A Study on Assessment of the Knowledge of "Weekly Iron Folic Supplementation" Program among Adolescent Girls in Jamnagar District

Internship Training
at
Government of Gujarat, NRHM, Jamnagar
(February 03 -April30, 2014)

By
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Under the guidance of
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Post Graduate Diploma in Hospital & Health Management
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TO WHOMSOEVER MAY CONCERN

This is to certify that Dr.Vikram Singh student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management and Research, Jaipur has undergone internship training at Government of Gujarat,NRHM, Jamnagar from February 03 to 30 April 2014.

The candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirement.

I wish him all the success in all his future endeavors.

Dr. Ashok Kaushik
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Govt. of Gujarat

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This certificate is awarded to

Dr. Vikram Singh

In recognition of having successfully completed his Internship in the department of

NRHM, Govt. of Gujarat, Jamnagar

and has successfully completed his project on

A STUDY ON ASSESSMENT OF THE KNOWLEDGE OF "WEEKLY IRON FOLIC SUPPLEMENTATION" PROGRAM AMONG ADOLESCENT GIRLS IN JAMNAGAR

(February 03 - April 30, 2014)

NRHM, Govt. of Gujarat

He comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning.
We wish him all the best for future endeavors.

Dr. A. G. Bathwar
DISTRICT R.C.H. OFFICER.
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INSTITUTE IF HEALTH MANAGEMENT AND RESEARCH, JAIPUR

CERTIFICATE BY SCHOLAR

This is certify that the dissertation titled A STUDY ON ASSESSMENT OF THE KNOWLEDGE OF "WEEKLY IRON FOLIC SUPPLEMENTATION" PROGRAM AMONG ADOLESCENT GIRLS IN JAMNAGAR and submitted by Dr. Vikram Singh Enrollment No. 1400under the supervision of Dr. Nutan P Jainfor award of Post Graduate Diploma in Hospital and Health Management of the Institute carried out during the period from February 03 to April 30, 2014 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, Fellowship, title in this or any other Institute or other similar institution of higher learning.

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Abstract

Weekly Folic Acid Supplementation (WIFS) program was started in January 2013 and it's been sixteen months, this study focus on the knowledge of the adolescent girls attending SABLA program at anganwadi program. Around 56% of adolescent girls are suffering from anemia and WIFS program is to supply them with iron (100mg) and folic acid (500µg) micronutrient on weekly basis and it have been studied previously and been found that supplementation have helped in past (http://www.indianpediatrics.net/aug2012/659.pdf) . The program have been implemented through ICDS and education department in state, at district level followed at Taluka level. Reporting formats have been provided at every level to get proper feedback from the field and till the state level than to central level.

In this study a sample size of 200 adolescent girls (11-19yrs) have been identified inn SABLA Taleem center and a predesigned questionnaire was given to them to get it filled, the data was later analyzed with the help of Microsoft excel software, than the results were displayed in the form of graphs and pie diagrams and other chart formats. The questionnaire included questions related to their socio economic profile, there knowledge about the program and the awareness they have about the program.

Results of the survey clearly shows that a majority of the adolescent girls know about the program (72%).Out of 200 girls, 86% (172) girls were among the consumers of the tablet given to them and 62% girl's hemoglobin was checked before giving them the supplement tablets and 79% girls said that proper instructions were given to them regarding the program, the effect and procedure of taking the tablet and possible side effect of the supplement. The study also reveals that about 65% of population was farming or doing labor work in-spite of that they encouraged girl education, 76% were going to school and 74% girls were regular in attending. 86%, 83% and 57% were knowing the benefits of the program, how the tablet should be taken and a proper feedback was taken from them respectively.

Overall the study shows the depth of program awareness reached in the society and gives a better scenario about WIFS program knowledge in the district.

Acknowledgement

I would like to express my heartfelt gratitude to The Government of Gujarat and National Rural Health Mission, Gujarat for providing me an opportunity to work in such a wonderful organization and for making all the facilities available and giving the support in every way for completion of internship & Dissertation.

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I would like to thank the staff of DPMU, Jamnagar for their support.

I would like to thank Dr. NUTAN P JAIN,Professor, Institute of Health Management and Research, Jaipur for his constant motivation, patience and valuable guidance.

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Dr. Vikram Singh.

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ABBREVIATIONS

1. DDO- DISTRICT DEVELOPMENT OFFICER
2. CDHO- CHIEF DISTRICT HEALTH OFFICER
3. RCHO- REPRODUCTIVE AND CHILD HEALTH OFFICER
4. BHO- BLOCK HEALTH OFFICER
5. DPMU- DISTRICT PROGRAM MANAGEMENT UNIT
6. RCH- REPRODUCTIVE AND CHILD HEALTH
7. ASHA- ACCREDITED SOCIAL HEALTH WORKER
8. NRHM- NATIONAL RURAL HEALTH MISSION
9. CHC- COMMUNITY HEALTH CENTRE
10. PHC- PRIMARY HEALTH CENTRE
11. SC- SUB CENTRE
12. SC- SCHEDULE CAST
13. ST- SCHEDULE TRIBE
14. MMR- MATERNAL MORTALITY RATIO
15. IMR- INFANT MORTALITY RATE
16. NFHS- NATIONAL FAMILY HEALTH SURVEY
17. BMW- BIO MEDICAL WASTE
18. PHI- PUBLIC HEALTH INSTITUTE
19. ANC- ANTI-NETAL CARE
20. ICDS- INTEGRATED CHILD DEVELOPMENT SCHEME
21. MoHFW- MINISTRY OF HEALTH AND FAMILY WELFARE
22. AFP- ACUTE FLACCID PARALYSIS
23. DW- DEWORMING
24. IFA- IRON FOLIC ACID
25. WIFS- WEEKLY IRON FOLIC ACID SUPPLIMENTATION

DISSERTATION

A Study on assessment of the knowledge of "weekly iron folic supplementation" program among adolescent girls in Jamnagar district.

2.0 Introduction

Anemia in India primarily occurs due to iron deficiency and is the most widespread nutritional deficiency disorders in the country today. Anemia in adolescence is a long standing public health problem in India and it is estimated that more than 5 crores of adolescents (15 to 19 years) are anemic in the country. Anemia is caused by Iron deficiency and adolescents are at a high risk of the same and thereby anemia occurs due to accelerated growth and body mass building, poor dietary intake rich in iron and high rate of worm infestation. In girls, deficiency of iron is further aggravated with higher demands with onset of menstruation and also due to the problem of adolescent pregnancy and conception.

According to NFHS –III data over 55 percent of both adolescent boys and girls are anemic, among which 56% of adolescent girls aged 15-19 years suffer from some form of anemia. More than 39% adolescent girls (15-19 years) are mildly anemic while 15% and 2% suffer from moderate and severe anemia respectively.

The"Weekly Iron Folic acid Supplementation" Program envisages administration of supervised weekly IFA Supplementation and biannual deworming tablets to approximately 13 crore rural and urban adolescents through the platform of Govt. /Govt. aided and municipal school and Anganwadi Kendra and combat the intergenerational cycle of anemia. WIFS Programis based on the empirical evidence that weekly supplementation of 100mg Iron and 500µg Folic acid is effective in decreasing prevalence of anemia in adolescent age group.

2.1 Anemia Facts-

- NFHS-3: 56% of Adolescent girls (15-19) suffered from some kind of Anemia 39% - mildly, 15% - moderate and 2% - severely Anemic.
- NFHS-3: prevalence was 41% - mildly, 18% - moderate and 2% - severely Anemic. Which shows that there is no much change in the trend.
- In India, the highest prevalence of anemia is reported between the ages 12-13 years.

3.0 Literature Review:

1. Study conducted in Vadodara Gujarat in January 2012 by Rachana.M.Bhoite and Uma M Iyer. They randomly selected three school out of 45in Vadodara and interventions were done.
    a. **Control group**: no supplementation only hygienic practice was followed
    b. **DW + IFA**: in the second group Deworming and Iron Folic acid supplementation was given.
    c. **DW**: for the third group only Deworming was done.

    Results showed that DW + IFA improved the Hemoglobin level in the students group who have taken it comparatively groups who have chosen other methods.

2. A study done on **adolescent girls of Nashik, Maharashtra, India** revealed that supplementation of Iron and folic acid in the 2^{nd} trimester of pregnancy did not make an impact in reducing MMR hence an early intervention in adolescence age was started with weekly supplementation under the supervision. It made an impact on the girls and there was a significant change in the hemoglobin level of the adolescent girls to reduce the anemia which lead to a healthy mother.

3. **Will the iron and folic acid supplementation plan work this time?**

    In an interview for a health site with director of Flourosis Research and Rural Development Foundation in New Delhi,says that the IFA supplementation to pregnant women was introduced in 1970 as there was increased no of infant death and low birth weight deliveries hence 1986 the study revealed that there were no significant change in the prevalence of anemia. Gujarat implemented the supplementation for adolescent girls but the program miserably failed, The Delhi Municipal Corporation introduced the same but no one knows the outcomes.

