Summer Training at

State Institute of Health and Family Welfare

Haryana, Panchkula

Knowledge, attitudes and practices of family planning amongst married women in the reproductive age group in Ambala and Panchkula Districts of Haryana.

A Report

By:

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Under the guidance of

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MBA-Hospital and Health Management

(2014-16)

Institute of health management research, Jaipur

INSTITUTE OF HEALTH MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify you that Dr. Shivika Chugh, a student of MBA Hospital and Health Management at The IIHMR University, Jaipur, batch 2014 – 16 has successfully completed her summer training for the period from 6th April to 29thMay 2015 at **State Institute of Health and Family Welfare (SIHFW), Haryana, Panchkula** under my guidance. During this period she has completed following two studies as a part of partial fulfilment of the course requirements recommended for MBA Hospital and Health Management:

1. **To assess knowledge, attitudes and practices of family planning amongst married women in the reproductive age group in Ambala and Panchkula Districts of Haryana.**
2. **Training impact assessment of Basic life Support (BLS) amongst Medical Officers and Staff Nurses in Ambala and Panchkula Districts of Haryana**

All the data related to the study is primary data collected by her. Her approach towards the study has been sincere, scientific and analytical.

I wish her all the success in future endeavours.

Col. (Dr.) Ashok Kaushik
Dean (Academic and Student Affairs)
The IIHMR University

29/7/2014
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STATE INSTITUTE OF HEALTH & FAMILY WELFARE
HARYANA

TO WHOM IT MAY CONCERN

This is to certify that **Dr. Shivika Chugh**, a student of MBA (Hospital and Health Management) from IIHMR Jaipur did her summer training under State Institute of Health & Family Welfare, Haryana from **6th April 2015** to **29th May 2015** on the topic ***"To assess knowledge, attitudes and practices of family planning among married women in the reproductive age group in Ambala & Panchkula Districts of Haryana".*** An additional topic done by her was on ***"Training impact assessment of Basic Life Support (BLS) amongst Medical Officers & Staff Nurses in Ambala & Panchkula Districts of Haryana"***.

Her approach has been sincere, scientific and analytical towards the study. I wish her good luck in all future endeavours.

No 8/93(IIHMR)-SIHFW-13/2825

Dated: 29-5-2015

Principal

SIHFW Haryana

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ACKNOWLEDGEMENT

I started off my training with a vision in my mind so as to be able to learn about the practical aspects of healthcare delivery system in a more detailed manner. Hereby, I take this opportunity to express my deep sense of gratitude to all those who have been instrumental in successful completion of my summer training.

I take immense pleasure to thank Dr.S.D.Gupta (Director-Institute of Health Management Research,Jaipur) and Col.(Dr.)Ashok Kaushik(Dean, Institute of Health Management Research,Jaipur) for placing me in such an esteemed organization to undertake my summer training. I would like to thank State Institute of Health and Family Welfare (SIHFW) Haryana to provide me with an opportunity to work with them where I gained basic knowledge about working of health functionaries.

I would like to acknowledge with much appreciation the crucial role of Dr.Usha Gupta, (Principal, SIHFW, and Haryana) during the training period for her guidance and supervision. This acknowledgement would be incomplete without special thanks to Dr.Puneet Gupta (Consultant-Training,SIHFW,Panchkula) under whose guidance my summer training was fledged with knowledge and skills related to healthcare management and who despite of other pre-occupations and busy schedule was there to guide me throughout the period and whose stimulating suggestions and encouragement helped me complete my training.

I express sincere gratitude and respectful regards to my mentor Dr.Alok Kumar Mathur (Associate Professor, Institute of Health Management Research, Jaipur) for his able guidance and useful suggestions, which helped me in completing the project work.

Words are inadequate to thank those with whom I interacted during my training to learn about the health system from grass-root to state level and those who were a part of my project without whose unconditional cooperation my study would not have been completed successfully.

I would also like to thank my institution and faculty members without whom this project would have been a distant reality. Special thanks to Dr. Suresh Joshi for his constant guidance and useful suggestions. My colleagues, Dr. Shifa Arora (IIHMR,Jaipur),Dr.Apoorva Sangwan(IIHMR,Delhi) and Dr. Saroj Mann(IIHMR,Delhi) also hold a special mention here for supporting me throughout the summer training and making it a great learning experience.

Last but not the least; I express sincere thanks to my parents and friends for their unwavering motivation and encouragement in all my endeavors.

Dr.Shivika Chugh

PREFACE

Summer Training is an integral part of the MBA-Hospital and Health management curriculum. As a part of the course, students of the first year are required to undergo summer training at an organization to get in depth exposure of various departments in the organization to get a better understanding of the health care delivery system.

The major objectives of the summer training program are as follows:

- To better understand the existing healthcare delivery system including public and private sectors.
- To observe the implementation of various National Health programmes at National/State/District levels.
- To understand various functions of health systems by interations with key stakeholders, policy makers,programme managers ,academicians and researchers
- To work on the project/task assigned by summer training organizations.

During my training period, I had an overview of various programmes undertaken in State Institute of Health and Family Welfare including the current status of the programmes. I also carried out a KAP study on Family planning among married women in the reproductive age group in Ambala and Panchkula districts of Haryana.

I also had the opportunity to assess the impact of BLS training on doctors and nurses in Ambala and Panchkula districts.

TABLE OF CONTENTS

ACRONYMS AND ABBREVIATIONS

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
BEE	Block extension educator
CHC	Community Health Centre
IEC	Information Education Communication
CTI	Collaborating training centre
CTP	Comprehensive training plan
DLHS	District level household survey
DPM	District program manager
E-PDC	E-learning professional development Course
E-PMSU	E-learning program management support unit
F-IMNCI	
IUCD	Intra Uterine Contraceptive Device
LAM	Lactational Amenorrhea Method
LHV	Lady Health Visitor
KAP	Knowledge attitude practices
HW	Health Worker
CMO	Chief Medical Officer
CS	Civil Surgeon
DH	District Hospital
GH	General Hospital
AWC	Anganwadi Centre
AWW	Anganwadi worker
AIDS	Acquired Immuno Deficiency Syndrome
MO	Medical Officer
NFHS	National Family Health Survey
NRHM	National Rural Health Mission
PHC	Primary Health Centre
PPIUD	Post-Partum Intra uterine Contraceptive Device

SC	Sub Centre
SIHFW	State Institute of Health and Family Welfare
WHO	World Health Organization

ABOUT SIHFW

AN INTRODUCTION

SIHFW Haryana was established in 1993 and is the apex training institute of Department of Health & Family Welfare, Haryana. Since its inception, SIHFW has been envisaged as State level institution for improving the effectiveness of health care delivery system by imparting knowledge and skill based trainings to the medical and Para-medical health personnel at different levels.

SIHFW as a Society

SIHFW was formally registered as a Society with the Registrar of Societies (Reg.No. 73/2010-11) by the Government of Haryana with the District Registrar of firms and societies, Panchkula, Haryana under the Societies Act 1860 in the name of "Swasthya Prashikshan Kendra" on 11th November 2010.

SIHFW as Collaborating Training Institute (CTI)

SIHFW, Haryana was recognized as CTI in the year 2005 and is also supporting Chandigarh (U.T.) and State of Jammu & Kashmir in implementing their CTPs, apart from Haryana. SIHFW Haryana provides trainings to the health personnel on the basis of nominations received and also share pool of master trainers to impart trainings in their respective states.

SIHFW as ISO 9001:2008 Certified institute

The institute got the ISO 9001:2008 certification on 2nd August, 2013 and is valid until 2nd August, 2016. The certification is for development of human resources for health through capacity building, training and institutional development.

Vision

The vision of the institute is to enable the provision of quality patient-centric health care services by optimum capacity building of health care personnel in the State.

Mission

The mission of the institute is to establish the training needs of health care personnel at primary, secondary, tertiary care levels and assist the districts in their capacity building through the production of trained manpower at State level & regular monitoring of their services.

Quality Policy

The policy of the Institute is to develop, update and refresh the knowledge and skills of the health care personnel in the state by providing quality trainings at State level and ensuring standardized trainings at District level following the Training Needs Assessment with continual improvement.

