | |
|---------------------|--------------------|
| (1) News | (6) Don't know |
| (2) Sports | (7) None |
| (3) Editorial | (8) Only headlines |
| (4) All sections | (9) Other _____ |
| (5) Society section | |

15

91. What kind of newspaper do you read?

- | | |
|----------------|-----------------|
| (1) No answer | (5) _____ |
| (2) Don't know | (6) _____ |
| (3) _____ | (7) Don't read |
| (4) _____ | (8) Other _____ |

16

92. Have you ever read anything about contraceptives in the newspaper?

- | | |
|---------|----------------|
| (1) Yes | (3) No answer |
| (2) No | (4) Don't know |

17

93. Does your spouse read any paper?

- (1) Yes (3) Don't know
(2) No (4) No answer

18

94. Which paper does he/she read?

- (1) No answer (6) Other papers
(2) _____ (7) Doesn't read
(3) _____ (8) _____
(4) _____ (9) _____
(5) Don't know

19

95. Have you ever read anything about family planning in the paper?

- (1) Yes (3) No answer
(2) No (4) Don't know

20

96. Do you ever watch television?

- (1) Yes (3) No answer
(2) No go to Q.103 (4) Don't know

21

97. How often do you watch television?

- (1) Once a week (6) Three hours a day
(2) Once a month (7) More than three hours a day
(3) Rarely (8) Don't know
(4) One hour a day (9) No answer
(5) Two hours a day

22

98. Do you own a television set?

- (1) Yes (3) No answer
(2) No (4) Don't know

23

99. Where do you watch television?

- (1) House of relatives (6) Don't know
(2) Neighbour (7) Have watched only a few
(3) Place of work times
(4) Tea or coffee shop (8) Other _____
(5) Don't watch television (9) No answer

24

100. What are your favourite programmes?

- (01) News (08) Health programmes
(02) Films (09) Other _____
(03) Plays (10) _____
(04) Don't know (11) _____
(05) Western music (12) _____
(06) Football (13) _____
(07) Sports (14) _____

25

26

101. Who is your favourite television personality?

- (1) Don't know (6) _____
(2) _____ (7) _____
(3) _____ (8) No one
(4) _____ (9) No answer
(5) _____

27

102. (If watched) What time did you watch television yesterday?

- | | |
|-------------------------------|--------------------------------|
| (1) Don't know | (6) Evening (after 7 p.m.) |
| (2) Morning (8-11 a.m.) | (7) Morning and noon |
| (3) Noon (11 a.m.-1 p.m.) | (8) Late afternoon and evening |
| (4) Afternoon (1-5 p.m.) | (9) Didn't watch television |
| (5) Late afternoon (5-7 p.m.) | yesterday |

28

103. Is mail delivered to your home?

- | | |
|---------|----------------|
| (1) Yes | (3) No answer |
| (2) No | (4) Don't know |

29

104. (If not) How do you receive your mail?

- | | |
|-------------------------|-------------------------|
| (1) By my husband | (6) Different each time |
| (2) By member of family | (7) Don't know |
| (3) Through a shop | (8) _____ |
| (4) By postman | (9) No answer |
| (5) Friends/neighbour | |

30

105. How often do you get mail?

- | | |
|----------------------|----------------|
| (1) Every day | (6) Never |
| (2) Every week | (7) _____ |
| (3) Every month | (8) Don't know |
| (4) Every two months | (9) No answer |
| (5) Every six months | |

31

106. Do you receive advertisements to purchase something in the mail?

- | | |
|---------|----------------|
| (1) Yes | (3) No answer |
| (2) No | (4) Don't know |

32

107. (If illiterate) Who reads your mail to you?

- | | |
|--------------------|--------------------------|
| (1) Don't know | (6) Literate people |
| (2) My husband | (7) Mother/father-in-law |
| (3) Neighbours | (8) Others _____ |
| (4) Children | (9) No answer |
| (5) Brother/sister | |

33

108. If you received a letter about family planning, would you read it (have it read to you)?

- | | |
|---------|----------------|
| (1) Yes | (3) No answer |
| (2) No | (4) Don't know |

34

109. Do you have a telephone?

- | | |
|---------|----------------|
| (1) Yes | (3) No answer |
| (2) No | (4) Don't know |

35

110. Whose telephone do you use?

- | | |
|-----------------|-----------------|
| (1) Don't use | (6) Payphone |
| (2) Friend's | (7) Other _____ |
| (3) Neighbour's | (8) Don't know |
| (4) Relative's | (9) No answer |
| (5) Store's | |

36

111. If we give you a number to call for family-planning information, would you use it?
- (1) Yes (3) No answer
(2) No (4) Don't know
112. Do you read any magazines?
- (1) Yes (3) No answer
(2) No Go to Q.118 (4) Don't know
113. If yes, which one?
- (1) Women's magazine (6) _____
(2) _____ (7) No answer
(3) _____ (8) Does not read
(4) _____ (9) Don't know
(5) _____
114. Does your spouse read any magazines?
- (1) Yes (3) No answer
(2) No (4) Don't know
115. (If yes) Which one?
- (1) _____ (6) _____
(2) _____ (7) No answer
(3) _____ (8) Does not read
(4) _____ (9) Don't know
(5) _____
116. Have you ever read a ladies' magazine?
- (1) Yes (3) No answer
(2) No (4) Don't know
117. Which one?
- (1) _____ (6) _____
(2) _____ (7) Do not read
(3) _____ (8) Don't know
(4) _____ (9) No answer
(5) _____
118. Do you go to the cinema?
- (1) Yes (3) No answer
(2) No Go to Q.124 (4) Don't know
119. (If yes) How often?
- (1) Once a week (5) _____
(2) Once a month (6) Don't know
(3) Sometimes (7) No answer
(4) Once a year
120. Does your spouse go to the cinema?
- (1) Yes (4) No answer
(2) No (5) Don't know
(3) Sometimes

37

38

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46

121. (If yes) How often?