3.1 Research Question:-

What is the knowledge among the adolescent girls about WIFS program (why, what, where, who, when and how)?

3.2 Objectives:-

- To review the operational process of the WIFS program; and
- To study knowledge of WIFS (why, what, where, who, when and how) among the girls aged between 11-19 years;

3.3 Methodology-

Study design: The present study is an analytical study.
Study area and duration: The study was carried out from February, 2014 to April, 2014 in Jamnagar.

Study Subject: Adolescent girls

Sample size:

10 Taluka (Bhanvad, Dhrol, Jamjodhpur, Jodiya, Kalavad, Kalyanpur, Lalpur, Khambhaliya, Okhmandal, Jamnagar) of Jamnagar district and 20 girls from each Taluka (SABLA Training center) amongst which 10 school going and 10 (Irregular school going) covered in WIFS program from age group 11-19 years.

200 girls [School and out of school (irregular school going or enrolled but not going to school)]

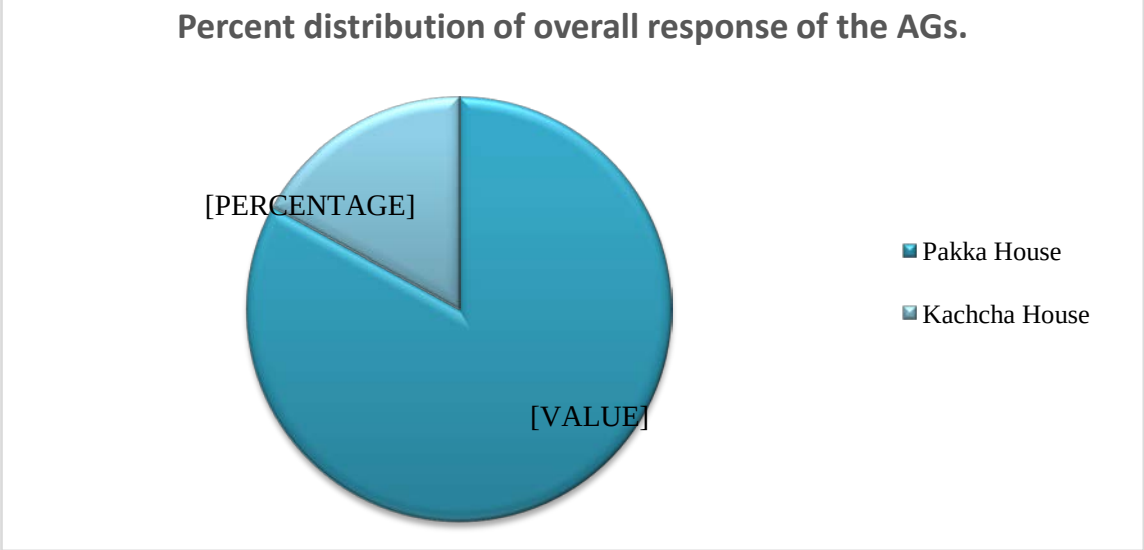
3.4 Results &Discussions: The analysis of the WIFS Questionnaires was done in Microsoft excel.

(1) 83 % of adolescent girls were living in pakka house and it shows a better socio-economic status of the families.
(2) A majority of the class is labor class (41%) still they encourage girl education and support it well (School going girl – 76% and 74% go regularly).
(3) Health awareness among the girls were appreciable (75%) and they do knew about Anemia (71%).
(4) 71 % OF adolescent knew about the program and where it runs (96%).
(5) 98% (Average) adolescent girls knew who is responsible to provide them the tablet, which day it's given and what is the color of the tablet (86%) (n=172)**.**
(6) Right way of taking the tablet was known to 83% against 91% girls who said they know the benefits of taking the supplement (n=172)**.**
(7) 78.5% claimed that there were no proper instructions given and no feedback taken (64%) with no prior blood test (62%) done for hemoglobin (n=172).

3.4.1 Socio economic status of Adolescent family:

34 of adolescentgirl's lives in Kachcha house 166 are living in pakka house. Finding show that most of the families have better living conditions.

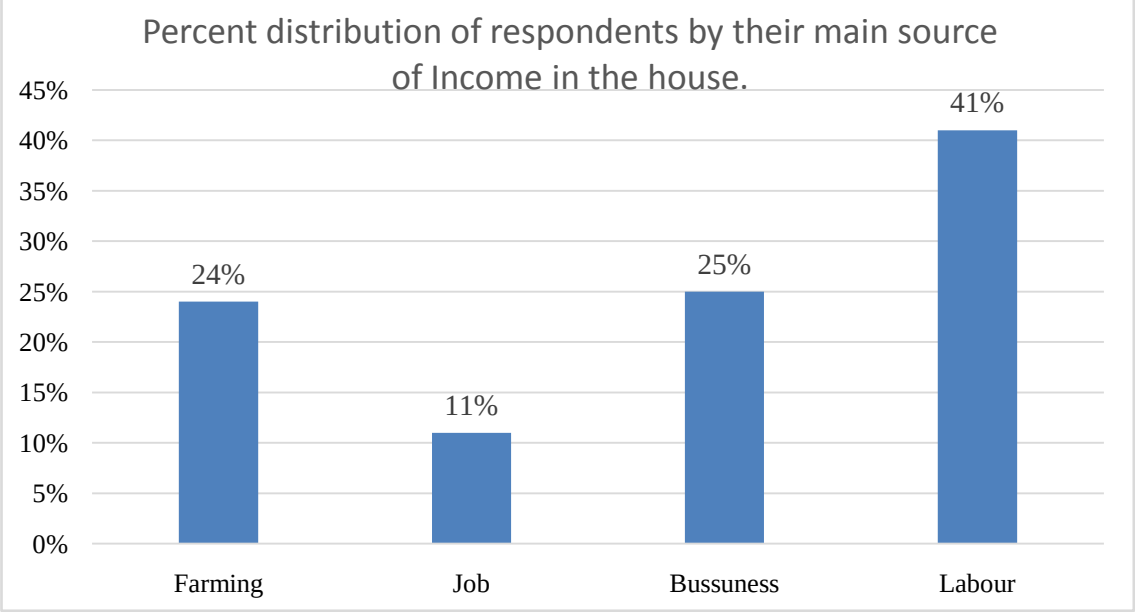
Figure 1- Percent distribution of respondents by type of residence



3.4.2 Main source of income in the house:

Around half of the population source of income was labor work and it implies poor education in the parent. Around 36% is in job or business class and remaining do farming work.

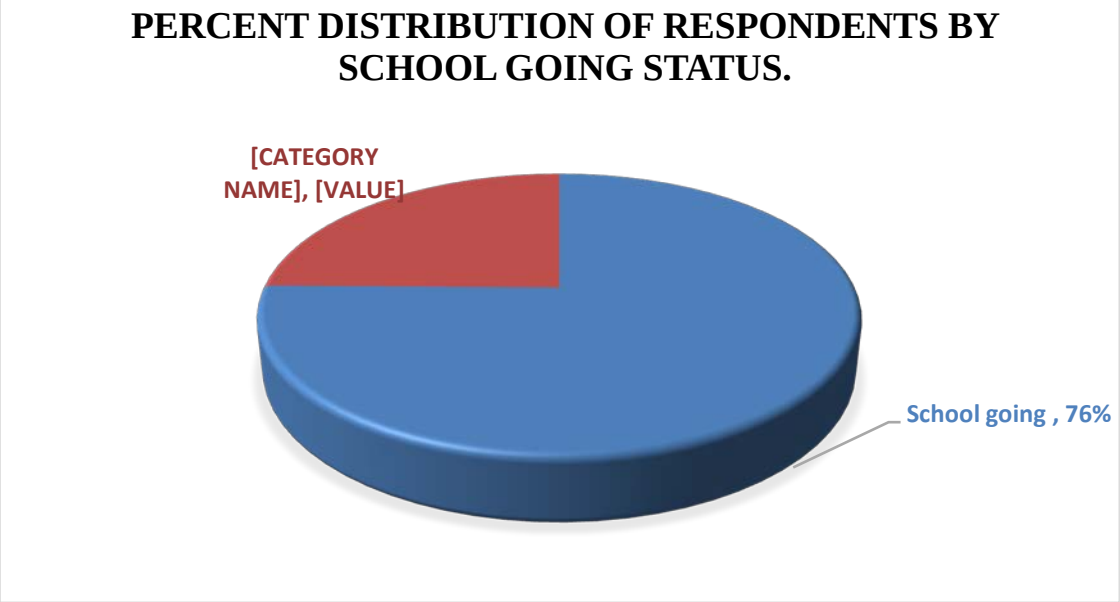
Figure 2 – Percent distribution of respondents by their main source of Income in the house.