Quality Objectives

1. Developing health research and training, based on health care needs assessment of the state.
2. Formulate integrated trainings on GoI/MoHFW guidelines.
3. Promotion of alternative training approaches.
4. Building the pool of skilled health personnel to provide quality nursing education.
5. Impart skill based trainings to medical personnel so as to provide quality obstetric care.
6. Monitor the quality of trainings imparted by an external agency to ensure authentic & fair evaluation.
7. Collate all training data and enter in software so as to identify trained manpower at each health facility and also identify status of trainings undergone by each health care personnel.

ORGANOGRAM OF THE INSTITUTE

DGHS Haryana

Principal SIHFW

MD NHM

Secretary

-Technical Assistant

Program Coordinator

-Secretarial Assistant

Office Assistant

Faculty (CH)

-Computer Assistant

Pharmacist

-Assistant

Care Taker

IT Assistant

Computer

Warden

Accounts Officer

Assistant

Faculty (FW)

Librarian

Consultant

RO

ADO

Section

Officer

Accounts Assistant

Consultant

Finance

-Information Assistant

Training

Asstt.(1)

SIHFW – SPECIAL INITIATIVES

(a) Strengthening of Pre-Service Education for Nursing and Midwifery cadre

Government of Haryana besides seeking the strengthening of PSE of Nursing and Midwifery cadre in Government ANMTCs- GNMTCs is also working towards improving the same in Private ANMTCs- GNMTCs as a substantial number of ANMs and GNMs are produced by the Private sector. Out of approximately 151 total ANMTCs-GNMTCs in the state, 140 are private and hence it becomes imperative that focusing on Government sector alone won't help to achieve desired improvements in service delivery by ANMs-GNMs in the state.

Establishment of skill labs in Haryana

- 4 skill labs have been established at 4 divisions of Haryana in Panchkula, Bhiwani, Rohtak and Faridabad.
- 6 skill stations has been set as per the skill labs operational guidelines of GoI i.e. Antenatal care, intranatal care, complication management, new born care, Family planning, Infection prevention in each skill lab.
- The in-service training of the medics and paramedics is being conducted in these skill labs based on RMNCH+A strategy.

(b) Curing Clubfoot Haryana

❖ An initiative taken up by SIHFW in collaboration with NRHM and Health Department Haryana to undertake a project on Curing Clubfoot in the State in FY 2013-14. It is estimated that one child is born with CTEV per 700-800 live births in Haryana. As per this data, there should be 60-70 CTEV children are born in the State every month.

National level ToT for Ponseti method for clubfoot management

(c) Training Management Information System (TMIS)

- ❖ TMIS is envisaged as "Single Window" software for all data related to trainers, participants, training centres and facilities of all the states of India.
- ❖ TMIS launched in Haryana on 30th April' 2013.
- ❖ Currently TMIS has reached its final stage of implementation in Haryana where the data of each training conducted at District level has been put in the Software.

(d) ACLS/BLS Provider courses

- ❖ SIHFW Haryana has taken the initiative to start American Heart Association certified ACLS/ BLS courses in Haryana for HCMS Doctors.

It has been declared as a satellite training site of Maulana Azad Medical College –International Training Centre for conducting American Heart Association certified BLS and ACLS provider courses on 19th May 2014. This is for the first time in the country that any SIHFW has achieved such a prestigious status. SIHFW, Haryana stands 4th out of all government institutions in country to have been declared as a Satellite training site of MAMC-ITC for conducting these provider courses.

(e) Competency assessment and training of all Staff Nurses & ANMs

- ❖ Need based competency enhancement of nursing staff across the state was undertaken which is preceded by an assessment.
- ❖ To improve the skills of the in-service SNs & ANMs, those working at all delivery points were prioritized for skill enhancement as per the guidelines.

(f) ISO 9001:2008 certified institute

- ❖ SIHFW Haryana became the 2nd SIHFW in India after SIHFW Rajasthan which is ISO 9001:2008 (International Organization for Standardization) certified.
- ❖ The institute got the certification on 2nd August 2013 and is valid for 3 years.
- ❖ The certification is for development of human resources for health through capacity building, training and institutional development through a systematic & well defined approach.

(g) External evaluation of quality of trainings at District level

- SIHFW Haryana undertook the services of Population Research Centre, Panjab University, Chandigarh as a third-party agency to monitor the quality of trainings being conducted in the Districts of Haryana on the basis of an MoU signed on 9th December 2014.
- The various aspects being looked into during the monitoring exercise are – infrastructure at District Training Centre, quality of training sessions, appropriateness of training material, overall management of training and skills of trainees (ANMs & SNs).
- The exercise was carried out by PRC along with hired project staff during the period Feb-April 2015.

h.SIHFW as a research organization

- In the year 2012, 11 students of health management from premiere institutes like IIHMR Jaipur and IIHMR Delhi were taken up for summer training.
- In the FY 2014-15, 5 students from IIHMR Jaipur did their summer training at SIHFW, working on diverse topics related to public health. Also, 1 student from Centre for Public Health, Panjab University, Chandigarh did her summer training.
- For the FY 2015-16, 4 students have again been taken up (2 each from IIHMR Jaipur & IIHMR Delhi) for the summer training for the period April-May 2015.
- These studies are perceived as a source for analyzing the health scenario w.r.t. variables chosen for the study. This is anticipated to go a long way towards improvement in various health indicators in the State through understanding of the issues and consequently devising strategies for their betterment.

(j) e-learning courses – PDC and PMSU

- NIHFW, New Delhi selected SIHFW Haryana for the pilot launch of e-PDC (Professional Development Course) and e-PMSU (Programme Management Support Unit).
- The e-PDC is meant for Senior Medical Officers who would be in forefront to occupy district level positions.
- The e-PMSU course is meant for programme managers at State, District and Block level working in the public health system. The course is expected to enhance the capacity of these managers in better understanding of the health system.

(k)Satellite centre of NIHFW, New Delhi for contact programs of Distance learning courses

NIHFW, New Delhi selected SIHFW, Haryana as one of its centres for the contact programs of distance learning courses in Hospital Management and Health & Family Welfare Management.

EXECUTIVE SUMMARY

Considering the present growth rate, India's population is estimated will be more than China, by 2028; according to a recent report from the UN. Though, the report clearly mentions that the rate of population growth has slowed down in recent years, due to effective implementation of family planning and family welfare programmes, yet the rate is growing at a much faster rate compared to China. The national fertility rate is still high which is leading to long-term population growth in India. It is very important to stabilize the population and to conserve the natural resources for future generations. Family planning is essential to address the problems that are associated with increasing population in a developing country like ours.

Family planning is a way of thinking and living that is adopted voluntarily on the basis of knowledge, attitude and responsible decisions made by the individual and couples for the welfare of the family and health of the individual. Thus, it will in turn also contribute to the social development of the country.

Family planning through contraception tries to achieve two main objectives. Firstly, to have only the desired number of children and secondly, to have these children by proper spacing of pregnancies.

Knowledge of birth control methods, attitudes towards fertility regulation, access to the means of fertility regulation and communication between husband and wife about desired family size are essential for effective family planning.

A component of good preventive health care is contraceptive advice. An ideal contraceptive should suit an individual's personal, social and medical characteristics and requirements. Certain factors like socio-economic status, education play vital role in family planning acceptance. To provide this, understanding the knowledge and attitude towards contraception is very much important.

INTRODUCTION

Population growth has been a cause of worry for the Government of India since a very long time. Just after independence, the Family Planning Association of India was formed in 1949. The country launched a nationwide Family Planning Programme in 1952, a first of its kind in the developing countries. This covered initially birth control programmes and later included under its wing, mother and child health, nutrition and family welfare.

Family planning is not confined to only birth control or contraception. It is important as whole for the improvement of the family's economic condition and for better health of the mother and her children. First of all, family planning highlights the importance of spacing births, at least 3 years apart from one another. According to medical science, giving birth within a gap of more than 5 years or less than 3 years has serious implications on the health of both the mother and the child.