- | | |
|------------------|----------------|
| (1) Once a week | (5) _____ |
| (2) Once a month | (6) Don't know |
| (3) Sometimes | (7) No answer |
| (4) Once a year | |

 47

122. Which cinema do you frequent?

- | | |
|-----------|------------------------|
| (1) _____ | (6) _____ |
| (2) _____ | (7) _____ |
| (3) _____ | (8) Don't go to cinema |
| (4) _____ | (9) No answer |
| (5) _____ | |

 48

123. Which advertisements, shown before the programme begins, do you remember?

- | | | |
|-----------|-----------|----------------|
| (1) _____ | (4) _____ | (7) None |
| (2) _____ | (5) _____ | (8) Don't know |
| (3) _____ | (6) _____ | (9) No answer |

 49

124. When was the last time you visited a fair or festival?

- | | |
|------------------------------|-------------------------|
| (1) Don't know | (6) 3 to 6 months ago |
| (2) 0 to 7 days ago | (7) 6 to 12 months ago |
| (3) 7 to 15 days ago | (8) 12 to 18 months ago |
| (4) 15 days to one month ago | (9) No answer |
| (5) 1 to 3 months ago | |

 50

125. What kind of festival did you go to?

- | | |
|-----------------------|-------------------------|
| (1) Don't know | (6) Some kind of parade |
| (2) _____ | (7) Government festival |
| (3) Wedding | (8) Other _____ |
| (4) Birthday party | (9) No answer |
| (5) National ceremony | |

 51

126. Do you have local music or entertainment?

- | | |
|---------|----------------|
| (1) Yes | (3) No answer |
| (2) No | (4) Don't know |

 52

127. What kind of folk entertainment do you go to?

- | | |
|-----------------|----------------|
| (1) Puppet show | (6) _____ |
| (2) Play | (7) _____ |
| (3) Musical | (8) Don't know |
| (4) Singing | (9) No answer |
| (5) Dancing | |

 53

128. Where were you delivered of your last child, at a clinic, at home, in a hospital or some other place?

- | | |
|---------------------------|----------------------|
| (1) Clinic | (6) Private hospital |
| (2) Public hospital | (7) No answer |
| (3) Health station clinic | (8) Don't know |
| (4) At home | (9) Other _____ |
| (5) Other _____ | |

 54

129. Who delivered your last child?

- | | |
|--------------------------|----------------|
| (1) Public physician | (6) Mother |
| (2) Granny midwife | (7) Friend |
| (3) Trained midwife | (8) No answer |
| (4) Private doctor | (9) Don't know |
| (5) Health station staff | |

55

130. When did you last visit a health station?

- | | |
|------------------|--------------------------|
| (1) Last week | (6) 5 months ago or more |
| (2) Last month | (7) No answer |
| (3) 2 months ago | (8) Don't know |
| (4) 3 months ago | (9) Never visited |
| (5) 4 months ago | |

56

131. How long does it take you to go to a health station?

- | | |
|----------------------|---------------------|
| (1) 0 to 5 minutes | (6) 2 to 3 hours |
| (2) 5 to 15 minutes | (7) 3 hours or more |
| (3) 15 to 30 minutes | (8) Don't know |
| (4) 30 to 60 minutes | |
| (5) 1 to 2 hours | |

57

132. Who do you visit when you need medical treatment?

- | | |
|---------------------------|-----------------|
| (1) Private doctor | (5) Other _____ |
| (2) Health station office | (6) Pharmacy |
| (3) Nurse | (7) No answer |
| (4) Local midwife | (8) Don't know |

58

133. How much time does it take you to get to the person who gives you medical treatment?

- | | |
|----------------------|-----------------------------|
| (1) Don't know | (5) $\frac{1}{2}$ to 1 hour |
| (2) 0 to 5 minutes | (6) 1 to 2 hours |
| (3) 5 to 15 minutes | (7) 2 to 4 hours |
| (4) 15 to 30 minutes | (8) 4 hours or more |

59

We want to hire women to inform married couples about family planning. Would you give us some information on the type of characteristics such a worker should have?

134. How old should she be?

- | | |
|--------------------|--------------------|
| (1) 15 to 18 years | (6) 34 to 37 years |
| (2) 19 to 21 years | (7) 38 to 41 years |
| (3) 22 to 25 years | (8) 42 or more |
| (4) 26 to 29 years | (9) Don't know |
| (5) 30 to 33 years | |

60

135. Should she be married?

- | | |
|---------------|-------------------|
| (1) No answer | (4) No difference |
| (2) Yes | (5) Don't know |
| (3) No | |

61

136. Should she be using a contraceptive?

- | | |
|----------------|-------------------|
| (1) Yes | (4) No answer |
| (2) No | (5) No difference |
| (3) No opinion | |

62

137. (If outside city of 10,000) Do you ever go to any of the cities in the province?

- (1) Yes (3) No answer
(2) No /go to Q.140/ (4) Don't know

63

138. Which cities have you visited this last year?

- (1) _____ (4) _____ (7) _____
(2) _____ (5) _____ (8) No answer
(3) _____ (6) _____ (9) Don't know

64

139. List another city you visited last year.

- (1) _____ (4) _____ (7) _____
(2) _____ (5) _____ (8) No answer
(3) _____ (6) _____ (9) Don't know

65

140. Do you believe the government should allow doctors to terminate unwanted pregnancies?

- (1) Yes (3) No answer
(2) No (4) Don't know

66

141. If you had a pregnancy you did not want, would you go to a doctor for an abortion?

- (1) Yes (3) No answer
(2) No (4) Don't know

67

142. In order for the government to plan for better public services, they need to know when people plan to have children. To plan for adequate schools, health services, and transportation, the government needs to know when you plan to have your next child. Would you be willing to notify the registration clerk that you plan to have an additional child?

- (1) Would inform (3) No answer
(2) Would not inform (4) Don't know

68

143. Do you currently pay any taxes?

- (1) Yes (3) No answer
(2) No (4) Don't know

69

144. People who have six or seven children need more government services than those with two or three, such as schools, health facilities, etc. Do you believe that couples who have a large number of children should pay more taxes than those with fewer children?

- (1) Should pay more (4) No difference
(2) Should not pay more (5) No answer
(3) Don't know

70

145. Are you eligible for the benefits of the social insurance organization?

- (1) Yes (3) No answer
(2) No (4) Don't know

71

146. Workers who belong to the social insurance organization receive a monthly allowance for each child. If the allowance were stopped after the third child, would you approve or disapprove?

72

(1) Approve (3) No answer
(2) Disapprove (4) Don't know

147. Would you approve if workers received an allowance each month for the first child, a smaller allowance for the second child, and an even smaller for each additional child?

73

(1) Approve (3) No answer
(2) Disapprove (4) Don't know

148. Should people with fewer children be provided with more social security than those with more children?

74

(1) Yes (3) No answer
(2) No (4) Don't know

149. If the government paid you social security in old age, would you have (have had) 2 or 3 children?

75

(1) Yes (3) No answer
(2) No (4) Don't know

150. Would you approve or disapprove of a programme to reward couples for having no more children?

76

(1) Approve (3) No answer
(2) Disapprove (4) Don't know

151. Do you believe there should be compulsory education?

77

(1) Yes (3) No answer
(2) No (4) Don't know

152. To what grade?

78

(1) Don't know (5) Reading/writing
(2) Primary school (6) Other _____
(3) High school (7) _____
(4) B.S. or B.A. (8) No answer

153. Plans might be developed to provide special benefits for parents who space the distance between pregnancies. Parents could be offered free education for their children, financial support in old age, or money to pay labourers to do the work they would expect from their children. Which of these benefits do you think your friends and neighbours would prefer?