3.4.3 School going status:

76% among all the adolescent are school going. 41% of population is in labor work but they still know the importance of education and promote girl education.

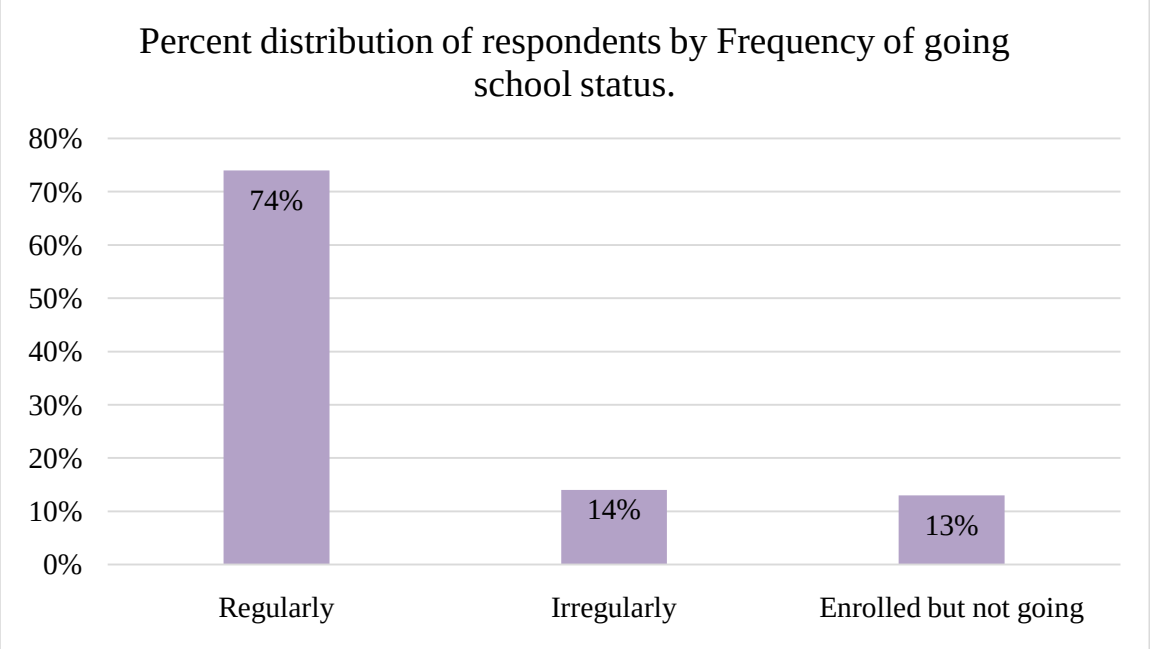
Figure 3 – Percent distribution of respondents by School going status.



3.4.4 Frequency of going school:

Most of the girls (74%) are regular in schools and remaining 27% are either irregular or enrolled but not going (as they are enrolled in SarvShikshaAbhiyaan).

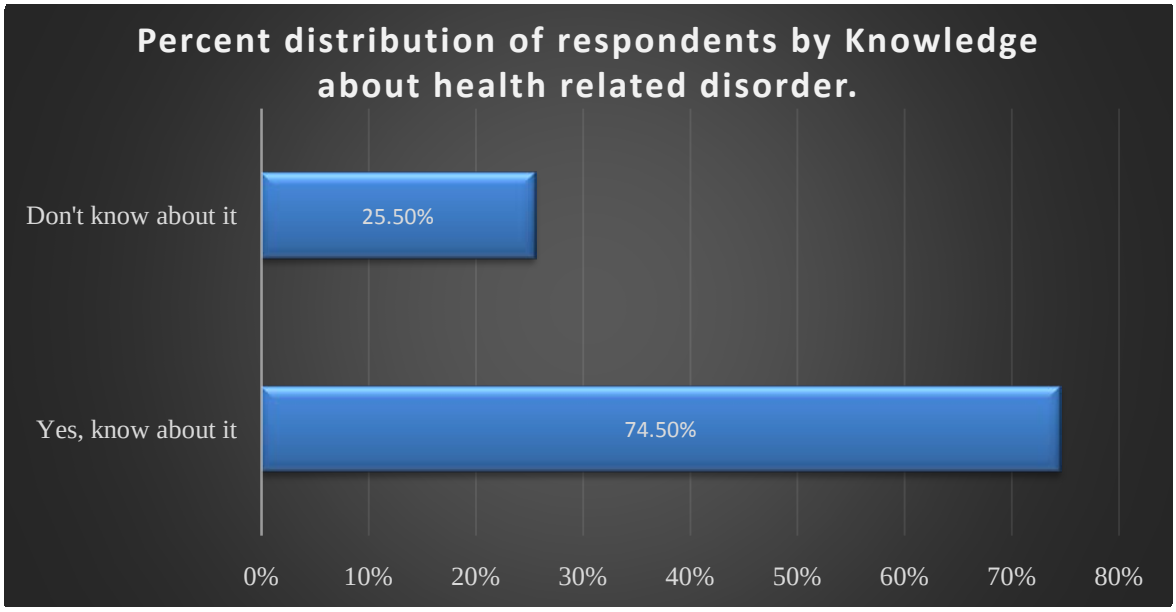
Figure 4 – Percent distribution of respondents byFrequency of going school status.



3.4.5 Knowledge of health related disorder:

75 % adolescent claimed that they know about health related disorders and periodically sessions have been taken for delivering such knowledge to them 26 % responded that they are unaware of such thing. This shows a better awareness among the community for health related disorders.

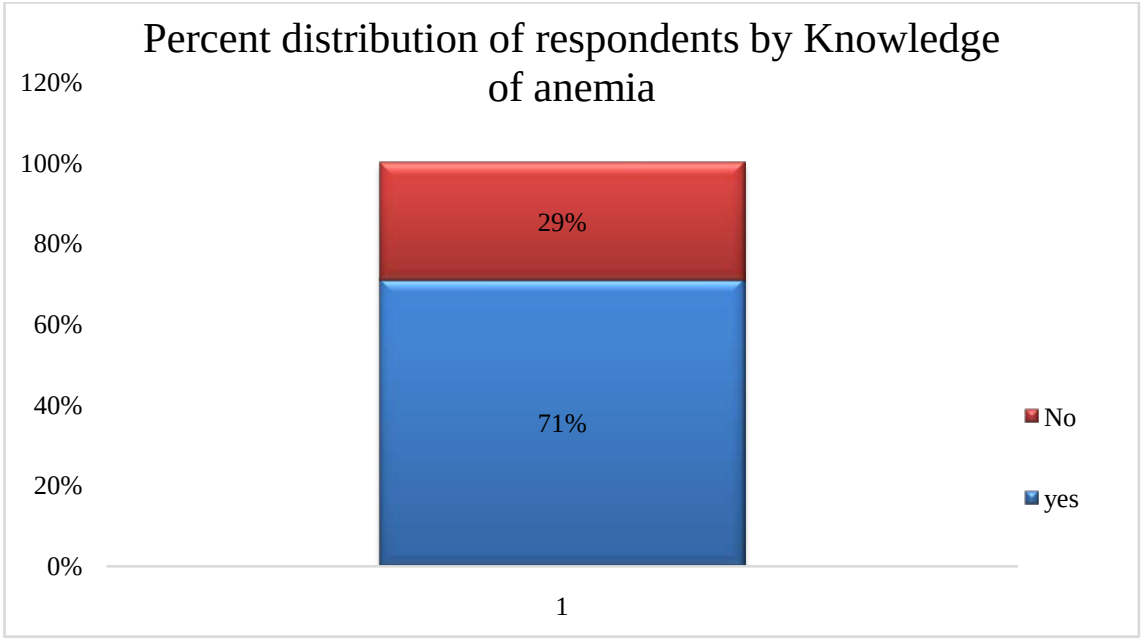
Figure 5–Percent distribution of respondents by Knowledge about health related disorder.



3.4.6 Knowledge about Anemia:

71% adolescent accepted that they know about anemia (It's a disorder related to blood and hemoglobin count decreases in this problem.) as the teachers health workers and anganwadi worker have explained about it, against 29% claiming about not knowing about it.