Giving birth involves costs and with an increase in the number of children in a family, more medical costs of pregnancy and birth are involved, along with incurring high costs of bringing up and rearing the children. It's the duty of the parents to provide food, clothing, shelter, education to their children. Family planning, if adopted, has an effective impact on stabilizing the financial condition of any family.

LITERATURE REVIEW

Previous studies show that contraceptive use by a couple is governed by various socio-cultural factors, such as religion and education of husband and wife and while, spousal communication increases the likelihood of contraceptive use ,son preference, women's age, literacy, number of living children, number of living sons also influences contraceptive use[3]. Couples with fewer or no sons are more likely to continue having more children, besides, have shorter birth intervals and are also less probable to use contraception. Also, studies indicate that higher educated women have a better knowledge to use non-terminal methods more effectively[9].

Acceptance of sterilization, which is a terminal birth control method, is influenced by the number of living children in addition to the number of sons and is usually accepted when the couples are sure that they have competed with their family size and gender preference[8]. (Bumpass, 1987). Religious affiliation also affects the acceptance of sterilization due to

behavior related to childbearing. It has been observed that contraceptive prevalence rate is lower among the Muslim and lower caste Hindu women (Gulati, 1996; Bora et al., 1998).

It is seen that lower educational attainment and larger ideal family size with more children have an association with early marriage. When women get married at an early age, they are usually bound by the responsibility to either extended or nuclear family or restricted by social barriers which often prevent further educational attainment. The presence of a mother-in-law in the household is also influential in determining family size [14]. The early married women are bound to start an early reproductive life, to have less articulated ideas about family size, and to being non-contraceptive users[14].Studies done on spousal communication for family planning, revealed that contraceptive use is strongly associated with women's discussions with their husbands.

In India, the new approach with regards to family planning (which is now integrated into Reproductive and Child Health Programme, 1997) emphasizes the target-free promotion of contraceptive use among eligible couples, the provision to couples of a choice of contraceptive methods and encouragement of adequate spacing of births (at least three years birth interval). The National Population Policy (2000) has set the task of addressing unmet need for contraception as its immediate objective. Assessing people's perceptions particularly that of women and level of adoption of family planning may be helpful in getting an insight of the problem.

RESEARCH QUESTIONS

1. What is the knowledge status of family planning among married women in the reproductive age group?
2. What are their attitudes towards family planning and its practices?
3. What are the different methods of contraception used by the married couples?

RATIONALE

India will become the most populous country in the world in another few years. Population explosion has been India's major problem since independence. It is a major obstacle to the overall progress of the nation. Adoption of family planning methods is one of the best solutions to tackle this problem. The nationwide Family Planning Programme was started in India in 1952, making it the first country in the world to do so.

Family planning allows individuals and couples to determine and ascertain the desired number of children as well as the spacing of their pregnancies. Contraceptive methods and the treatment of involuntary infertility are used to achieve the purpose. Spacing and limiting pregnancies has a direct impact on women's health and well-being as well as on the outcome of each pregnancy [WHO]. Short birth spacing has significant health effects on both mothers and children.

Millions of women want to use safe and effective family planning methods, but are unable to do so due to lack of access to information and services as well as support from their husbands and communities.

There is a challenge faced by the Government in tackling the problem of population explosion. A WHO expert committee has defined five methods in 1975 to evaluate the success of Family Planning Programmes. One of them is the evaluation of knowledge, attitude, motivation and behavior among people. The knowledge and attitude of people towards Family Planning methods are important determinants in the adoption of Family Planning methods by them.

OBJECTIVES

General objective:

To assess Knowledge and attitudes regarding family planning and methods of contraception among married women in the reproductive age group (15-49 years) in Panchkula and Ambala districts of Haryana.

Specific objectives:

1. To ascertain the knowledge of family planning.
2. To find out the attitude towards family planning
3. To find out the factors affecting use of contraceptive methods

RESEARCH METHODOLOGY

Study Duration: The study was carried out over a period of two months (6^{th} April - 30^{th} June) where data collection was done over a period of 3 weeks.

Study Population: Married women in the reproductive age group (15-49).

Study Area: Ambala and Panchkula Districts of Haryana.

The study was carried out at selected healthcare facilities (District hospitals, CHC's, PHC's, Sub-centers, and Anganwadis) as well as the village households.

Some HRG (High Risk Group) sites like Brick Kilns were also chosen.

Study Approach: The study approach used was Quantitative. The study type is Descriptive Cross-sectional.

Sampling method: Purposive/Convenience sampling since only married women in the reproductive age group were selected either from healthcare facility or households.

Sample size: Considering the time limit for the completion of the project (two months) and the convenience of the subjects, a sample of 100 married women was selected.

Exclusion criteria: Women who did not give verbal consent and were not willing to participate

Women who have had medical disorders

VARIABLES:

Independent variables:

1. Literacy/level of education among women
2. Electronic media facility
3. Co-operation of husband
4. Desire to raise socio-economic status
5. Nuclear family system
6. Access to family planning centers

Dependent variables:

1. Knowledge of family planning
2. Attitude towards family planning
3. Practices of family planning/methods of contraception used

DATA COLLECTION TOOL AND TECHNIQUES:

Data collection tool: A semi-structured questionnaire was used to assess the knowledge, attitudes and practices of family planning among married women in the reproductive age group. The information collected included age, type of family, religion, educational level, income, number of children, knowledge about Family Planning, Methods of contraception, Source of knowledge, Source of availability of methods, Attitude towards family planning and its practices, the methods adopted, current practices and the reasons for adopting or not adopting a particular method.

Data collection technique: Face-to-face Interview of married women in the reproductive age group after explaining the purpose of interview and study and taking verbal consent. The deputy civil surgeon was contacted in both districts where they helped me contact the medical officers at respective facilities who further allowed me to go along ASHA"s and ANM's to the field for data collection.

Pretesting: Before the collection of actual data the pre-testing of the questionnaire was done where 10 women from the Obstetrics and Gynecology ward were interviewed at General Hospital, Sector-6, Panchkula to test its functional validity. The questionnaire was modified on the basis of the result of the pre-testing.

DATA MANAGEMENT AND ANALYSIS:

- Simple descriptive statistics were used to analyze the data using MS-Excel.
- Descriptive statistics were applied to calculate frequencies, percentages,means.
- Pie-charts, graphs and tables are used for presentation of data.

ETHICAL CONSIDERATIONS:

- Respondents were explained the purpose of study and verbal consent taken.
- Confidentiality was ensured because study topic is sensitive.

PRE-TEST FINDINGS

- Visited District hospital, Sector -6, Panchkula
- Visited the Obstetrics and gynecology OPD and wards.
- Did a pre-test on 10 patients (women in reproductive age group) admitted in the ward for assessment of knowledge, attitude and practices of family planning
- All of them had heard about family planning and its methods through television or through friends/relatives or health personnel.
- 4 out of 10 women did not know what family planning meant and why should family planning be done. They were unclear about the measures/methods of contraception.
- Only 2 women knew about all the possible methods of contraception and the benefits of family planning.
- These 2 women were graduates whereas the others included some who were illiterate or 5^{th} or 8^{th} pass.
- Male child preference was found to be the reason for wanting to have more than 2 children and not using contraceptive measures in 3 cases.
- 3 women had undergone tubectomies(female sterilization) recently after delivering (deliveries which took place within a week's time)
- 4 women said either they themselves or their husbands had used some form of contraceptive method in the past which mostly included either condoms or IUCD

PLACES VISITED

DISTRICT PANCHKULA

- District Hospital Sector-6,Panchkula
- CHC Kalka
- PHC Pinjore
- PHC Barwala
- Subcentres :
    - Bitna colony
    - Rattpur colony
    - Bangala colony
    - Shivpuri colony
    - Village Mallah
    - Village Bhoriyan
    - Village Paploha
    - Village Majri
    - Village Kiratpur

DISTRICT AMBALA

- Civil hospital,Ambala city
- General hospital,Ambala cantt
- CHC Mullana
- CHC Chaurmastpur
- PHC Panjokhra
- Sub-centres :
    - Kakru