79

(1) Free education (5) All of them
(2) Support in old age (6) Some combination of two
(3) Pay labourers to do of them
child's work (8) No answer
(4) None of them (9) Don't know

154. Which of these benefits would you prefer for yourself and your family?

- | | |
|-------------------------|-------------------------|
| (1) Free education | (5) All of them |
| (2) Support in old age | (6) Some combination of |
| (3) Pay labourers to do | two of them |
| child's work | (8) No answer |
| (4) None of them | (9) Don't know |

80

KAP I.D. $\frac{4}{1}$

Card $\frac{4}{2}$

Respondent's
I.D. Number

$\frac{3}{4} \quad \frac{5}{6}$

155. Do you want your children to help you with your work or help you earn a better income?

- | | |
|---------|---------------------|
| (1) Yes | (3) Not ascertained |
| (2) No | (4) Don't know |

7

156. If instead of giving individual couples who spaced the distance between pregnancies free education for their children, assistance in old age or help with their work, there are benefits for everyone in the community, such as paying for another schoolteacher, tractor or additional labourers, would you rather have the individual benefits or would you rather have a benefit for the whole community?

- | | |
|----------------|----------------|
| (0) Individual | (3) Neither |
| (1) Community | (8) No answer |
| (2) Both | (9) Don't know |

8

157. Would you be willing to sign a pledge stating you do not want any more children?

- | | |
|---------|----------------|
| (1) Yes | (3) No answer |
| (2) No | (4) Don't know |

9

158. If you could be certain your next child would be the sex desired, would you stop having children?

- | | |
|---------|----------------|
| (1) Yes | (3) No answer |
| (2) No | (4) Don't know |

10

159. Do (would) you expect your children to support you in old age or when you stop working and retire?

- | | |
|---------|----------------|
| (1) Yes | (3) No answer |
| (2) No | (4) Don't know |

11

160. Would it be better to support yourself, to have your children support you or to be provided with government social security?

- | | |
|------------------------|---------------|
| (1) Myself (ourselves) | (5) Children |
| (2) Government | (6) Both |
| (3) Don't know | (7) No answer |
| (4) Other _____ | |

12

161. If the government passed a law changing the legal age for marriage from ___ to ___ for girls and from ___ to ___ for boys, would you approve or disapprove?
- (1) Approve (3) No answer
(2) Disapprove (4) Don't know
162. Would you approve or disapprove of students having information on population?
- (1) Approve (3) No answer
(2) Disapprove (4) Don't know
163. Would you approve of secondary school students having information on family planning?
- (1) Approve (3) No answer
(2) Disapprove (4) Don't know
164. Would you approve of students having information on sex education?
- (1) Approve (3) No answer
(2) Disapprove (4) Don't know
165. Would you approve of students having information on contraceptives?
- (1) Approve (3) No answer
(2) Disapprove (4) Don't know
166. Do you believe parents should have a basic responsibility for each additional child? This responsibility would consist of minimum standards of space, clothes and food. If the government passed a law requiring all parents to provide minimum standards before they had an additional child, would you approve or disapprove?
- (1) Approve (3) No answer
(2) Disapprove (4) Don't know
167. Which of the following activities would you approve or disapprove of in getting people to have small families?
- Develop health facilities so all children survive:
- (1) Approve (2) Disapprove (3) NA (4) DK
- Provide social security in old age:
- (1) Approve (2) Disapprove (3) NA (4) DK
- Provide information on the advantages of small families:
- (1) Approve (2) Disapprove (3) NA (4) DK
- Increase taxation for couples with many children:
- (1) Approve (2) Disapprove (3) NA (4) DK
- Provide a cash bonus for couples who have 2 or 3 children:
- (1) Approve (2) Disapprove (3) NA (4) DK
- Provide abortion for all unwanted pregnancies:
- (1) Approve (2) Disapprove (3) NA (4) DK
- Provide more benefits for workers and farmers who keep their families small:
- (1) Approve (2) Disapprove (3) NA (4) DK

13

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168. Which of the following statements do you think are true or false?

Couples have children because they love them:

(1) True (2) False (3) NA (4) DK

26

People have unwanted pregnancies because they enjoy sexual intercourse more than they fear pregnancy:

(1) True (2) False (3) NA (4) DK

27

Most couples do not have a specific desired family size:

(1) True (2) False (3) NA (4) DK

28

People are embarrassed to talk about contraceptives or family planning:

(1) True (2) False (3) NA (4) DK

29

People do not know how to stop having children:

(1) True (2) False (3) NA (4) DK

30

Husbands do not approve of family planning:

(1) True (2) False (3) NA (4) DK

31

Large families are more prosperous than small families:

(1) True (2) False (3) NA (4) DK

32

In-laws do not approve of family planning:

(1) True (2) False (3) NA (4) DK

33

7 Post-evaluation survey

1. Respondent's name:

Family name First name Other name

2. Respondent's address:

House No. Lane or Street

Village or city District

3. Record attempts to interview:

Attempt No.	Date	Time	Interviewer's Name	Result
1				
2				
3				
4				

4. Final outcome of interview:

- (1) Interview complete
- (2) Unable to locate respondent
- (3) Unknown
- (4) Moved, new address unknown
- (5) Refused
- (6) Never at home
- (7) Other

5. Date of completed interview:

Date of interview if there was one: _____

If no interview, use code '999'

6. Interviewer ID No.:

KAP I.D. $\frac{5}{1}$

Card No. $\frac{1}{2}$

Identification Number:

$\frac{3}{3}$ $\frac{4}{4}$ $\frac{5}{5}$ $\frac{6}{6}$

$\frac{7}{7}$

Month Year

$\frac{8}{8}$ $\frac{9}{9}$ $\frac{10}{10}$

$\frac{11}{11}$

7. Code for district:

_____	_____
_____	_____
_____	_____
_____	_____

12

8. Population size:

- | | |
|----------------------|----------------|
| (1) 20,000 or more | (6) 500 to 999 |
| (2) 10,000 to 19,999 | (7) 200 to 499 |
| (3) 5,000 to 9,999 | (8) 100 to 199 |
| (4) 2,500 to 4,999 | (9) 1 to 99 |
| (5) 1,000 to 2,499 | |

13

9. Sex of respondent:

- | | |
|----------|------------|
| (1) Male | (2) Female |
|----------|------------|

14

The following series of questions, asked on the pre-survey, should also be asked on the post-survey:

Demographic questions
 Socio-economic status
 Knowledge of contraceptives
 Attitudes towards family planning
 Practice of family planning
 Beyond family-planning questions
 Contact with field-workers, community leaders and family-planning programme

Post KAP $\frac{5}{1}$
 Card No. $\frac{1}{2}$
 Respondent's ID No.