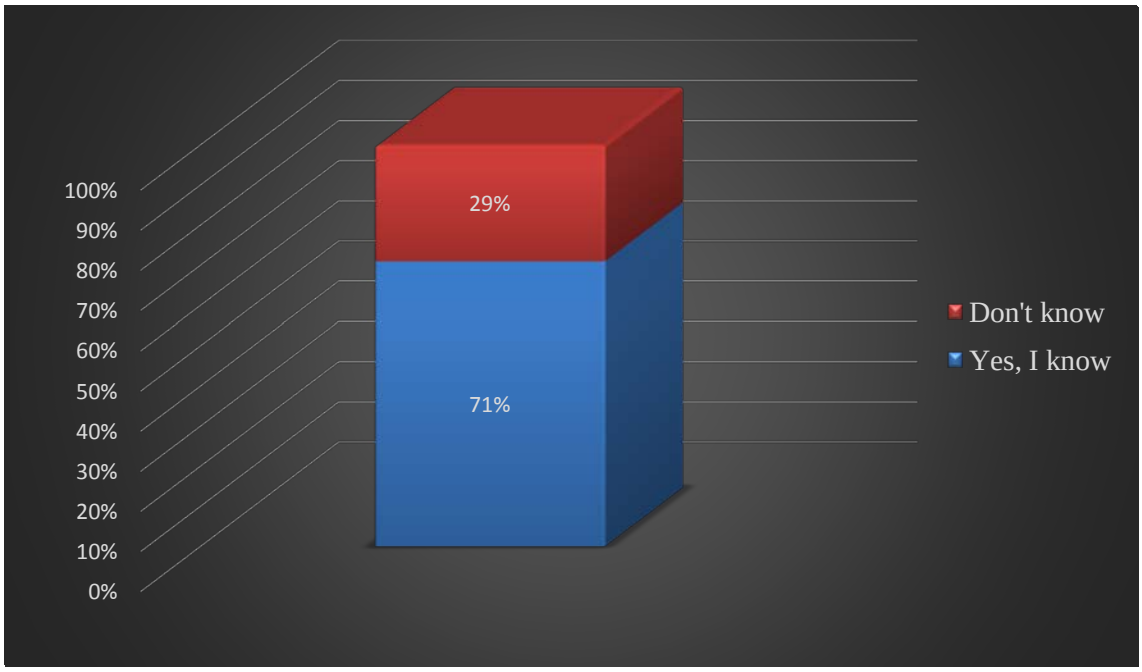
Figure 6 – Percent distribution of respondents by Knowledge of anemia



3.4.7 Program currently running related to Anemia:

29% of adolescent were unaware about any program running related to Anemia in the locality where as 71% were well aware about the program as they were among those 86% who were taking tablets and knew about the benefits of taking it.

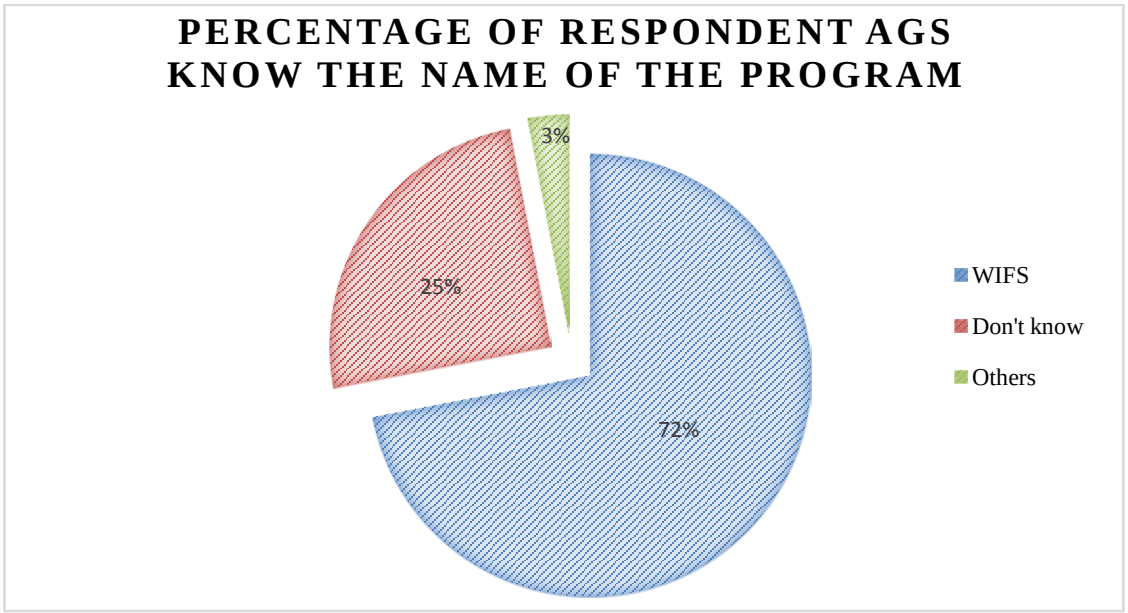
Figure 7 – Percent distribution of respondents byknowledge about program running related to anemia



3.4.8 Name of the program:

While asking the details of the program 72% knew the exact name of the program and 25% were not knowing about the name. 3% were among those who provided some different or wrong information about the name of the program but they were knowing some or the other information about the program.

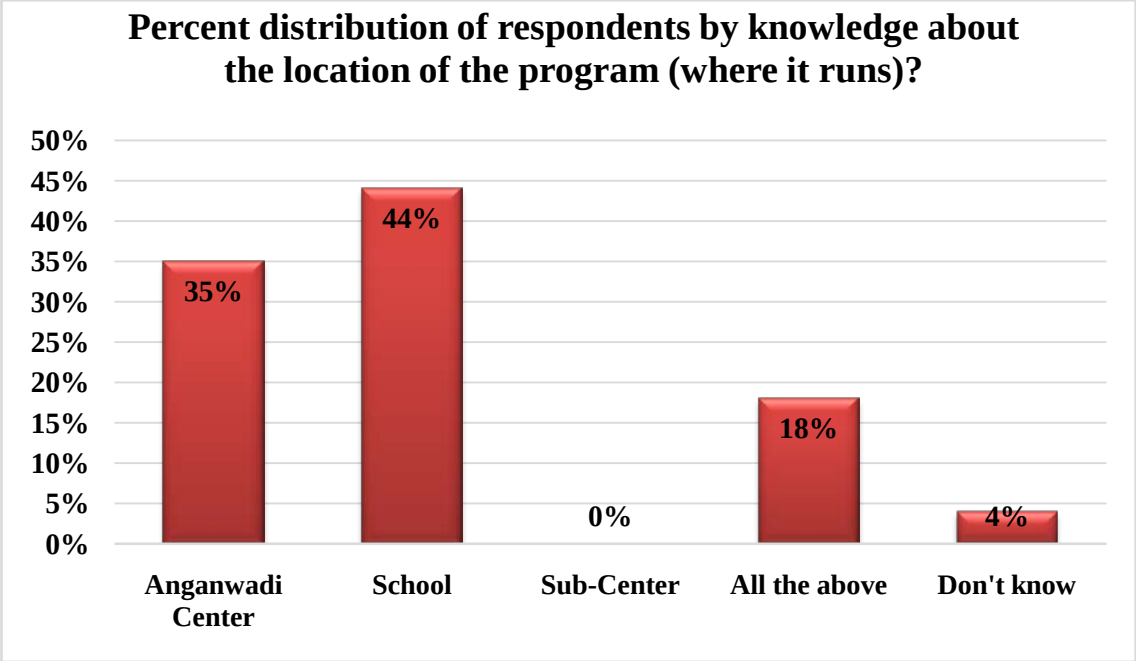
Figure 8 –Percentage of respondent AGs Know the name of the program



3.4.9 Where the program is running:

35% said that the program is running in anganwadi center and 44% said its running in school, 18% were knowing about all the places (Anganwadi, Sub-center and School) the program is running and only 4% said they don't know where the program is running as they were among those which were enrolled but not going to school and were unaware of the program.

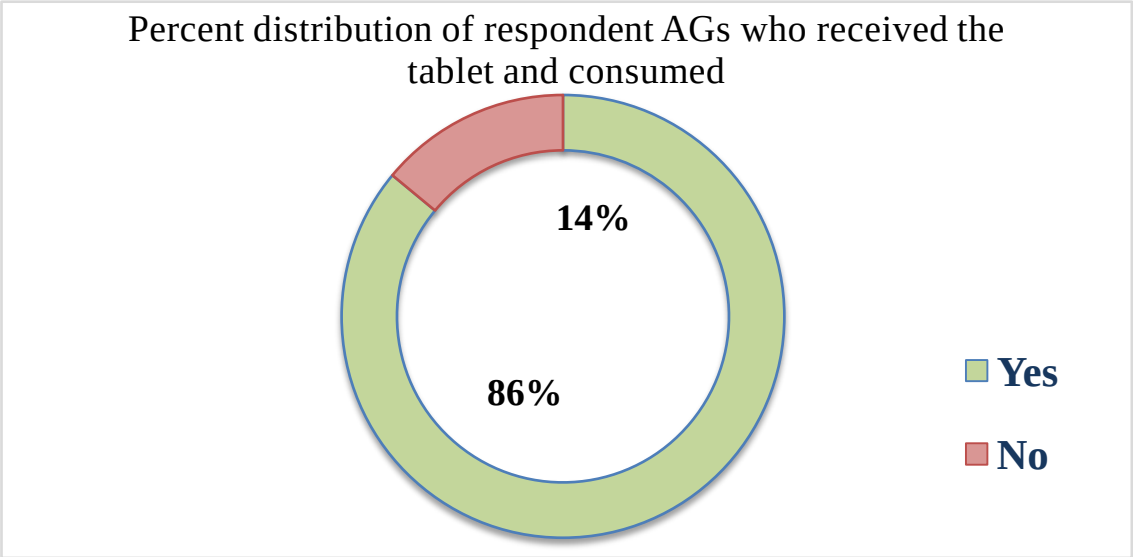
Figure 9– Percent distribution of respondents byknowledge about the location of the program (where it runs)?