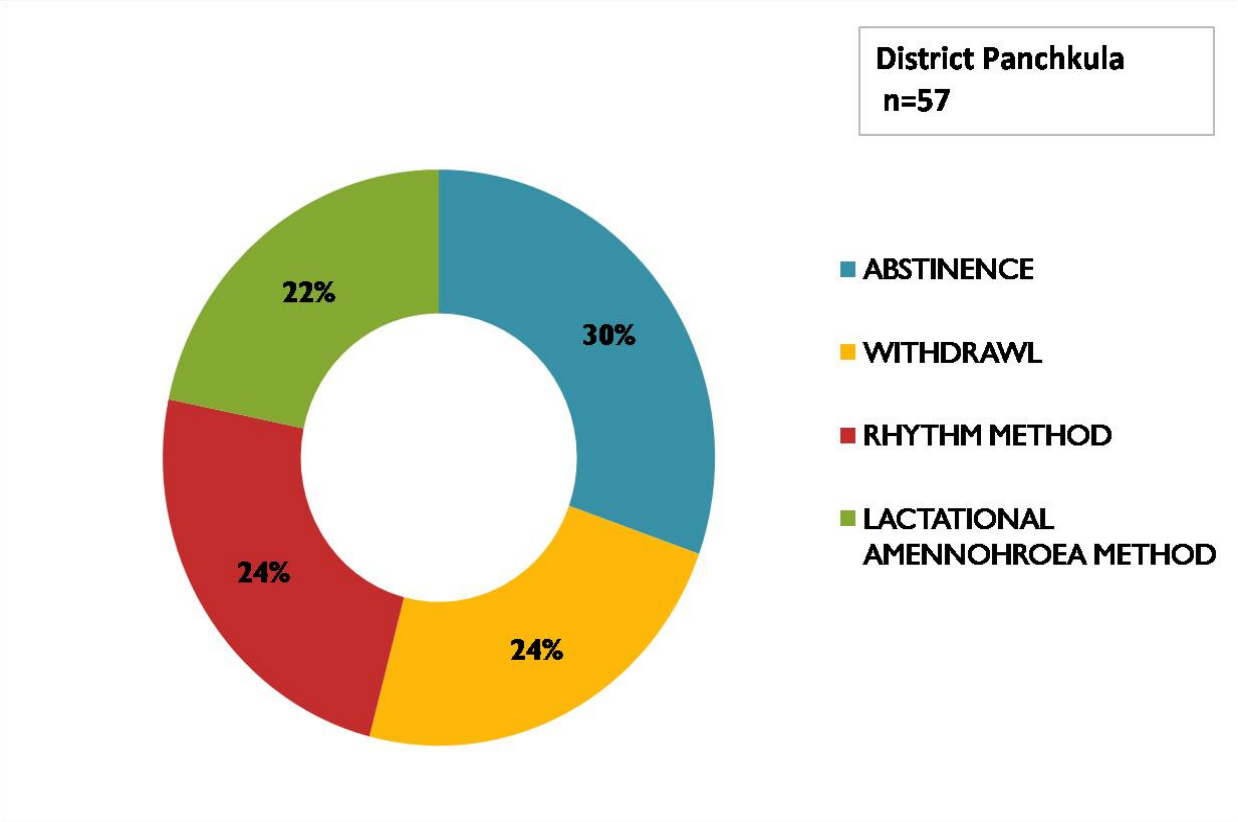
- Sultanpur
- Doolkot
- Khatoli

FINDINGS

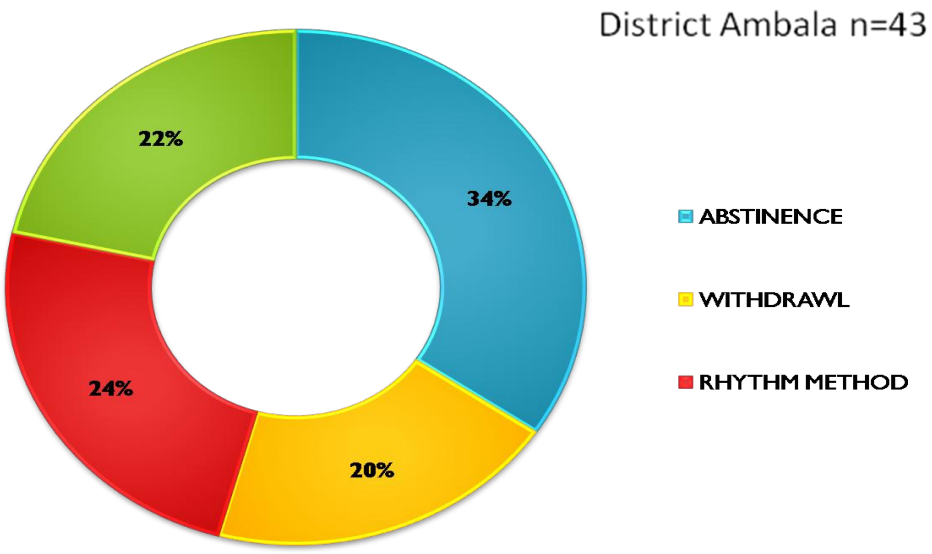
- Mean age of respondents was 27 years.
- The educational level was found such that 14 percent women were illiterate and 17 percent women were graduates and post-graduates.
- There were 31 respondents who had families with 8 or more members. Only 8 respondents had a nuclear family.
- There were 16 respondents who had 3 or more children.
- Twenty nine percent women had never heard or family planning and 28% women were unaware about contraceptive measures.
- The traditional method respondents were most aware of was abstinence.
- The modern method respondents were most aware of was condoms/nirodh.
- The major source of information about family planning and contraceptive measures was health personnel (ASHA workers, ANM's, Doctors) followed by friends and relatives.
- The major source of availability of contraceptive measures as known to the respondents was government hospitals followed by health centers such as Anganwadis.
- The most understood reason for using contraceptives was for prevention of unwanted births .Only 2 respondents were found who knew that contraceptives can prevent spread of Sexually Transmitted Diseases(STD's).
- Seventy one women said the ideal age of having first child is between 18-24 years.
- Eighty two percent women said the desired number of children should be 1-2.
- Fifty five percent women said the ideal birth spacing should be 3-4 years.
- Forty six percent women had never used any contraceptive measure.
- Sixty five percent women were willing to use a method.
- Eighty percent women agree that pregnancy should be properly planned and not allow it to happen on its own.
- Eighty three percent women agree that a mother who has just delivered and her husband should be given adequate information regarding family planning.
- Seventy nine percent women agree that pregnancy should be planned and discussed together between husband and wife.