Three cards will be needed for these questions. The post-evaluation questions suggested start with code '4'. After you have asked all the relevant questions on the survey, again ask questions relating to specific communication activities.

3	4	5	6
---	---	---	---

1. Have you heard this slogan? ' _____ '

- | | |
|---------------------|----------------|
| (1) Yes | (3) Don't know |
| (2) No (go to Q. 6) | (4) No answer |

7

2. Where did you hear the slogan?

- | | | | | |
|--------------|---------|--------|--------|--------|
| Radio? | (1) Yes | (2) No | (3) NA | (4) DK |
| Newspaper? | (1) Yes | (2) No | (3) NA | (4) DK |
| Banner? | (1) Yes | (2) No | (3) NA | (4) DK |
| Poster? | (1) Yes | (2) No | (3) NA | (4) DK |
| Mailing? | (1) Yes | (2) No | (3) NA | (4) DK |
| Cinema? | (1) Yes | (2) No | (3) NA | (4) DK |
| Magazine? | (1) Yes | (2) No | (3) NA | (4) DK |
| Loudspeaker? | (1) Yes | (2) No | (3) NA | (4) DK |

89101112131415

3. Did you hear the slogan: ' _____ ' from your friends or neighbours?
- (1) Yes (3) Don't know
(2) No (4) No answer
4. Did you hear the slogan: ' _____ ' from your children?
- (1) Yes (3) Don't know
(2) No (4) No answer
5. Did you hear the slogan at the health clinic?
- (1) Yes (3) Don't know
(2) No (4) No answer
6. Do you recognize the symbol? [show symbol]
- (1) Yes (3) Don't know
(2) No [go to Q.8] (4) No answer
7. Where have you seen this symbol?
- (1) Family-planning clinic (6) Health Station
(2) Banner (7) Other _____
(3) Newspaper (8) No answer
(4) Poster (9) Don't know
(5) Hospital
8. Have you been to a cinema in the last three months?
- (1) Yes (3) Don't know
(2) No [go to Q. 11] (4) No answer
9. (If yes) Did you see anything on family planning at the cinema?
- (1) Yes (3) Don't know
(2) No (4) No answer
10. What do you remember about the film you saw on family planning?
- (1) No answer (5) It showed the large
(2) It shows contraceptives and small family
(3) We can give better education to fewer children (6) Don't know
(4) Don't remember anything (7) I did not see it
(8) Other answer _____
(9) _____
11. Did you hear about family planning on the radio?
- (1) Yes (3) Don't know
(2) No [go to Q. 13] (4) No answer

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12. What do you remember hearing on the radio about family planning?

- | | |
|---|------------------------|
| (1) No answer | (6) Other answer _____ |
| (2) Slogan | (7) _____ |
| (3) Don't remember | (8) _____ |
| (4) Explain how to prevent pregnancy | (9) Don't know |
| (5) Two or three children can help in old age | |

25

13. Did you see this picture? [show poster]

- | | |
|----------------------|----------------|
| (1) Yes | (3) Don't know |
| (2) No [go to Q. 18] | (4) No answer |

26

14. Did you see the banner?

- | | |
|---------|----------------|
| (1) Yes | (3) No answer |
| (2) No | (4) Don't know |

27

15. Did you see it on the poster?

- | | |
|---------|----------------|
| (1) Yes | (3) No answer |
| (2) No | (4) Don't know |

28

16. Did you see it in the newspaper?

- | | |
|---------|----------------|
| (1) Yes | (3) No answer |
| (2) No | (4) Don't know |

29

17. Do you read a newspaper?

- | | |
|---------|----------------|
| (1) Yes | (3) Don't know |
| (2) No | (4) No answer |

30

18. Did you read anything about family planning or the population problem in the newspaper during the last three or four months?

- | | |
|----------------------|----------------|
| (1) Yes | (3) Don't know |
| (2) No [go to Q. 20] | (4) No answer |

31

19. What do you remember reading about population growth or family planning?

- | | |
|---------------------|----------------|
| (1) Nothing | (6) _____ |
| (2) Do not remember | (7) _____ |
| (3) _____ | (8) No answer |
| (4) _____ | (9) Don't know |
| (5) _____ | |

32

20. Did you see an exhibit on population and family planning?

- | | |
|---------------------|----------------|
| (1) Yes | (3) Don't know |
| (2) No [go to Q.22] | (4) No answer |

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21. What do you remember reading or seeing on the exhibit?

- | | |
|-----------|----------------|
| (1) _____ | (6) _____ |
| (2) _____ | (7) _____ |
| (3) _____ | (8) No answer |
| (4) _____ | (9) Don't know |
| (5) _____ | |

34

22. Did you get anything in the mail on family planning?

- (1) Yes (3) Don't know
(2) No (4) No answer

35

23. During the last four or five months, have you talked to anyone about family planning?

- (1) Yes (3) Don't know
(2) No [Go to Q. 25] (4) No answer

36

24. What did you talk about?

- (1) _____ (6) _____
(2) _____ (7) _____
(3) _____ (8) No answer
(4) _____ (9) Don't know
(5) _____

37

25. Has anyone brought up the subject of family planning with you? What do people say when they talk with you about family planning or population growth?

- (1) _____ (6) _____
(2) _____ (7) _____
(3) _____ (8) No answer
(4) _____ (9) Don't know
(5) _____

38

26. Would you say you talked with someone about family planning every day, once a week, once a month, or never?

- (1) Every day (4) Never
(2) Every week (5) No answer
(3) Once a month (6) Don't know

39

27. Has a schoolteacher, village leader, granny midwife, modir amol, literacy or health corps or someone else ever talked with you about family planning?

- (1) Yes (3) No answer
(2) No (4) Don't know

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28. Who talked to you about family planning? (Check each source mentioned by the respondent; do not read the following list to the respondent).

- (1) Mentioned (2) Not mentioned (3) No-one talked about family planning (4) Not ascertained

- _____ a. Schoolteacher
_____ b. Work supervisor
_____ c. Village leader
_____ d. Health corps
_____ e. Literacy corps
_____ f. Granny midwife
_____ g. Depot
_____ h. Mobile unit staff

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- _____ i. Doctor
- _____ j. Nurse
- _____ k. Field-worker
- _____ l. Other (specify) _____
29. Have you ever been visited by a field-worker who has discussed family planning at your home during the last year?
- (1) Yes (3) No answer
(2) No [go to Q.31] (4) Don't know
30. (If yes) What do you remember about her visit? What did she say? Did she give you a leaflet or other educational materials?
- (1) _____ (4) _____ (7) Don't remember
(2) _____ (5) _____ (8) Don't know
(3) _____ (6) _____ (9) No answer
31. Have you ever attended a meeting where family planning was discussed?
- (1) Yes (3) No answer
(2) No [go to Q. 33] (4) Don't know
32. Where was the meeting held?
- (1) Friend's home (6) Other _____
(2) School (7) Don't know
(3) Health centre (8) No answer
(4) F.P. clinic (9) Never attended meeting
(5) Other
33. Have you been to a family-planning clinic or some place that provides contraceptives or sterilizations during the last _____ months?
- (1) Yes (3) No answer
(2) No [go to Q. 35] (4) Don't know
34. (If yes) What method of contraception did you accept?
- (1) Oral pill (4) Vasectomy
(2) Condom (5) Tubectomy
(3) IUD
35. Do you think the information given on the contraceptives was accurate and truthful?
- (1) Yes (3) No answer
(2) No (4) Don't know
36. Would you say the staff at the clinic was courteous and helpful?
- (1) Yes (3) No answer
(2) No (4) Don't know

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37. Have family-planning topics ever been used by local play groups, puppet shows or other entertainers?