3.4.10 Do you consume the tablet given to you:

86% accepted that they were given some kind of tablet in school, anganwadi or sub-center and they were asked to take the tablet than and there to make sure that they take the tablet and 14% refused about some tablet given to them.

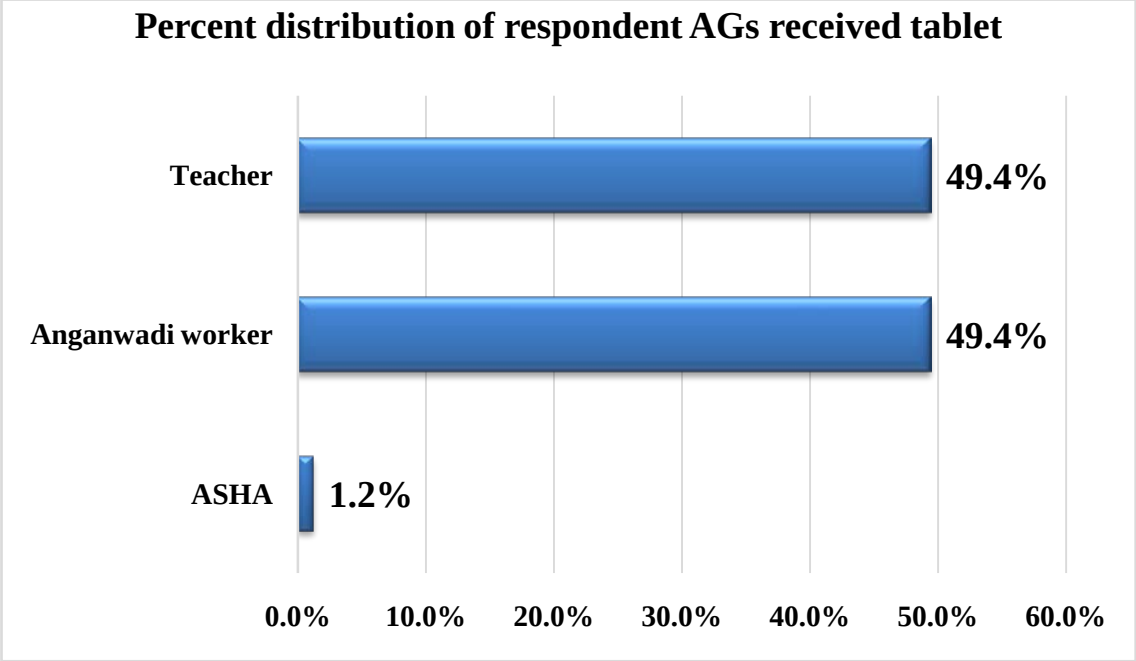
Figure 10 –Percent distribution of respondentAGs who received the tablet and consumed



3.4.11 Who gives you the tablet:

Teachers were among one providing most of the tablets (51%) to the adolescent girls followed by Anganwadi worker (48%) and ASHA (2%).

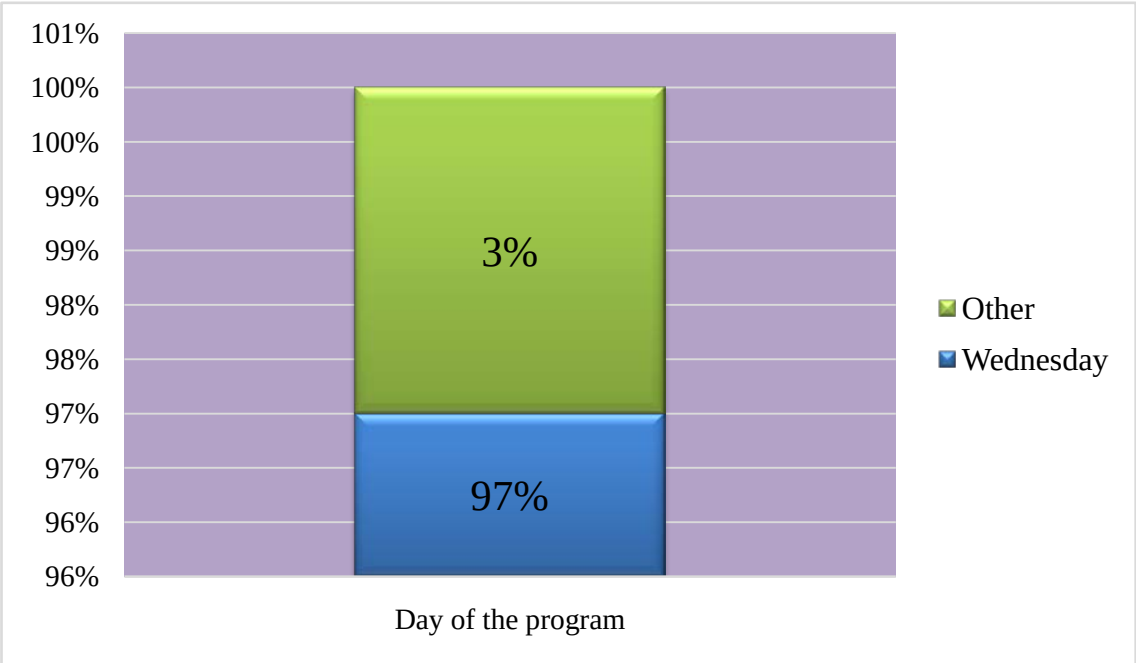
Figure 11 – Percent distribution of respondent AGs received tablet (n=172)



3.4.12 Day of the program:

Almost every adolescent girl knew that the tablet were provided on Wednesday and only 3% were there who responded wrong for the question and marked a wrong answer. They were provided with the tablet on the other day as they were absent on Wednesday.

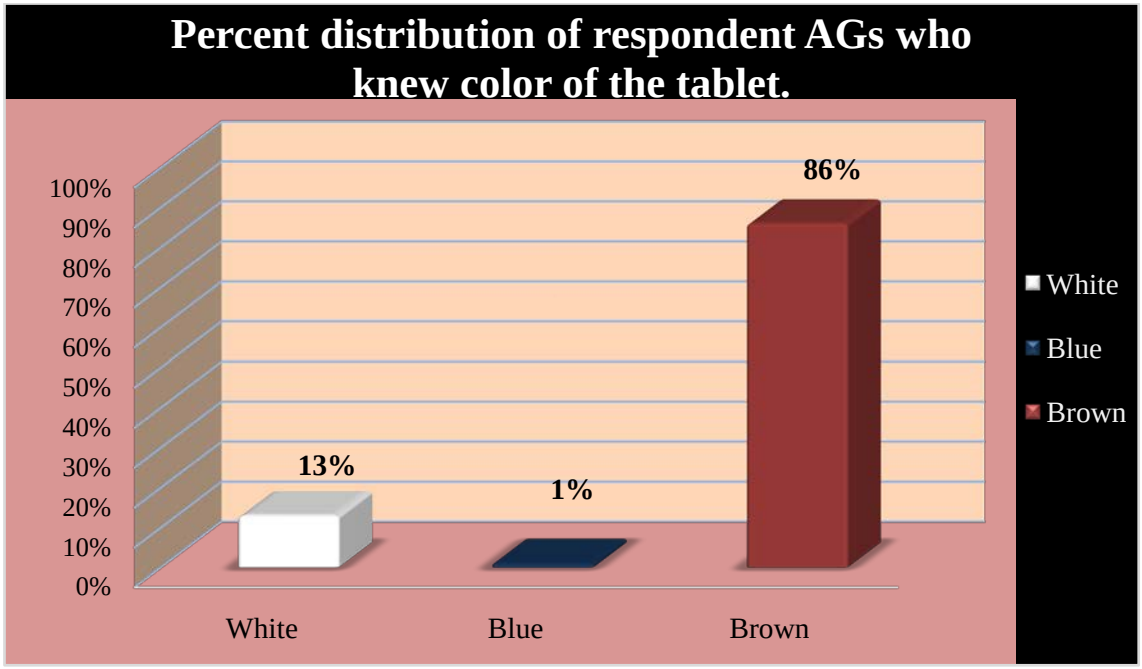
Figure 12 – Percent distribution of respondent AGs who Know the Day of the program (n=172)



3.4.13 Color of the Tablet:

86% responded correctly by saying red color for the tablet and only 14% responded with different color for the question.