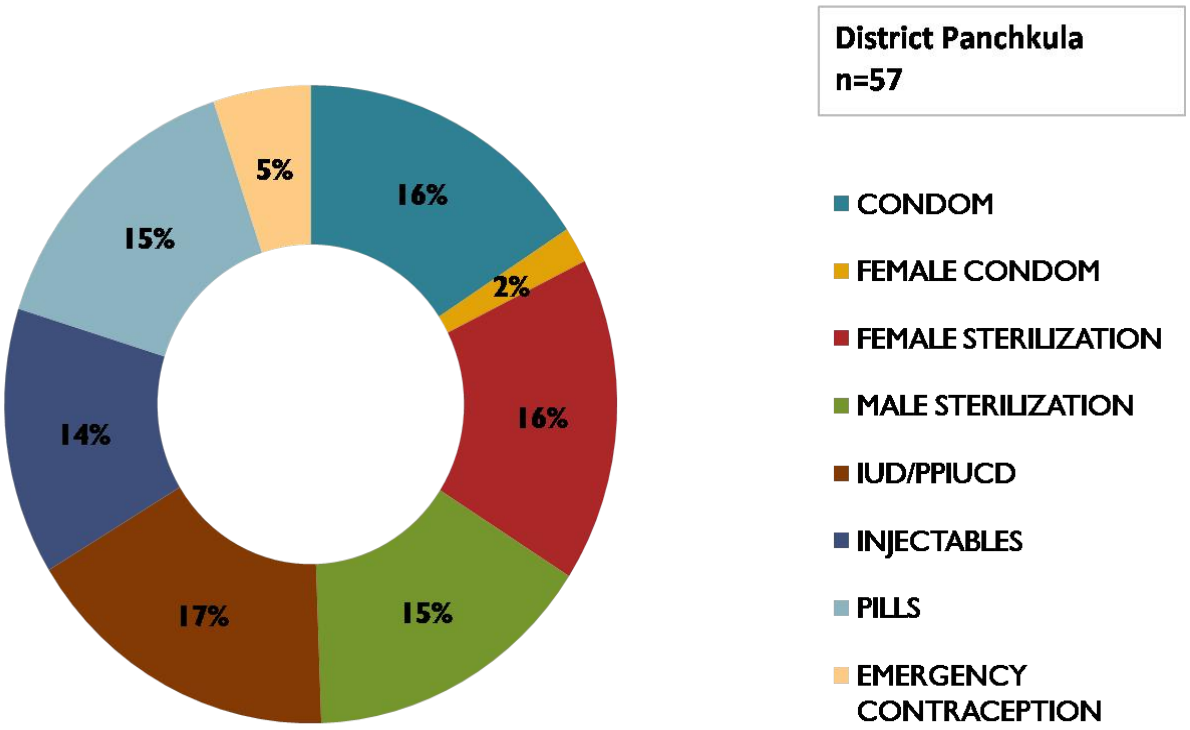
- Eighty one percent women agree that pregnancy which is too closely spaced should be avoided by using family planning method.
- Ninety seven percent women agree that support from husband is important to determine the success of family planning programme.
- Fifty two percent women say that modern contraceptive methods are more effective than traditional methods.
- Sixty seven percent women believe that the use of contraceptives will not interfere in sexual relationship between husband and wife.
- Forty three percent women had never used anything or tried in any way to delay or avoid getting pregnant.
- The most commonly used method other than abstinence that was used was condom/nirodh.
- Forty eight percent women were currently not using any method of contraception.
- The most common reason found was that these women had recently delivered and there was lack of knowledge.