- | | |
|---------|----------------|
| (1) Yes | (3) No answer |
| (2) No | (4) Don't know |

61

38. (If yes) At what type of entertainment?

- | | |
|---------------------|----------------|
| (1) Puppet show | (6) _____ |
| (2) Local musicians | (7) _____ |
| (3) Play groups | (8) Don't know |
| (4) _____ | (9) No answer |
| (5) _____ | |

62

8 The elite questionnaire

By asking the elite a series of questions, the communications staff can gain an awareness of their knowledge of the population problems and the family-planning programme, as well as determine their potential participation in assisting with the communication programme. Before the questionnaire is used, it is important to provide some information to the elite on population and family planning. This can be done by sending them several small leaflets describing the population problem and findings from the KAP surveys. An outline for the leaflets could be summarized as follows:

The population problem: (a) the current birth rate, death rate and growth rate; (b) number of years for population to double; (c) with birth rate reduction of one half in ten years, when the population will double; (d) an intensive family-planning programme will not prevent the population from doubling; (e) when the population will double, even with replacement size families in ten years.

Family planning: (a) the proportion of women stating they did not want their last pregnancy; (b) the current state ideal family size; (c) women coming to the clinics generally do not want any more children-describe their age and number of living children; (d) the drop-out rates for oral pills, condoms and withdrawal; (e) the principal misconceptions about vasectomy-loses sex drive, becomes fat, fluids during the sex act are no longer emitted and voice becomes higher.

Legal restrictions: (a) advertising contraceptives; (b) using paramedical personnel; (c) abortion restrictions; (d) restrictions on vasectomy and tubal ligation; (e) minimum age for marriage; (f) women's rights; (g) child labour; (h) registration of births and deaths; (i) compulsory education.

Policy: (a) birth, death and immigration targets or policies; (b) using incentives and disincentives; (c) priority of family planning in development programme; (d) statement by Head of State and government ministers.

Each of these sections could be sent as separate leaflets or materials to the elite groups or as one pamphlet. It is important that before utilizing the questionnaire, the elite groups have some information on the population problem, the family-planning programme, the legal issues in developing the programme, as well as the current national policies on population and family planning.

There are several ways of getting the questions asked. The questionnaire can be sent in the mail; the communications or evaluation staff can ask the questions; the heads of various government ministries or departments could send out the questionnaire to under-secretaries or provincial administrators; or newspaper reporters could ask the questions during an interview.

The findings from the questionnaire should help evaluate the elite groups' awareness of the population problems and provide guidelines for a communications strategy.

The questions you will now be asked are in two parts. The first part will be to understand your knowledge and attitudes about population and family-planning matters. This information will be kept confidential. The second part will be used to gauge your potential co-operation in the family-planning programme. It is assumed that you have read the leaflets which were sent to you.

1. Do you approve or disapprove of a programme to provide parents with the opportunity of having children when they want them?

(1) Approve	(3) No answer
(2) Disapprove	(4) Don't know
2. Do you believe the population in is growing too fast, too slow or just about at the right rate at this time?

(1) Too fast	(4) No answer
(2) Too slow	(5) Don't know
(3) Just about right	
3. The population in will double even with a successful family-planning programme. Do you think this is good or bad for?

(1) Good	(3) No answer
(2) Bad	(4) Don't know
4. Do you believe the government should establish a policy whereby couples would want and have only two or three children?

(1) Yes	(3) No answer
(2) No	(4) Don't know

Elite questionnaire $\frac{6}{1}$

Card $\frac{1}{2}$

Identification:

3	4	5	6
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5. What would you consider to be the ideal population size for [name of country] _____?
- (Record responses in millions; use '0' codes for '11' and '12' if less than 10 million)
6. How many years in the future do you think this population size should be achieved? _____
- (If no answer, put '99' and '88' if don't know)
7. With _____ per cent of the women stating they did not want their last pregnancy, do you believe they should be given an opportunity to have unwanted pregnancies terminated by medically qualified doctors?
- (1) Yes (3) No answer
(2) No (4) Don't know
8. At present, _____ per cent of the women accepting to use the contraceptives will drop out after four years. They are _____ years old and have _____ children. Do you believe these women or their husbands should be offered permanent contraception?
- (1) Yes (3) No answer
(2) No (4) Don't know
9. Do you believe women should have the right to terminate pregnancies resulting from contraceptive failure?
- (1) Yes (3) No answer
(2) No (4) Don't know
10. Some people have stated that birth rates and death rates will decline only if there is rapid social and economic progress. In some of the more developed countries, couples are approaching replacement-size families; where infant mortality rates are low, parents are supported by pension programmes, children do not work for their parents, compulsory education extends through secondary school and there is not a great disparity between incomes. Which of these types of programmes do you think should be given priority?
- (Read the items)
- a. Provide MCH services
(1) High priority (2) Low priority (3) NA (4) DK
- b. Provide pensions
(1) High priority (2) Low priority (3) NA (4) DK
- c. Prevent child labour
(1) High priority (2) Low priority (3) NA (4) DK
- d. Compulsory education
(1) High priority (2) Low priority (3) NA (4) DK
- e. Enforce graduated income tax and minimum wage laws; establish profit-sharing policies or other policies to equalize incomes
(1) High priority (2) Low priority (3) NA (4) DK

11 12 13

14 15

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11. Part of the problem in relating population growth to development planning is the priority given programmes that are not directly related to the social and economic welfare of the public. We would like to know which types of development strategies you believe should be given priority.

a. Capital intensive or labour intensive industries

- (1) Capital intensive (3) NA
(2) Labour intensive (4) DK

24

b. Elementary education or university education

- (1) Elementary education (3) NA
(2) University education (4) DK

25

c. Training doctors as specialists or using paramedical personnel for rural services

- (1) Training doctors (3) NA
(2) Using paramedical personnel (4) DK

26

d. Soldiers spending time for military activities or helping with development programme

- (1) Military activities (3) NA
(2) Development programme (4) DK

27

12. The current legal age for marriage for boys is ____ and for girls _____. If these ages were changed to ____ for boys and ____ for girls, would you approve or disapprove?