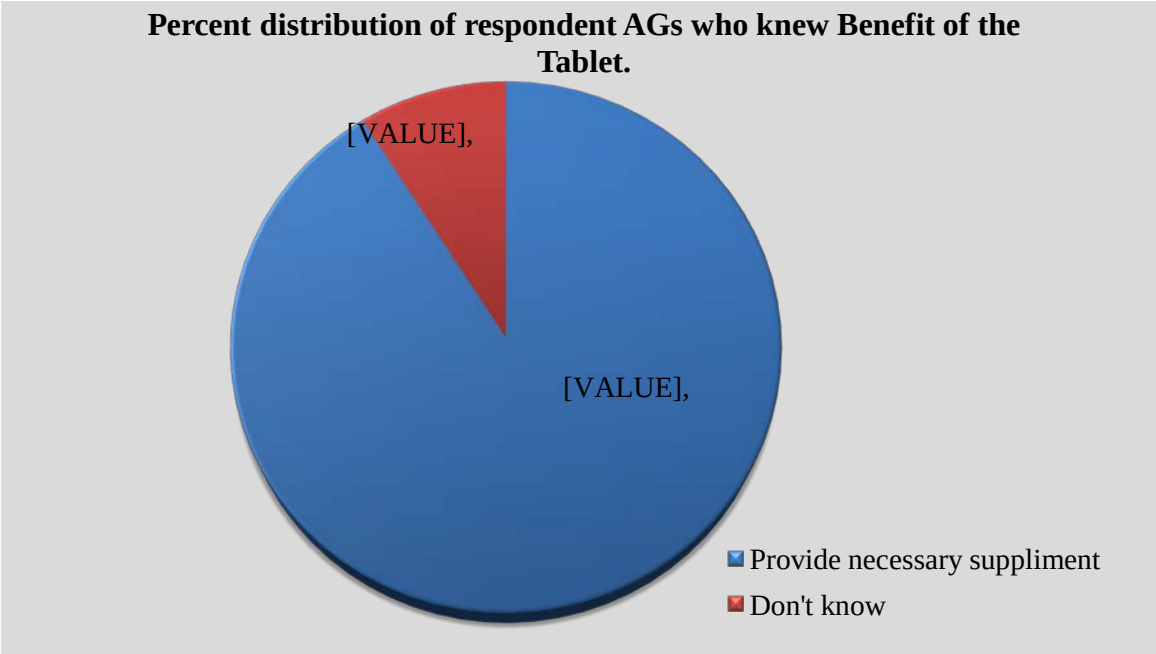
Figure 13 –Percent distribution of respondent AGs who knew color of the tablet. (n=172)



3.4.14 Benefit of the tablet:

91% knew that tablet provide the necessary supplement to fight anemia and only 9% were not knowing the same.

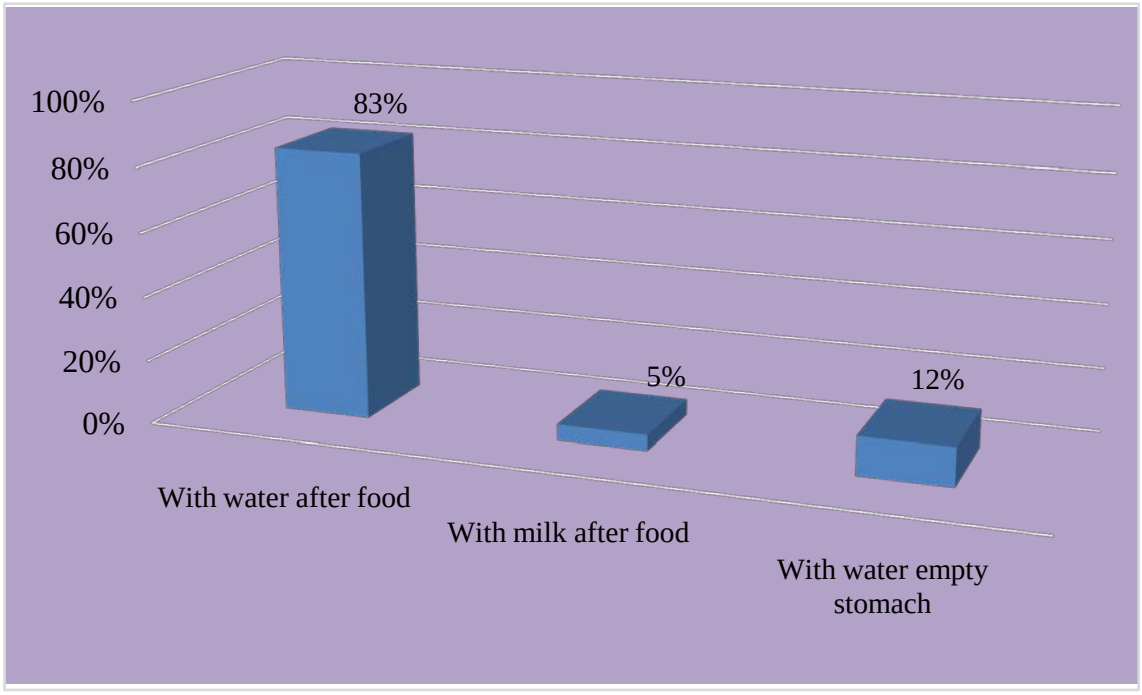
Figure 14 –Percent distribution of respondent AGs who knew Benefit of the Tablet. (n=172)



3.4.15 How the tablet is taken:

83% were taking the tablet by right method (post food with water) and only 17% were there who were taking it by improper method.

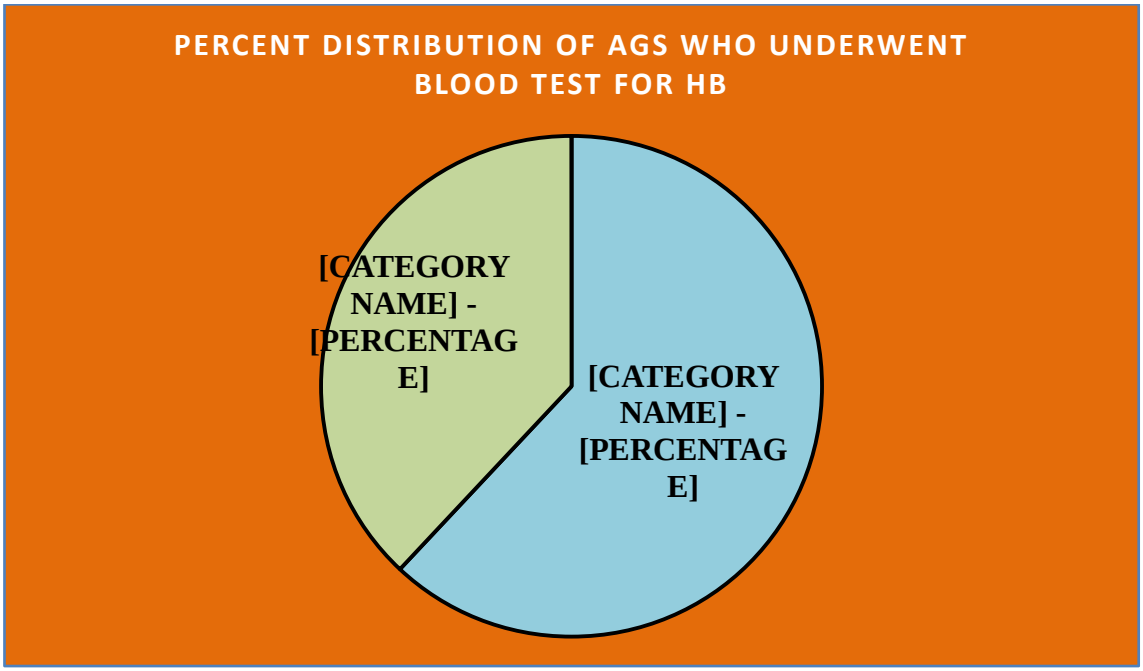
Figure 15 – Percent distribution of AGs know how the tablet is taken (n=172).



3.4.16 Any blood test done:

62% accepted that blood test was done before the tablet were given to them and about 38% refused for the same.