TRADITIONAL METHODS



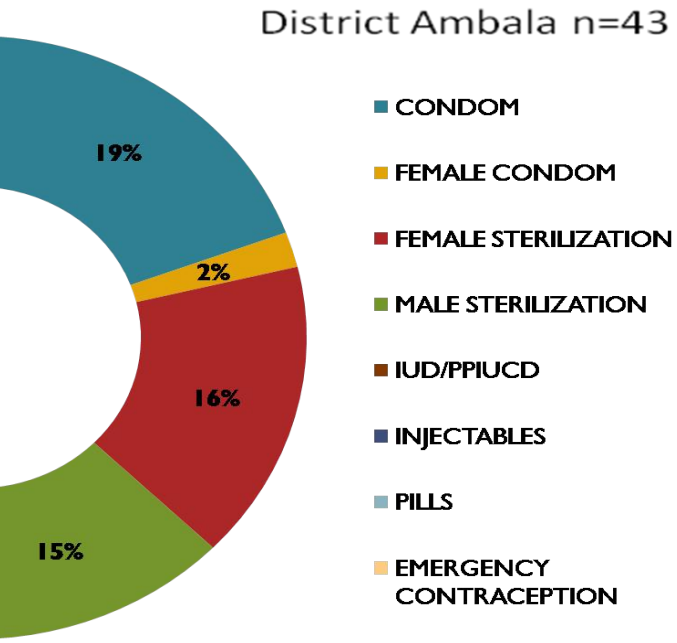
MODERN METHODS
TRADITIONAL METHODS

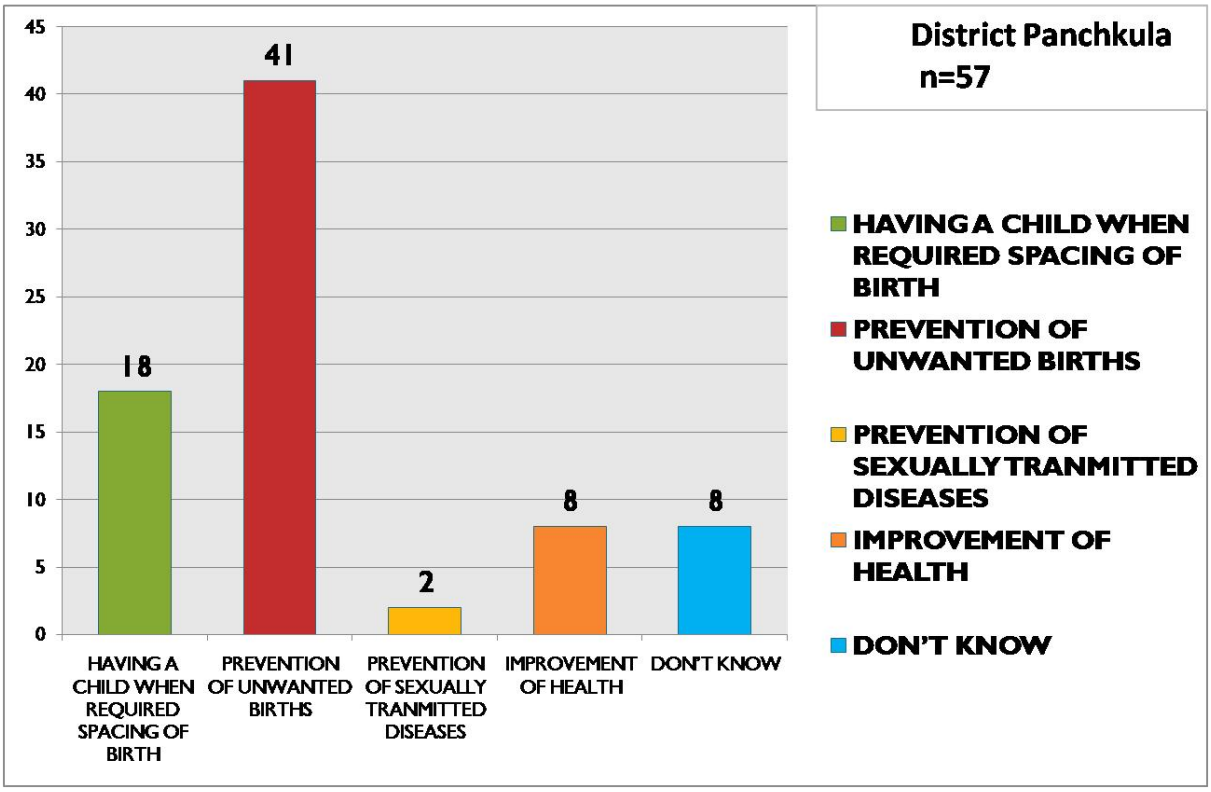


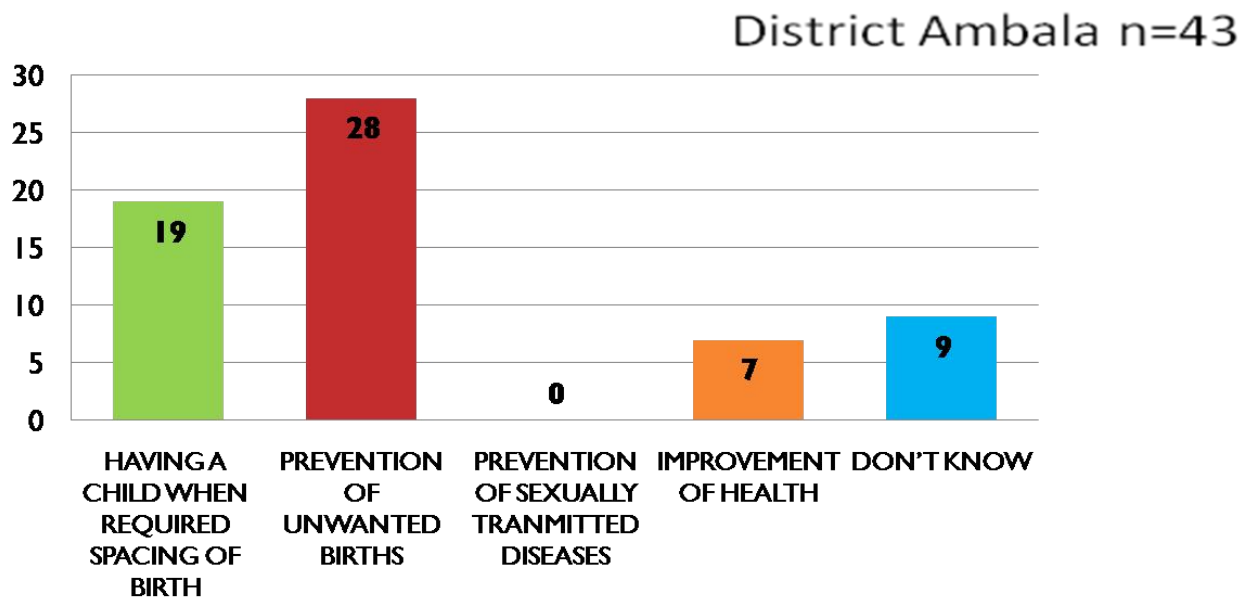

District Panchkula
n=57
16%
2%
16%
15%
17%
14%
15%
5%
CONDOM
FEMALE CONDOM
FEMALE STERILIZATION
MALE STERILIZATION
IUD/PPIUCD
INJECTABLES
PILLS
EMERGENCY CONTRACEPTION

DERN METHODS

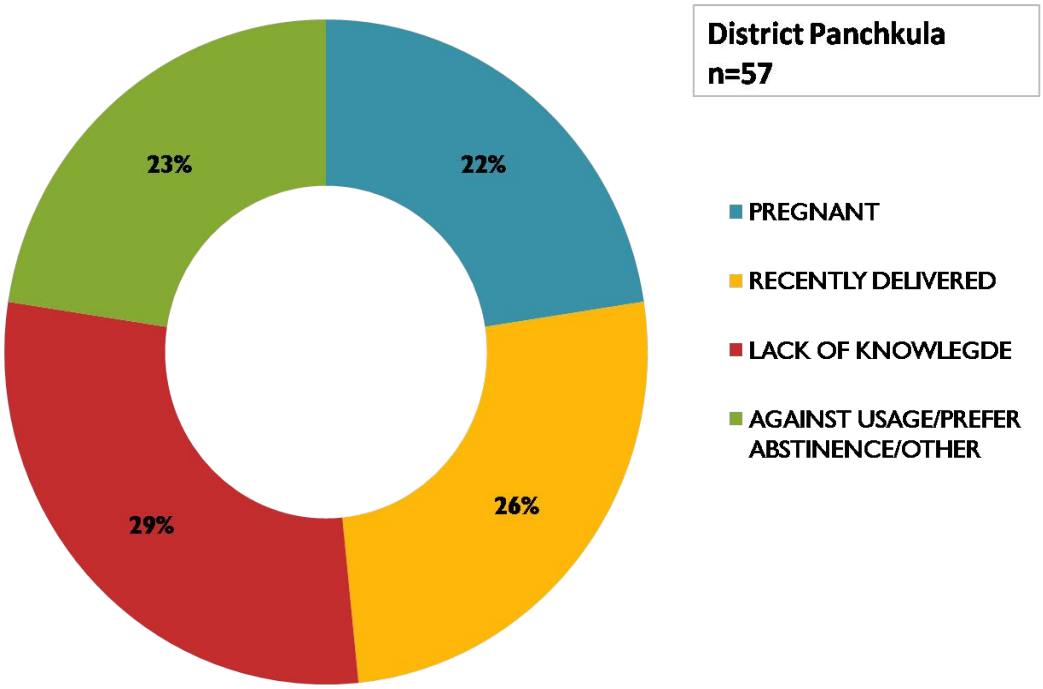
REASONS FOR USING CONTRACEPTIVES



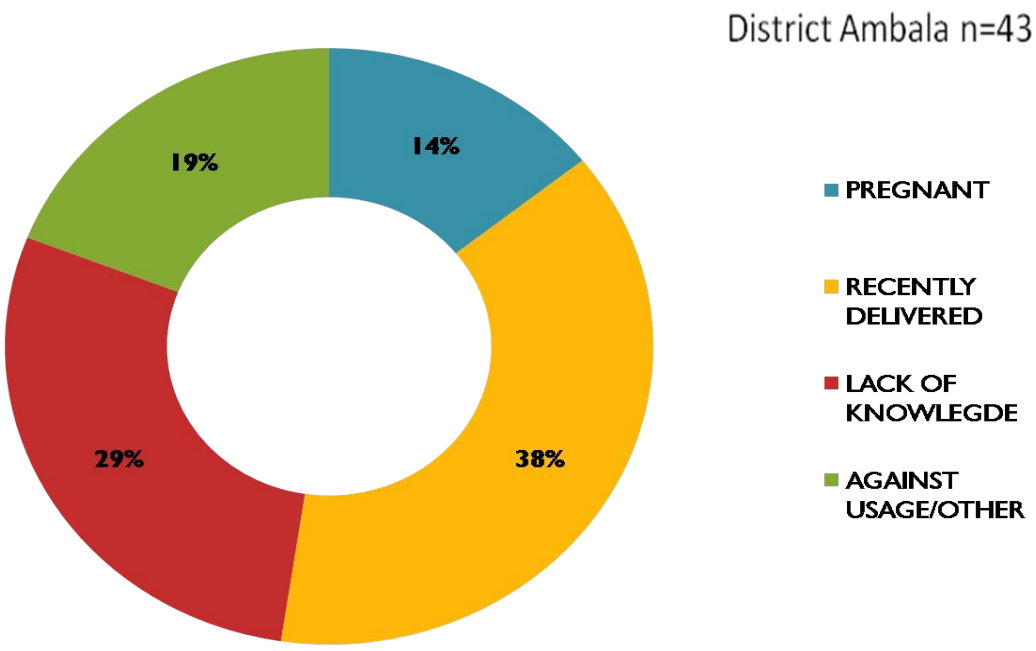

District Panchkula
n=57
45
40
35
30
25
20
15
10
5
0
41
18
8
8
2
HAVING A CHILD WHEN REQUIRED SPACING OF BIRTH
PREVENTION OF UNWANTED BIRTHS
PREVENTION OF SEXUALLY TRANMITTED DISEASES
IMPROVEMENT OF HEALTH
DON'T KNOW
HAVING A CHILD WHEN REQUIRED SPACING OF BIRTH
PREVENTION OF UNWANTED BIRTHS
PREVENTION OF SEXUALLY TRANMITTED DISEASES
IMPROVEMENT OF HEALTH
DON'T KNOW


District Ambala n=43
30
25
20
15
10
5
0
19
28
0
7
9
HAVING A CHILD WHEN REQUIRED SPACING OF BIRTH
PREVENTION OF UNWANTED BIRTHS
PREVENTION OF SEXUALLY TRANMITTED DISEASES
IMPROVEMENT OF HEALTH
DON'T KNOW

IF NOT..WHY NOT ?



NOT USING..WHY ?



LIMITATIONS OF STUDY

- Due to time constraints and lack of manpower the study could be conducted on a sample of 100 women could be covered (57 women from Panchkula and 43 from Ambala)
- Some questions on attitude which were based on the likert scale were slightly prone to subjectivity.

CONCLUSION

There is still lack of knowledge among married women in both the districts (29% overall) about the concept of family planning and the contraceptive measures to be used. These respondents were not well versed with all the possible methods of contraception. They were aware of only those, if at all that they were told of, by the health workers in their area.

ASHA workers and ANM's played an important role in creating awareness about the importance of family planning and the methods of contraception as they were the major source of information found. Thus, an unmet need was also found among few respondents where these health workers had not reached yet.

There was an overall positive attitude towards family planning and its practices. A willingness to learn and use a contraceptive measure among those who lacked knowledge was observed. Most of the respondents said their husbands and society had a positive attitude towards use of family planning measures.

Although 33% women had either undergone tubectomy (female sterilization) or placed an IUCD/PPIUCD and there are others who had used methods such as pills and condoms, there are still misconceptions among some women about the use of contraceptive measures which have led to abstinence being a preferred method in a large number of respondents.