- (1) Approve (3) No answer
(2) Disapprove (4) Don't know

28

13. How many years of education should be compulsory?

- (01) 1 year (06) 6 years (11) 11 years
(02) 2 years (07) 7 years (12) 12 years
(03) 3 years (08) 8 years (77) None
(04) 4 years (09) 9 years (88) No answer
(05) 5 years (10) 10 years (99) Don't know

29

30

14. There are several customs and laws which restrict the rights of women and children. Currently, many children are working in factories and on farms when they should be in school. Women are often restricted from work, from inheritance, and from legal support when divorced or child custody. What programmes or policies do you believe should be instituted to protect the rights of women and children and to provide better, more fulfilling opportunities for them?

- (1) _____ (If no answer, code '9')
(2) _____ (If no answer, code '9')
(3) _____ (If no answer, code '9')

31

32

33

15. Do you believe parents should be required to have only wanted children? The government would be able to plan health, education and other services better if parents were to have children only when wanted. Before having a child, parents would be required to register their intent to have a child. Would you approve or disapprove of such a law?

- (1) Approve (3) No answer
(2) Disapprove (4) Don't know

34

16. Parents who have 6 or 7 children require more government services such as school facilities, than parents with two or three children. Do you believe parents should be taxed in proportion to the services they use as well as by level of income?

(1) Taxed in proportion of services used
 (2) Should not be taxed in proportion of income only
 (3) Both (4) Neither (5) NA (6) DK

35

17. Some governments are now giving housing and health facility priorities to couples with small families. Do you approve or disapprove of the government doing this?

(1) Approve (3) No answer
 (2) Disapprove (4) Don't know

36

18. If there were a programme to reward parents and communities who were successful in controlling fertility with old-age pensions, employment creation projects, better health and educational services, would you approve or disapprove of such a programme?

(1) Approve (3) No answer
 (2) Disapprove (4) Don't know

37

19. If in each community the parents were to vote on a population size desired and the subsequent family size each parent was to have to achieve this population size, would you approve or disapprove of such a programme?

(1) Approve (3) No answer
 (2) Disapprove (4) Don't know

38

20. Do you believe individual parents in a community should be responsible to the community for having the number of children decided upon in such a programme?

(1) Should be responsible (3) No answer
 (2) Should not be responsible (4) Don't know
 (3) Depends

39

21. How many children do you yourself have living?

(01) 1 child (09) 9 children
 (02) 2 children (10) 10 children
 (03) 3 children (11) 11 children
 (04) 4 children (12) 12 children
 (05) 5 children (13) 13 children
 (06) 6 children (14) 14+ children
 (07) 7 children (15) None
 (08) 8 children (16) No answer

40

41

22. Are you currently using a method of family planning?

(1) Yes (3) No answer
 (2) No (4) Don't know

42

23. (If yes) Which method are you currently using?

- | | |
|--------------------|----------------|
| (1) Oral pill | (6) No method |
| (2) IUD | (7) Withdrawal |
| (3) Condom | (8) No answer |
| (4) Vasectomy | (9) Don't know |
| (5) Tubal ligation | |

43

24. Could you give me a statement that we could use in our publications, in a news release or on a radio spot? What statement would you care to make now pertaining to the population problem in _____ or the family-planning programme

- (1) Statement made (2) Statement not made

44

25. Would you be willing to write a circular or directive to those who are responsible to you to participate in the family-planning programme?

- | | |
|---------|----------------|
| (1) Yes | (3) No answer |
| (2) No | (4) Don't know |

45

26. In which of the following ways could family-planning activities be expanded within the context of your on-going programme in communications and training?

a. Family-planning and population content added to in-service training programme:

- (1) Yes (2) No (3) NA (4) DK

46

b. Supervisors would be responsible for distribution of leaflets or developing condom and oral pill depot centres:

- (1) Yes (2) No (3) NA (4) DK

47

c. Is there a location on your premises where a doctor could come and provide vasectomies, tubal ligations or pregnancy termination services:

- (1) Yes (2) No (3) NA (4) DK

48

d. Could you utilize posters for promotion services?

- (1) Yes (2) No (3) NA (4) DK

49

e. Could you develop a distribution system for leaflets:

- (1) Yes (2) No (3) NA (4) DK

50

f. Do you have an inhouse publication which could have information on the contraceptives and where to get them:

- (1) Yes (2) No (3) NA (4) DK

51

27. In what way could you provide benefits to couples or communities that are successful in controlling unwanted pregnancies, or what type of disincentives could be established with your authority?

_____	_____
_____	_____
_____	_____
_____	_____

9 The field-worker daily record form

The daily home visit record form should accomplish the following objectives: (a) monitor births and child deaths; (b) gauge pregnancy prevalence and pregnancy outcome; (c) determine current contraceptive use and intent to use; (d) record a family plan specifying how many children are wanted and when.

If a field-worker has 20,000 population in her area, she will have about 5,000 households with 3,600 women in the age group 15 to 45. By conducting ten home visits a day for 300 days, she can see most of the women in the first year. The analysis of the home visit form is only useful if each individual family is identified and the changes by family analysed. There should be a yearly analysis of age and parity of the women and men contacted, the pregnancy status, the current contraceptive use by method, and the expressed ideal family size.

The field-worker should be given twelve loose-leaf binders, one binder for each month of the year. In each binder should be sixty home-visit record forms. On each form is room to record data for five families visited five times. If a family moved out of the area or another family moves into it, a home-visit record form should be placed in the binder to record the relevant events for the new family. With sixty forms, information can be obtained for a total of 300 families each month, though this is highly unlikely.

At the end of the month, the data collected is given to the evaluation unit. The data is punched on cards for each family. Tabulations for the families could monitor changes in contraceptive practice, pregnancy status and fertility. The binder is returned to the field-worker at the end of the next month, when the next binder is collected from her. This exchange could occur on pay-day or at monthly meetings with the supervisor.

For each family in a household, the field-worker should record the name of the head of the family, name of spouse and the complete address. At the top of the form, the field-worker records her identi-

fication number and the identification number assigned to the city or town where she works.

Each family is given an identification number starting with '0001', '0002', etc. The field-worker places the appropriate codes for each visit.

The coding instructions should be printed and placed in each binder.

Purpose of visit

Column 12

First visit	1
Follow-up of acceptor	2
Visit to woman with a recent birth	3
Follow-up of coupon holder	4
To provide resupplies of condoms	5
To provide resupplies of oral pills	6
Other	7

Age of wife: Columns 13 and 14.