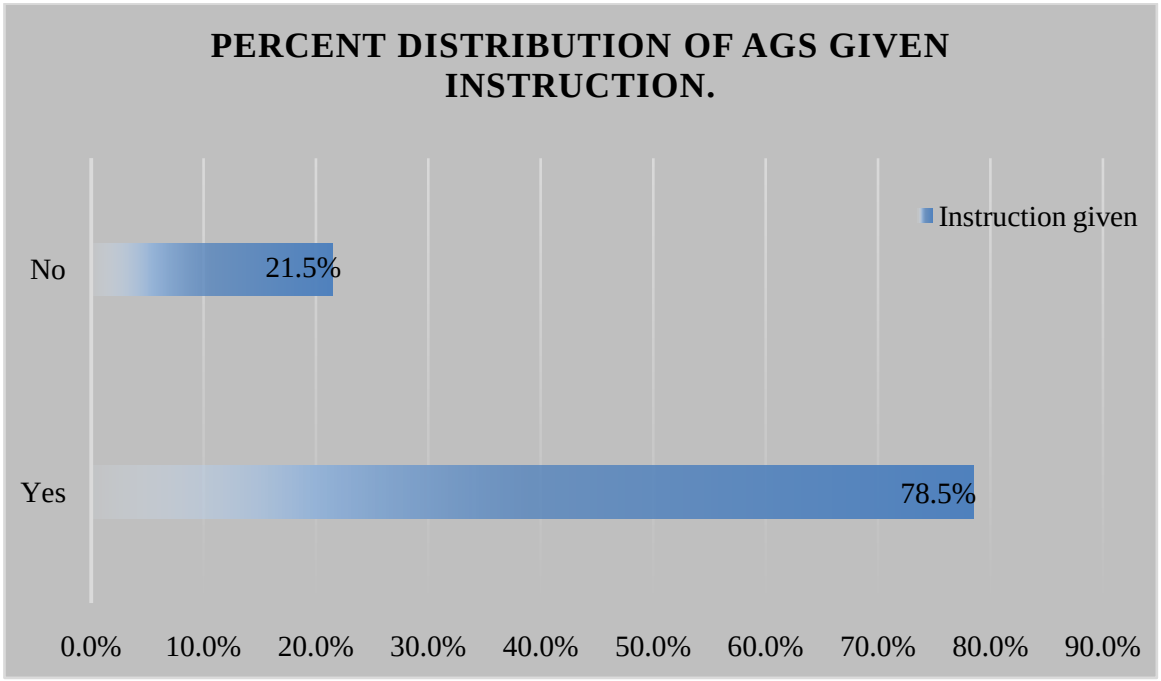
Figure 16 –Percent distribution of AGs who underwent blood test for Hb. (n=172)



3.4.17 Instruction given:

135(78.5%) were provided with the instruction and 37 (21.5%) were among who didn't received any education.

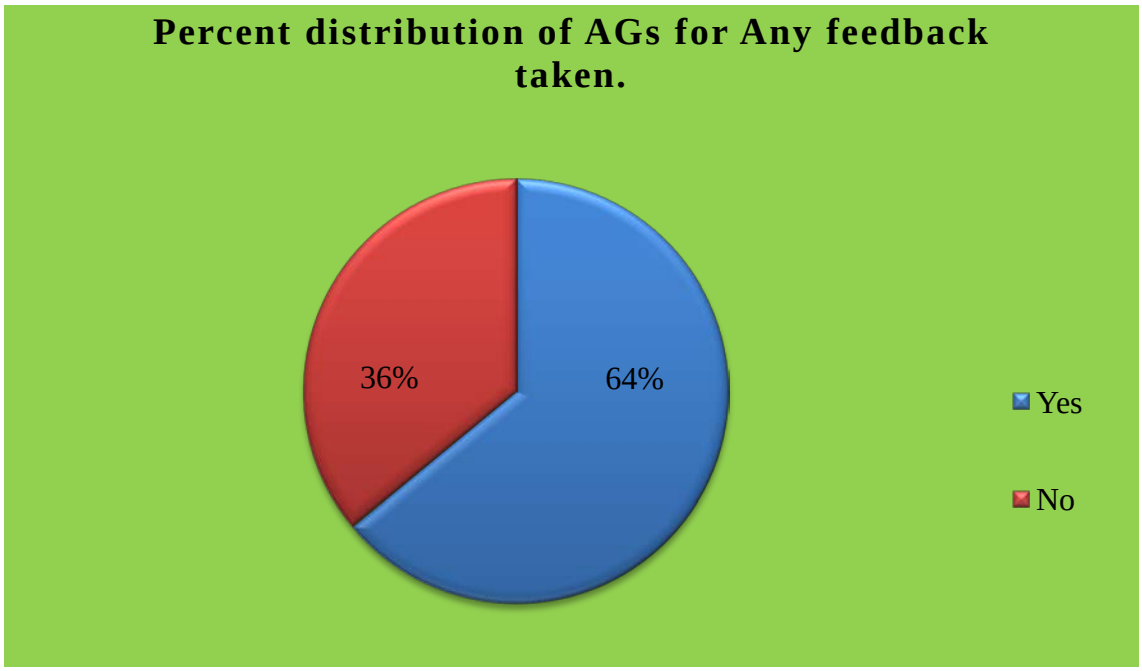
Figure 17 –Percent distribution of AGs givenInstruction. (n=172)



3.4.18 Any feedback taken:

64% accepted that feedback was taken about the program, and about 36% denied about any feedback taken**.**

Figure 18 –Percent distribution of AGs for Any feedback taken. (n=172)



3.5 Conclusions:

It's been more than a year since Weekly Iron Folic acid Supplementation program (WIFS) have started (January 2013) in Jamnagar. The program need to do better to prove its efficiency, a study about the assessment of knowledge among adolescent girls is done to find out whether the theme of the program have been delivered to them or not. An objective questionnaire was given to them (self-administered) and feedback about the program was taken.

The socio-demographic profile of the respondents shows that majority houses in the area was Pakka (Cemented) which indicates a better living surroundings, with almost 41% of labor class and an appreciable 36% were in job or business compared to 24% doing the farming work. In-spite of a majority (75%) were in labor or farming work the encouraged female education (76%) and about 74% girls were regular in school going.

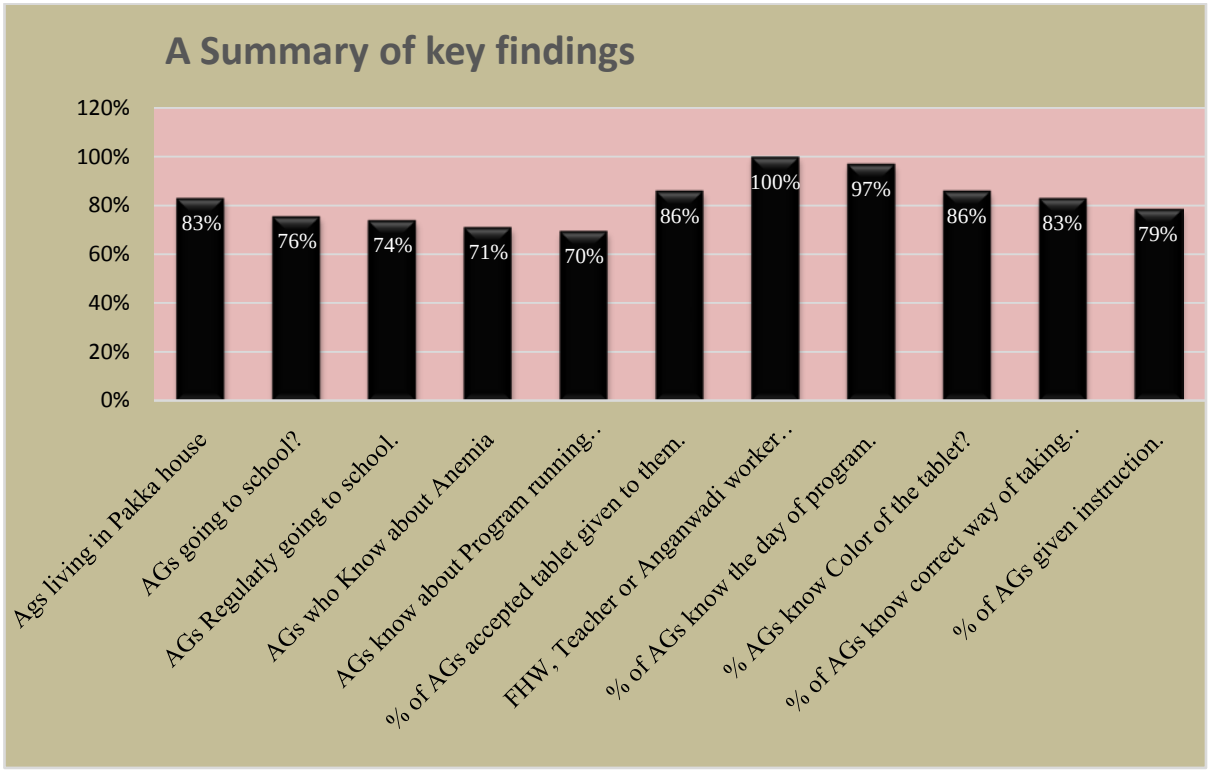
The impact of the program was quite appreciable as we can see 71% adolescent girls were knowing about anemia and there is a program running in the society related to it.