OTHER SIGNIFICANT FINDINGS

Although the respondents who had more than 3 children knew that the ideal number of children should be 1-2, but, because of male child preference they kept on having children in hope of delivering a male child.

The ASHA workers have played a major role in motivating women to undergo sterilization or place an IUCD/PPIUCD after delivery especially found in the Kalka and Pinjore areas where the health workers are highly motivated and take keen interest in each case. Also, their knowledge levels were at par as compared to other areas.

On the other hand, there were some areas where the ASHAs lack motivation since they are not being paid on time. There payments were due since months.

SUGGESTIONS

Knowledge about family planning was still lacking in about 29% women.

Hence, it needs more attention because

ASHA workers and ANM's need to be more vigilant and motivated to inform women about the concept of family planning, it's benefits and all possible methods of contraception so that it suits an individual's personal, social and medical characteristics and requirements because certain factors like socio-economic status, education play vital role in family planning acceptance.

The men in the house should also be sensitized about the issue and informed about the various methods that they can resort to because husband's role and support is vital and communication between husband and wife about desired family size is essential for effective family planning. Only one respondent was found whose husband had undergone vasectomy (Male Sterilization).Hence, it is suggested that not just women but men also must be informed and motivated to adopt a family planning method in order to collaboratively help build healthier families and a developed nation.

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QUESTIONNAIRE

To assess the knowledge, attitude and practice of family planning among married women in the reproductive age group in Ambala and Panchkula Districts of Haryana

ANNEXURE

			DEMOGRAPHIC PROFILE			
				RESPONDEN	RESPONDEN	RESPONDEN

				T 1	T 2	T 3
1.	Name of the woman					
2.	State					
3.	District					
4.	Tehsil/Taluk City/Town/Village					
5.	How old were you on your last birthday?		Age in completed years			
6.	In what month and year were you born?					
7.	Have you ever attended school?		Yes No			
8.	What is the highest standard you completed?		1. 5th 2. 8th 3. 10th 4. 12th 5. Graduate 6. Post-graduate 7. Uneducated			
9.	How many people are there in your family?					
10.	What is your religion?		1. Hindu 2. Muslim 3. Christian 4. Sikh 5. Buddhist/neo-Buddhist 6. Jain 7. Jewish 8. Parsi/Zoroastrian 9. Others			
11.	Caste					
12.	Occupation		1. Housewife 2. Self-employed 3. Government 4. Private			
13	Annual income					
14.	APL/BPL					
15.	How many children have you had during your life, including those who were born alive but died later, those who are living with you now and those who are living somewhere else?					

16.	Did you have any live birth anytime from April 1, 2014 till present?					
17.	Are you currently pregnant?					
			KNOWLEDGE			
18.	Have you heard about family planning?					
19.	Are you aware of any contraceptive measures? If yes, which ones?					
20.	Have you ever heard of the following (**METHODS**)?					
	ABSTINENCE		Yes No			
	WITHDRAWAL Men can be careful and pull out before climax		Yes No			
	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.		Yes No			
	LACTATIONAL AMENORRHOEA METHOD (LAM)		Yes No			
	CONDOM OR NIRODH Men can put a rubber sheath on their penis before sexual intercourse.		Yes No			
	FEMALE CONDOM Women can place a sheath in their vagina		Yes No			

	before sexual intercourse					
	FEMALE STERILIZATION Women can have an operation to avoid having any more children.		Yes No			
	MALE STERILIZATION Men can have an operation to avoid having any more children		Yes No			
	IUD OR PPIUD Women can have a loop or coil placed inside them by a doctor or a nurse.		Yes No			
	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.		Yes No			
	PILL Women can take a pill every day or every week to avoid becoming pregnant		Yes No			
	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.		Yes No			
21.	Where did you get information about family planning and contraceptive measures from?		1. T.V./Radio/Newspaper/Magazine 2. Friends/Relatives 3. Health personnel			
22.	What is your concept					

	regarding family planning?					
23.	What are the sources of availability of family planning measures?		1. Government hospitals 2. Health centers 3. Private health institutes 4. Medical shop/pharmacy			
24.	What do you think are the reasons for using contraceptives?		1. Having a child when required Spacing of birth 2. Prevention of unwanted births 3. Prevention of Sexually transmitted disease 4. Improvement of health			
25.	What is the ideal age of having first child and why?		1. Age 18-24 2. Age 25-30 3. Age 30 and over 4. Don't know			
26.	What is the desired number of children and why?		1. Children 1-2 2. Children 3 -4 3. Children 5 and more			
27.	How much should be the birth spacing and why?		1. 1-2 years 2. 3-4 years 3. 4-5 years			
			ATTITUDE			
28.	Attitude towards contraceptives		1. Never used 2. I have used without any problems 3. I have used in spite of problems/ troubles 4.It's against the nature/ I don't like to use			
29.	Do you think use of contraceptives is beneficial?		Yes No			
30.	Have you ever adopted any family planning method?		Yes No			
31.	Why not?		1. Wants children 2. Side effects 3. Lack of knowledge 4. Health concerns 5. Inconvenient to use 6. Opposed to family			

			planning 7. Prohibited by religion 8. Costs too much 9. Hard to get method 10. Menopausal/had hysterectomy 11. Old/difficult to get pregnant 12. Infrequent sex/husband away 13. Amenorrhea Not married/Not sexually active Other (specify)			
32.	If not, are you willing to adopt a family planning method?		Yes No			
33.	Attitude among participants husband towards family planning discussion		1. Negative/Don't want to talk 2. Positive/participates in the discussion 3. Embarrass/ avoids discussion			
34.	Attitude of married participants society from where they originate towards family planning discussion		1. Not common in society 2. Embarrass or shame to discuss			
35.	Rate on a scale from 1-5 how much do you agree with the following statements :					
	Pregnancy must be properly planned and not just allow it to happen on its own		1.Strongly disagree 2.Disagree 3.Neither Agree nor Disagree 4.Agree 5.Strongly agree			
	A mother who has just delivered and her husband should be given adequate information regarding family planning		1.Strongly disagree 2.Disagree 3.Neither Agree nor Disagree 4.Agree 5.Strongly agree			
	Pregnancy should be planned and discussed together between husband and wife		1.Strongly disagree 2.Disagree 3.Neither Agree nor Disagree			

			4.Agree 5.Strongly agree			
	Pregnancy which is too closely spaced should be avoided by using family planning method		1.Strongly disagree 2.Disagree 3.Neither Agree nor Disagree 4.Agree 5.Strongly agree			
	Support from husband is important to determine the success of family planning programme		1.Strongly disagree 2.Disagree 3. Neither Agree nor Disagree 4.Agree 5.Strongly agree			
	Modern contraceptive method is more effective than traditional method		1.Strongly disagree 2.Disagree 3.Neither Agree nor Disagree 4.Agree 5.Strongly agree			
	The use of contraceptive method will not interfere sexual relationship between husband and wife		1.Strongly disagree 2.Disagree 3.Neither Agree nor Disagree 4.Agree 5.Strongly agree			
			PRACTICES			
36.	Ever had sexual intercourse?					
37.	Have you ever used anything or tried in any way to delay or avoid getting pregnant?					
38.	What have you used or done?		1. Female Sterilization 2. Male Sterilization 3. IUD/PPIUD 4. Injectables 5. Pills 6. Condom/Nirodh . 7. Female Condom 8. Emergency Contraception 9. Diaphragm Foam/Jelly 10. Standard Days Method 11. Lactation Amenorrhea Method 12. Rhythm Method			