Present age in space allotted. Put '88' for don't know and '99' for no answer.

Number of living children: Columns 15 and 16.

Code

Code

Code

(01) one	(09) nine	(17) seventeen
(02) two	(10) ten	(18) eighteen
(03) three	(11) eleven	(19) nineteen
(04) four	(12) twelve	(20) twenty
(05) five	(13) thirteen	(88) None
(06) six	(14) fourteen	(99) No answer
(07) seven	(15) fifteen	
(08) eight	(16) sixteen	

Currently pregnant: Column 17.

- | | |
|---------|----------------|
| (1) Yes | (3) No answer |
| (2) No | (4) Don't know |

Current contraceptive use: Column 18.

- | | |
|----------------|-------------------------|
| (1) Oral pill | (6) Tubal ligation |
| (2) IUD | (7) Not currently using |
| (3) Condom | (8) Other _____ |
| (4) Withdrawal | (9) No answer |
| (5) Vasectomy | |

Family-size goals: Column 19. (List how many children the husband and wife say they want.)

- | | |
|---------------------------|----------------------|
| (1) One more child | (6) No more children |
| (2) Two more children | (7) Up to God |
| (3) Three more children | (8) Don't know |
| (4) Four more children | (9) No answer |
| (5) Five children or more | |

Month and year next child desired: Columns 20, 21 and 22.

<u>Month</u>		<u>Year</u>
(01) January	(08) August	(1) 1980
(02) February	(09) September	(2) 1981
(03) March	(10) October	(3) 1982
(04) April	(11) November	(4) 1983
(05) May	(12) December	(5) 1984
(06) June	(13) No answer	(6) 1985
(07) July	(14) Don't know	(7) 1986
		(8) 1987
		(9) 1988

Coupon issued: Column 23.

- | | |
|---------------|-------------------|
| (1) IUD | (3) Sterilization |
| (2) Oral pill | (4) None |

Contraceptive issued: Column 24.

- | | |
|-------------------------------|---------------------------------|
| (1) First cycle of oral pills | (4) Previous issued condom user |
| (2) Previous pill user | (5) No issue |
| (3) First condom issued | |

For month and year of visit, columns 25, 26 and 27, use the same codes as for columns 20, 21 and 22.

Second visit for pregnancy: Column 28.

- (1) Not pregnant since last visit
- (2) Still pregnant since last visit
- (3) Pregnancy resulted in still birth
- (4) Pregnancy resulted in live birth
- (5) Pregnancy resulted in spontaneous abortion
- (6) Pregnancy resulted in induced abortion
- (7) No answer
- (8) Don't know

Number of children: Column 29.

Use same codes as for columns 15 and 16.

Current contraceptive use: Column 30.

Use same codes as for column 18.

Coupons issued: Column 31.

Use same codes as for column 23.

Contraceptives issued: Column 32.

Use same code as for column 24.

Purpose of visit: Column 38.

- (1) Second visit
- (2) Follow-up of acceptor
- (3) Visit to woman with a recent birth
- (4) Follow-up of coupon holder
- (5) To provide resupplies of condoms
- (6) To provide resupplies of oral pills
- (7) Other

First visit: Month 25 . 26 Year 27

[illegible]

Field-worker name _____

Identification code for field-worker

1	2	3	4
---	---	---	---

First visit								Second visit					Third visit						
								Month	Month	Year					Month	Month	Year		
								34	35	36					43	44	45		
Family size goal	Month and year next child desired			Coupon issued	Condom or oral pill issued	Signature of husband	Signature of wife	Pregnant	No. of children	Contraceptive use	Coupon issued	Contraceptive issued	Purpose of visit	Pregnancy	Live birth	Current contraceptive use	Coupon issued	Contraceptive issued	Purpose of visit
19	20	21	22	23	24			28	29	30	31	32	33	37	38	39	40	41	42

Identification code for location

5 6 7

[illegible]

10 Monthly record form for field-workers

At the end of each month, the field-worker records the following.

1. Total home visits	_____	
2. Total coupons issued	_____ (Oral pill)	_____
	_____ (IUD)	_____
	_____ (Sterilization)	_____
	<u>No. of persons</u>	<u>No. of condoms</u>
3. New condom acceptors	_____	_____
Old condom acceptors	_____	_____
	<u>No. of persons</u>	<u>No. of cycles</u>
4. Resupply of oral pill	_____	_____
5. No. of group meetings and attendance:		
	<u>Organization and location</u>	<u>No. of attendees</u> <u>No. of coupons issued</u>
1.	_____	
2.	_____	
3.	_____	
4.	_____	
5.	_____	
	<u>At home</u>	<u>Not at home</u>
6. No. of follow-up visits	_____	_____
IUD	_____	_____
Sterilizations	_____	_____
Oral pill	_____	_____
	<u>No. of functionaries</u>	<u>No. of oral pills, condoms and coupons issued</u>
7. Functionary visits:		
Oral pills issued	_____	_____
Condoms issued	_____	_____
Coupons: O.P.	_____	_____
IUD	_____	_____
Sterilization	_____	_____

11 The coupons

The coupons shown are for the IUD and sterilization. The analysis which can be done each month on the centre section is as follows:

<u>Age</u>	<u>No. of children</u>										<u>Average No. of children</u>
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10+</u>	<u>N.A.</u>
15 to 19											
20 to 24											
25 to 29											
30 to 34											
35 to 39											
40 to 44											
45+											
No answer											

		<u>Month</u>	
		<u>No.</u>	<u>%</u>
Education:	No school	—	—
	Primary school	—	—
	Secondary school	—	—
	Above secondary school	—	—
	No answer	—	—
	Don't know	—	—
Total		—	—
Women wanting more children:			
Yes		—	—
No		—	—
No answer		—	—
Don't know		—	—
Total		—	—
Previous contraceptive method:			
Yes		—	—
No		—	—

		<u>Month</u>	
		<u>No.</u>	<u>%</u>
By method:	Oral pill	_____	_____
	IUD	_____	_____
	Condom	_____	_____
	Withdrawal	_____	_____
	Other _____	_____	_____
	No answer	_____	_____
	Don't know	_____	_____
	Total	_____	_____
Affiliation:	Private organization	_____	_____
	Health department	_____	_____
	University hospital	_____	_____
	Mobile team	_____	_____
	Social insurance	_____	_____
	Other _____	_____	_____
	_____	_____	_____
	_____	_____	_____

Slogan ' _____ '

IUD (leaflet and coupon, print 200,000 in booklets of 50)