86% girls said yes that they do get tablet and 100% (n=172) knew who gives them the tablets. Monday is chosen as the day for IFA tablet supplementation but here in Gujarat its been tied up with MAMTA DIVAS and tablet is given on Wednesday and mostly all the girls (97%) knew about it. Around 83-91% girls knew the color, benefit and how the tablet should be taken. For about 38% girls denied about any blood sample taken and tested for hemoglobin before the supplementation was started and about 79% were given instruction about the supplementation, there were no feedback taken from 36% females.

The overall response of the program is appreciable and a majority girls coming to the SABLA Taleem center were known about the program. They were given the

supplement and were taking it. There still a need to deliver proper instructions about the program for those 26% (14% from tablets not taken and 12% from wrong response for color of the tablet) girls left out and need to find out the reason behind it. A proper feedback pattern is needed to know the impact of the program and every female need to be checked for the hemoglobin before the supplementation is started (including those 47% left-outs). In figure 19 as we can see most of the responses are above 70% and that shows a better scenario in the Jamnagar district about the knowledge of WIFS program.

Figure 19 –



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4. http://www.indianpediatrics.net/aug2012/659.pdf (Vadodara study)
5. http://archive.indianexpress.com/news/nationwide-wifs-needed-to-tackle-anaemia/1153883/
6. Operational framework WIFS for adolescent by MoHFW.pdf

Annexure

Questionnaire for assessment of knowledge among Adolescent girls at SABLA training center

General Information:

1. Age (in completed years) : _____
2. Highest level of education :_____
3. Registration no. of Center (If any) :_____

QUESTIONS: (✓) Tick the appropriate box for the answers.

Q.1 What is the type of house you live in?

a) Kachcha Houes ☐ b) Pakka House ☐

Q.2 What is the main source of income?

a) Farming ☐ b) Job ☐

c) Business ☐ d) Labor ☐

Q.3 Do you go to school?

a) Yes ☐ b) No ☐

Q.4 If yes, than how often you go to school?

a) Regularly ☐ b) Irregularly ☐

c) Registered but don't go ☐

Q.5 Do you know about health related disorder?

a) Yes ☐ b) I don't know ☐

Q.6 Do you know about Anemia?

a) Yes I do ☐ b) I don't know ☐

(Skip to question no. 10)

Q.7 Is there any Program currently running related to Anemia?

a) Yes ☐ b) I don't know ☐

(Skip to question no.10)

Q.8 What's the name of the program?

a) Weekly Iron Folic Acid Supplementation Program ☐

b) I don't know / any other (please specify: _____)

Q.9 Where is the program run?

a) Aanganwadi ☐ b) School ☐

c) Sub-center ☐ d) All of the above ☐

e) Don't know ☐

Q.10 Is there any tablet given to you?

a) Yes, tablet is given ☐

d) Nothing is done. ☐

(Finish the questionnaire.)

Q.11 Who give you the tablet in your area?

a) ASHA ☐

c) School teacher ☐

b) Aanganwadi worker ☐

d) All of the above ☐

Q.12 On which day the program is administered in your area?

Day: _____

Q.13 What is the color of the tablet?

a) White ☐

b) Blue ☐

c) Brown ☐

d) Yellow ☐

Q.14 Why this tablet is given to you?

a) It provides the necessary supplement to fight the disorder. ☐

b) I don't know. ☐

Q.15 How do you take the tablet?

a) With water after food ☐ b) With milk after food ☐

c) With water empty stomach ☐ d) With milk empty stomach ☐

Q.16 Do the ASHA or Aanganwadi worker do any blood test?

a) The test is done before the tablet is started. ☐

b) There is no blood test done. ☐

Q.17 Is there any instruction given to you regarding the causes and effect of the tablet given?

a) Yes ☐ b) No ☐

Q.18 Is there any feedback taken from you regarding the tablet given to you?

a) Yes ☐ b) No ☐

========== THANK YOU ==========

IIHMR JAIPUR

"સબલા તાલીમ કેન્દ્ર" પર આવતી તરુણીઓ નો WIFS કાર્યક્રમ અંગેની માહિતી નું મૂલ્યાંકન

મારા અભ્યાસક્રમનાં ભાગ રૂપે સંશોધન કાર્ય કરવા માટે આ પ્રશ્નાવલી તૈયાર કરવામાં આવી છે. આ પ્રશ્નાવલીમાં આપના દ્વારા આપવા આવેલી માહિતી અને આપની ઓળખ સંપૂર્ણપણે ગુપ્ત રાખવામાં આવશે અને તેનો કોઈ જગ્યાએ દુરુપયોગ કરવામાં આવશે નહિ તેની હું બાહેંધરી આપું છું.

ઊમર : _____

કરેલ અભ્યાસ : _____

આંગણવાડી કેન્દ્ર નંબર : _____

પ્રશ્નાવલી

યોગ્ય વિકલ્પ પર (✓) નું નિશાન કરો

૧. તમે કેવા મકાન માં રહો છો?

(અ) કાચું મકાન ☐ (બ) પાકું મકાન ☐

૨. તમારા કુટુંબ ની આવકનો મુખ્ય સ્ત્રોત કયો છે?

(અ) ખેતી ☐ (બ) નોકરી ☐ (ક) ધંધો ☐ (ડ) મજુરી ☐

૩. શું તમે શાળાએ જાવ છો? હા ☐ ના ☐

૪. જો હા તો અઠવાડિયામાં કેટલા દિવસ શાળાએ જાવ છો?

(અ)નિયમીત ☐ (બ)અનિયમીત ☐

(ક) શાળા માં નામ નોધાવેલું છે પણ જતા નથી ☐

૫.શું તમે આરોગ્ય લક્ષી ખામી અંગે જાણો છો? હા ☐ ના ☐

૬. શું તમે અનિમીયા વિષે જાણો છો? હા ☐ ના ☐

૭. જો હા તો, એનીમિયા નિયંત્રણ માટેના કોઈ કાર્યક્રમ વિષે તમને જાણકારી છે? હા ☐ ના ☐

૮. જો હા તો, તે કાર્યક્રમ નું નામ શું છે?

(અ) અઠવાડિક આયર્ન ની ગોળી આપવાનો કાર્યક્રમ ☐

(બ) ખબર નથી ☐

(ક) અન્ય : _____

૯. આ કાર્યક્રમ ક્યા સ્થળે ચલાવવામાં આવે છે? (કોઈ એક ઉપર નિશાન કરો)

(અ) આંગણવાડી કેન્દ્ર પર ☐ (બ) શાળામાં ☐ (ક) પેટા આરોગ્ય કેન્દ્ર પર ☐

(ડ) ઉપરના બધા ☐ (ઈ) ખબર નથી ☐

૧૦. આ કેન્દ્ર પર તમને કોઈ ગોળી આપવામાં આવે છે? હા ☐ નાં ☐

૧૧. તમને ગોળી કોણ આપે છે?

(અ) આશા ☐ (બ) આંગણવાડી કાર્યકર ☐ (ક) શાળાનાં શિક્ષક ☐

૧૨. આયર્ન ની ગોળી ક્યા દિવસે આપવામાં આવે છે? _____

૧૩. આ ગોળી નો કલર કેવો છે?

(અ) સફેદ ☐ (બ) પીળો ☐ (ક) લાલ ☐ (ડ) વાદળી ☐

૧૪. આ ગોળી તમને શા માટે આપવામાં આવે છે?

(અ) એનીમિયા સામે રક્ષણ આપવા માટે ☐

(બ) ખબર નથી ☐

૧૫. તમે ગોળી કેવી રીતે ગળો છો?

(અ)જમ્યા પછી પાણી સાથે ☐ (બ) જમ્યા પછી દૂધ સાથે ☐

(ક) ભૂખ્યા પેટે પાણી સાથે ☐ (ડ) ભૂખ્યા પેટે દૂધ સાથે ☐

૧૬. શું આશા વર્કર અથવા આંગણવાડી કાર્યકર દ્વારા લોહીની તપાસ કરવામાં આવી છે?

(અ) હા લોહી ની તપાસ ગોળી શરૂ કરતા પહેલા કરી હતી ☐

(બ) નાં કોઈએ લોહી ની તપાસ કરવામાં આવી નથી ☐

૧૭. ગોળી આપતા પહેલા તેના ફાયદા અને આડ અસર વિષે સમજાવવામાં આવ્યું હતું? હા ☐ ના ☐

૧૮. ગોળી આપ્યા બાદ તે અંગે તમારા કોઈએ મંતવ્ય મેળવેલા છે? હા ☐ ના ☐