			Withdrawal 13. Other Method			
39.	Ever used emergency contraception?					
40.	In the last 12 months, how many times have you used emergency contraceptive pills?					
41.	Where did you get the emergency contraceptive pills? Anywhere else?		Public health sector govt./municipal hospital vaidya/hakim/ homeopath (ayush) govt. Dispensary Uhc/uhp/ufwc chc/rural hospital/block phc phc/additional phc Sub-centre/anm Govt. Mobile clinic Anganwadi/icds centre asha Other community-based worker Other public health sector Ngo or trust hospital/clinic Private health sector Pvt. Hospital pvt. Doctor/clinic Pvt. Mobile clinic vaidya/hakim/homeopath (ayush) Traditional healer pharmacy/drugstore Dai (tba) Other private health sector Other source shop friend/relative Other x (specify)			
43.	Are you currently doing something or using any method to delay or avoid getting pregnant?					
44.	Which method are you using?					
45.	In what facility did the sterilization take place?		Public health sector govt./municipal hospital Govt. Dispensary uhc/uhp/ufwc chc/rural hospital/ block phc . Phc/additional phc. Centre, or clinic is public or private health sub-centre Sector, write the name of the place. Govt. Mobile clinic Camp			

			Other public sector health facility (name of facilty/place) ngo or trust hospital/clinic Private health sector pvt. Hospital Pvt. Doctor/clinic Pvt. Mobile clinic other private health facility Other Don't know			
46.	Before your sterilization operation, were you told by a healthcare provider that you would not be able to have any (more) children because of the operation?					
47.	How would you rate the care you received during and immediately after the operation: very good, all right, not so good, or bad?					
48.	How much did you pay in total for the sterilization, including any consultation you may have had?					
49.	How much compensation did you receive?					
50.	Do you regret that you had the sterilization?					
51.	In what month and year was the sterilization performed?					
53.	When was the last time you used a method and for how long? Which method was that?					
54.	Why did you stop using the (METHOD) ?					
55.	Did you become pregnant while using (METHOD), did you stop using to get pregnant, or did you stop for some other reason?					
56.	If deliberately stopped to become pregnant ?					
57.	You started using (CURRENT METHOD) in (MONTH/YEAR). At that					

	time, were you told about side effects or problems you might have with the method?					
58.	Were you ever told by a health worker about side effects or problems you might have with the method?					
59.	Were you told what to do if you experienced side effects or problems?					
60.	When you obtained (CURRENT METHOD) in (MONTH/YEAR), Were you ever told by a health or family planning worker about other methods of family planning that you could use?					
61.	Where did you obtain (CURRENT METHOD) the last time?		Public health sector govt./municipal hospital vaidya/hakim/ homeopath (ayush) govt. Dispensary Uhc/uhp/ufwc chc/rural hospital/block phc phc/additional phc Sub-centre/anm Govt. Mobile clinic Anganwadi/icds centre asha Other community-based worker Other public health sector Ngo or trust hospital/clinic Private health sector Pvt. Hospital pvt. Doctor/clinic Pvt. Mobile clinic vaidya/hakim/homeopath (ayush) Traditional healer pharmacy/drugstore Dai (tba) Other private health sector Other source shop friend/relative Other x (specify)			


प्राथमिक स्वास्थ्य केन्द्र, पिंजौर
PRIMARY HEALTH CENTRE, PINJORE
अनमोल
बच्चों का पूरा टीकाकरण से सरक्षण जीवन।
AMBULANCE

PHC PINJORE

CHC MULLANA

PHC PANJOKHRA

IEC MATERIAL


खुशहाली की कुंजी
A KEY TO HAPPINESS
गर्भाधान में अंतर का तरीका
पसंद आपकी
Spacing Methods
Choice is yours
Adopt Temporary methods like condoms, oral pills and I.U.D. for delaying first pregnancy and spacing between two pregnancies
Mala-N
अधिक जानकारी और सेवा के लिए नजदीक के स्वास्थ्य केन्द्र में जाएं।
FOR MORE INFORMATION AND SERVICE CONTACT NEAREST HEALTH CENTRE
3

ANGANWADI CENTRE

INTERVIEWING AT HRG (HIGH RISK GROUP) SITE-BRICK KILNS-VILLAGE PAPLOHA (KALKA)

ASHA WORKER EXPLAINING TO THE WOMEN IN THE HRG SITES IN LOCAL LANGUAGE

GOVERNMENT OF INDIA PROVIDES MALE CONDOMS/NIRODH and OCP's AT ALL HEALTH CENTRES

BASIC LIFE SUPPORT (BLS) TRAINING IMPACT ASSESSMENT

RESPONDENTS OF AMBALA

SR.NO.	NAME	PLACE OF POSTING	TIME OF BLS TRAINING
1.	Dr. Atul	CHC, Mullana	September, 2014
2.	Dr. ReedhiGarg	PHC, Amli	December, 2014
3.	Dr. SanjeevBatra	CHC, Chaurmastpur	February 2015
4.	Dr. Mukesh	PHC, Pathreri	August, 2014
5.	Dr. Hemant	GH, Narayangarh	August, 2014
6.	Dr. Jaswinder	PHC, Panjokhra	October, 2014
7.	Dr. Nirmal Singh Sandoo	GH, AmbalaCantt	August, 2014
8.	Dr. Rohit Kumar	PHC, Kurli	September, 2014
9.	Dr. Sanjay	GH, Ambala City	February, 2015
10.	Dr. VinodSaini	PHC, Pathareri	September, 2014
11.	GurjeetKaur	CHC, Mullana	August, 2014
12.	RajwinderKaur	GH, Ambala City	July, 2014
13.	Hema	CHC, Barara	August, 2014
14.	AnjandeepKaur	GH, Ambala City	September, 2014
15.	Rekha Sharma	GH, Narayangarh	September, 2014
16.	NavtejKaur	GH, Narayangarh	July, 2014
17.	RajwinderBacchal	GH, Ambala city	September, 2014

General Findings, Ambala

- 13 out of 18 respondents had performed cases of resuscitation after the training.
- 5 respondents had not performed any case of resuscitation at all after training.
- A total of 48 patients were resuscitated by 13 respondents of district Ambala.
- Average no. of patients resuscitated by the respondents is 3-4.
- 4 out of 13 respondents had kept records of the patients on whom resuscitation was performed.
- Out of 48 patients, 8 were successfully resuscitated i.e. 16%.
- 6 out of 13 respondents think that they have inappropriate place of posting because they are not been able to apply the skills they attained during the training.
- 4 respondents had done a long term follow up of their successfully resuscitated cases.

RESPONDENTS OF PANCHKULA

SR.NO.	NAME	PLACE OF POSTING	TIME OF BLS TRAINING
1.	Dr. Shveta	GH 6, Panchkula	May, 2014
2.	Dr. Shallu	GH 6, Panchkula	August, 2014
3.	Dr. JyotiSahu	CHC, Kalka	February, 2015
4.	Dr. Manish	PHC, Pinjore	October, 2014
5.	Dr. Mohit Sharma	PHC, Barwala	March, 2015
6.	Dr. RanjotRandhawa	PHC, Pinjore	January, 2015
7.	Poonam	GH 6, Panchkula	July, 2014
8.	Bimla Sharma	GH 6, Panchkula	August, 2014
9.	Renu Bhatia	GH 6, Panchkula	August, 2014
10.	Sharni	GH 6, Panchkula	July, 2014
11.	Mini	PHC, Pinjore	August, 2014
12.	SarojBala	GH 6, Panchkula	July,2014
13.	Gurmail Kaur	PHC, Barwala	September, 2014
14.	Seema	CHC,Kalka	December,2014

General Findings, Panchkula

- 6 out of 14 respondents had performed cases of resuscitation after the training.
- 8 respondents had not performed any case of resuscitation at all after training.
- A total of 14 patients were resuscitated by 6 respondents of district Ambala.
- Average no. of patients resuscitated by the respondents is 2.
- 2 out of 6 respondents had kept records of the patients on whom resuscitation was performed.
- Out of 14 patients, 6 were successfully resuscitated i.e. 16%.
- Only 1 respondent had done long term follow up of 3 resuscitated patients.
- 6 out of 14 respondents thought that they had inappropriate place of posting because they were not been able to apply the skills they attained during the training.
- Only 1 respondent had done a long term follow up of their successfully resuscitated case.

CHECKLIST

1. Name			
2. Place of posting			
3. When did you take BLS training?			
4. Do you think the training helped you in building your skills and capacity?			
5. How many cases of resuscitation have you performed after the training?			
6. Have you kept any records of such patients?			
7. How many patients were you able to resuscitate successfully?			
8. Was any long term following up done with the successful patients?			
9. Remarks			