1. Everyone is now talking about the IUD. It is a contraceptive that has been tested and proved very effective.
2. There are only one or two pregnancies per 100 women using the IUD.
3. The IUD is made of a soft, flexible plastic.
4. It is free at all clinics listed on this coupon.
5. A skilled doctor can insert the IUD in a few seconds. Because there is no pain, the woman is not put to sleep or given a shot.
6. When the woman wants a baby, the doctor simply pulls the IUD out without pain in a few seconds.
7. The best time for inserting the IUD is two days after the menses. However, the IUD can be inserted at any time.
8. Some women will have some bleeding for a short time but this will certainly not harm their health. In a few cases a woman will bleed for more than two weeks. If this is so, she should return to her doctor. If there are any cramps, they will usually go away. The woman's body has to get used to the new device. The IUD has two small strings which can be felt by the tip of the finger. The woman must make sure the IUD is in place by feeling the strings in the birth passage at least once a week.
9. With very few women, the IUD may be lost during the first or second period after insertion. This of course would mean the protection is lost. They should return to the doctor to have the IUD put in again as soon as possible.
10. Why not show this coupon to a friend, neighbour or relative? They might be very thankful.
11. When can I go to a female doctor for an IUD? You should see the doctor on _____/date/ at _____/time/.
12. The clinics are located at:

Clinic	Address	How to get there	Time open
13. For further information call Telephone No. _____ and _____ or write to: _____			

PART I

Name of woman _____

Address _____

City or village _____

Date coupon issued _____

Coupon number _____

PART II

To be returned after follow-up
visit (date) _____

1. Woman accepted IUD

IUD retained _____ Removed _____

Pregnant _____

Now using? Nothing _____

Other _____

2. Woman did not accept IUD

Why was IUD not inserted?

3. What improvements in programme
should be made?

City _____

Name of coupon issuer _____

Coupon number _____

IUD COUPON

PART III

1. To be filled out by a referral

agent _____

Name of woman _____

Address _____

Age _____ No. of children: _____

Boys _____ Girls _____

Education: None _____ Primary _____

Secondary _____ High-School _____

Do you want any more children?

Yes _____ No _____ If yes,

type _____

2. To be filled in by doctor.

Type of IUD _____

Insertion date _____

First insertion _____ reinsertion _____

Name of doctor _____

Type of inserting personnel:

OB/GYN _____ GP _____ Surgeon _____ Nurse _____

Codes _____

Origination _____

Province _____

District _____

Clinic _____

Acceptor _____

Coupon No. _____

PART IV

1. To be filled in by worker

This coupon entitles Mrs _____
to free clinic visit and IUD
insertion if used before _____ (date)
Signatures of doctor, acceptor
and motivator.

I, _____ (doctor or nurse)
have performed the IUD
insertion and have received _____
fee.

Signature _____

I, Mrs _____ have obtained
the IUD

Signature _____

I, Mr (or Mrs) _____ have
provided the information and have
received travel and per diem
of _____ (amount)

Signature _____

Date _____

Mr/Mrs _____ has made the
above payments

Signature of accountant _____

Coupon number _____

Slogan ' _____ '

What you should know about sterilization

Female sterilization is a permanent operation which prevents the ovum of the female from reaching the sperm of the male because the tubes where a baby is first started are cut and tied. Male sterilization is a permanent operation which prevents the sperm from joining the fluids emitted during the sex act.

Most couples who practise family planning want to stop childbirth, not space their children. Thousands of males and females have had a sterilization operation. Sterilization is the only 100 per cent effective contraceptive besides the oral pills. But with oral pills there is a 70 per cent drop-out after one year and with the IUD a 50 per cent drop-out after two years. The operation is free. Once the operation has been performed, there is nothing more the couple has to do. Nothing to pay for or use continuously. The operation is safe, simple and reliable. In order to qualify for sterilization you must be over 30. The wife must be under 45, have two children and definitely not want any more.

Female sterilization is an operation which takes about 30 minutes in hospital. The woman should rest in the hospital from 2 to 3 days. The operation is frequently performed four days after birth.

The male operation does not cause impotence. The fluids are still emitted but they do not contain the sperm which usually comprises less than one-tenth of the emission. Male sterilization is not castration. Nothing is removed. There is no change in voice, weight or appetite. The only change is that the father has no longer to fear unwanted pregnancies. The operation can be done in 15 minutes in a doctor's office. The male can go home the same day; after two days he returns to the doctor to have the stitches taken out. After giving a local anaesthetic, the doctor makes a cut about the size of a thumb nail in the back of the scrotum. He then ties the tubes which carry the sperm. There is almost no pain. The man should use condoms for the first 15 sex acts after the operation as the sperm may still be in the passages. Male sterilization is easier, takes a shorter time, costs less, and is quicker than the female sterilization. Female sterilization is a more frequent operation because it is performed after childbirth.

PART I

Name of person given coupon: _____

Address _____

Date coupon issued _____

Coupon number _____

PART II

To be returned after follow-up visit.

A. Client accepted

Date of follow-up _____

1. Have there been any changes in client-- good or bad?

Explain _____

2. Did vasectomy patient get a sperm count? Yes ___ No ___

B. Client did not accept

What are the reasons for not accepting? _____

Coupon number _____

STERILIZATION COUPON

PART III

Name of client _____

Address _____

Age ___ No. of children ___ Boys ___

Girls ___ Age of spouse _____

Education: None ___ Primary ___

Secondary _____

Do you want any more children?

Yes ___ No ___

Have you previously used contraception?

Yes ___ No ___ If yes, IUD _____

Oral pill ___ Condom ___ Other _____

Date of operation: _____

Type of operation: _____

Name of clinic: _____

Name of doctor: _____

Address: _____

Codes

Organization _____

Province _____

District _____

Clinic _____

Acceptor _____

Coupon number _____

PART IV

This coupon entitles Mr/Mrs _____ to a free sterilization.

Date of payment: _____

1. With the consent of my spouse I have decided to have a sterilization to avoid any more pregnancies.

Signature of person sterilized _____

2. I, Dr _____ have performed a vasectomy/tubal ligation and received _____ (amount) fee.

Doctor's signature _____

3. I, _____ assisted the doctor with the operation.

Signature of assistant _____

4. I have provided the education and received _____ (amount) travel and per diem expenses.

Signature of motivator _____

5. I, _____ have paid the amounts specified.

Signature of accountant _____

Coupon number _____

Population communication training materials

Manuals

Mass Media in Population and Development
Evaluation of Population Communication Programmes
Research in Population Communication
Using Folk Entertainments to Promote National Development
Evaluation of Population Communication Programmes

Films on family-planning communication

Mass Media and Field Work
Folk Media
Low-cost Media
Research and Evaluation

Population communication: technical documentation

Communication Media, Family Planning and Development
Research in Family Planning Communication: an Analytical Framework
Research in Population Communication
Evaluation Research on Family Planning Communication
Folk Media and Mass Media in Population
Communication (in preparation)

Inquiries related to the above training materials should be addressed to: Population Division, Unesco, 7 place de Fontenoy, 75700 Paris (France).