ANNEXURE - I

Sr. No.  

PRIVATE MEDICAL PRACTITIONERS AND POPULATION CONTROL PROGRAMME - A STUDY OF SOCIAL AND MEDICAL ASPECTS

A STUDY OF GENERAL MEDICAL PRACTITIONERS IN NANDED
YEAR 1999-2000

QUESTIONNAIRE SCHEDULED FOR MEDICAL PRACTITIONERS

SCHOOL OF SOCIAL SCIENCES
SWAMI RAMANAND TEERTH MARATHWADA UNIVERSITY, NANDED.
1. DO YOU COUNSEL FOR CONTRACEPTION / RELATED PROBLEMS?
   a) Yes  
   b) No.

2. IN WHICH PATIENTS DO YOU GO INTO THE DETAILS OF CONTRACEPTION & OBSTETRIC HISTORY?

3. DO YOU SOLVE THE PROBLEMS RELATED TO CONTRACEPTION AT YOUR LEVEL OR REFER TO CONSULTANT?
   a) I solve  
   b) I refer

4. IF YOU SOLVE, THEN WHICH TYPE?

5. ACCORDING TO YOU, WHICH IS THE BEST METHOD OF CONTRACEPTION?
   a) Condoms  
   b) Cu T  
   c) O. C. Pills  
   d) Safe Periods  
   e) Safe periods & Condom  
   f) Tubectomy  
   g) Vasectomy  
   h) Depends upon the situation  
   i) Any other.

6. WHAT DO YOU SUGGEST TO A NEWLY MARRIED COUPLE?
   a) Condoms  
   b) Cu T  
   c) Oral pills  
   d) Safe periods  
   e) Safe periods & Condom  
   f) Any other.

7. WHAT FACTORS DO YOU CONSIDER WHILE ADVOCATING THE SAME METHOD?
8. WHAT WOULD YOU SUGGEST TO THE COUPLE WITH ONE CHILD?
   a) Condoms   b) Cu T   c) Oral pills   d) Safe periods
   e) Safe periods with condoms   f) Tubectomy   g) Vasectomy   h) Any other.

9. WHAT FACTORS DO YOU CONSIDER WHILE ADVOCATING THE SAME METHOD?

10. WHAT DO YOU SUGGEST TO A COUPLE WITH TWO CHILDREN?
    a) Condoms   b) Cu T   c) Oral pills
    d) Safe periods   e) Safe periods with condoms   f) Tubectomy
    g) Vasectomy   h) Any other.

11. WHAT FACTORS DO YOU CONSIDER WHILE ADVOCATING THE SAME METHOD?

CONDOMS

12. ON WHAT BASIS DO YOU ADVISE CONDOMS?
    a) Joint family / Nuclear family.
    b) Economic Status.
    c) Health Status.
    d) Desire for further child bearing.
    e) According to whether family is completed or not.
    f) Choice of couple.
    g) All of the above.
    h) None of the above.
    i) Any other.
    j) I don’t advise this method at all.

13. IN YOUR OPINION WHICH IS THE COMMON PROBLEM WITH CONDOM USERS?
    a) Sex displeasure
    b) Tearing of condom
    c) Disposal of condom
    d) None of the above
    e) All of the above.

14. WHAT IS THE BASIC PRINCIPLE OF USE OF CONDOM?
    a) Supression of ovulation.
b) Creating hostile environment in uterus for implantation.
c) It acts as a barrier.
d) It kills sperms.
e) Avoids sex during fertile period of cycle.
f) None of the above.
g) Any other.

15. What would you suggest to a person who comes to you with the history of breaking of condom during sex?

16. What are your perceptions / views regarding condom?

**CU-T**

17. ON WHAT BASIS DO YOU ADVISE CU-T?
   a) Joint family / Nuclear family.
b) Economic Status.
c) Health Status.
d) Desire for further child bearing.
e) According to whether family is completed or not.
f) Choice of couple.
g) All of the above.
h) None of the above.
i) Any other.
j) I don't advise this method at all.

18. WHAT IS THE BASIC MECHANISM OF ACTION OF CU-T?
   a) Supression of ovulation.
b) Creating hostile environment in uterus for implantation.
c) It acts as a barrier.
d) It kills sperms.
e) Avoids sex during fertile period of cycle.
19. IN YOUR OPINION WHICH IS THE COMMON PROBLEM WITH CU-T USERS?
   a) Bleeding irregularity.
   b) Pain in abdomen.
   c) Expulsion / Displacement.
   d) None of the above.
   e) All of the above.

20. WHEN SHOULD CU-T BE REMOVED?
   a) If a patient gets frequent attacks of irregular bleeding.
   b) If she gets frequent attacks of pain in abdomen.
   c) If she desires to have next pregnancy.
   d) All of the above.
   e) None of the above.

21. WHAT ARE YOUR PERCEPTIONS / VIEWS REGARDING CU-T?

22. WILL THE CU-T USE CAUSE DISCOMFORT TO A WOMAN'S PARTNER DURING SEX?
   a) Yes    b) No    c) Don't know

23. IF YES, HAVE YOU COME ACROSS ANY SUCH CASE(S)?
   a) Yes    b) No    c) Don't know

24. DOES CU-T HAVE A BAD EFFECT ON BREAST FEEDING?
   a) Yes    b) No    c) Don't know

25. WILL YOU ADVISE CU-T TO A LADY WHO HAS UNDERGONE ONE CAESERIAN SECTION?
   a) Yes    b) No    c) Don't know
C. O. C. PILLS (COMBINED ORAL CONTRACEPTIVE PILLS)

26. ON WHAT BASIS DO YOU ADVISE C. O. C. PILLS?
   a) Joint family / Nuclear family.
   b) Economic Status.
   c) Health Status.
   d) Desire for further child bearing.
   e) According to whether family is completed or not.
   f) Choice of couple.
   g) All of the above.
   h) None of the above.
   i) Any other.
   j) I don't advise this method at all.

27. WHAT IS THE MECHANISM OF ACTION OF COMBINED ORAL CONTRACEPTIVE PILLS?
   a) Supression of ovulation.
   b) Creating hostile environment in uterus for implantation.
   c) It acts as a barrier.
   d) It kills sperms.
   e) Avoids sex during fertile period of cycle.
   f) None of the above.
   g) Any other.

28. WHICH ARE THE COMMON PROBLEMS WITH C. O. C. USERS?
   a)
   b)
   c)

29. WHAT WOULD YOU SUGGEST TO A LADY WHO HAS COME TO YOU WITH HISTORY OF MISSING A TABLET LAST NIGHT?
   a) To take the missed pill immediately & continue the remaining pack as usual.
   b) To stop taking pills & switch to other methods like condoms.
   c) To change the pack and start with a new pack.
   d) Any other.

30. WHAT ARE YOUR PERCEPTIONS / VIEWS REGARDING C. O. C. PILLS?
31. CAN THE PILL MAKE A WOMAN PERMANENTLY STERILE?
   a) Yes   b) No   c) Don't know

32. WILL THE FETUS BE HARMED IF A WOMAN TAKES THE PILL ACCIDENTLY WHILE SHE IS PREGNANT?
   a) Yes   b) No   c) Don't know

33. AFTER HOW MUCH DURATION OF TIME CAN A LADY UNDERGO FREE INTERCOURSE FROM THE DAY OF STARTING HER FIRST PACK OF O.C. PILLS?
   a) 2 Days   b) 2 Weeks   c) 2 Months

34. CAN O.C.PILLS BE USED AS AN EMERGENCY CONTRACEPTION AFTER UNPROTECTED SEX?
   a) Yes   b) No   c) Don't know

35. WHAT IS THE DIFFERENCE BETWEEN MALA-D & MALA-N?
   a) b) Don't know.

36. WHICH IS THE NON-HORMONAL CONTRACEPTIVE PILL?
   a) b) Don't know.

SAFE PERIODS

37. ON WHAT BASIS DO YOU ADVISE THIS METHOD?
   a) Joint family / Nuclear family.
   b) Economic Status.
   c) Health Status.
   d) Desire for further child bearing.
   e) According to whether family is completed or not.
   f) Choice of couple.
   g) All of the above.
   h) None of the above.
38. WHAT IS THE BASIC PRINCIPLE OF THIS METHOD?
   a) Supression of ovulation.
   b) Creating hostile environment in uterus for implantation.
   c) It acts as a barrier.
   d) It kills sperms.
   e) Avoids sex during fertile period of cycle.
   f) None of the above.
   g) Any other.

39. WHAT IS THE COMMON PROBLEM WITH THIS METHOD?
   a) Very expensive.
   b) Difficult to avoid direct sex for long duration.
   c) Side effects on menstrual cycles.
   d) Any other.

40. DO YOU THINK THAT THE REGULARITY OF THE MENSTRUAL CYCLE IS IMPORTANT FOR ADVISING THIS METHOD?
   a) Yes  b) No  c) Don't know

41. WHAT ARE YOUR PERCEPTIONS / VIEWS REGARDING SAFE PERIOD?

TUBECTOMY (FEMALE STERILIZATION)

42. ON WHAT BASIS DO YOU ADVISE TUBECTOMY?
   a) Joint family / Nuclear family.
   b) Economic Status.
   c) Health Status.
   d) Desire for further child bearing.
   e) According to whether family is completed or not.
   f) Choice of couple.
   g) All of the above.
   h) None of the above.
   i) Any other.
   j) I don't advise this method at all.
43. WHAT IS THE PRINCIPLE OF THIS METHOD?
   a) 
   b) Don't know.

44. WHAT IS THE MAIN DISADVANTAGE OF THIS METHOD?
   a) The woman becomes either weak or fat.
   b) The method is irreversible.
   c) Menstrual cycles become irregular.
   d) Any other.

45. WHAT WILL YOU SUGGEST TO A LADY WHO COMES TO YOU WITH HISTORY OF AMENORRHOEA ANY TIME AFTER STERILIZATION BEFORE MENOPAUSE?
   a) Only reassurance and not to bother much about amenorrhoea.
   b) Get clinical examination done and rule out pregnancy.
   c) Hormones for withdrawal bleeding.
   d) Any other.

46. WHAT ARE YOUR PERCEPTIONS / VIEWS REGARDING TUBECTOMY?

**VASECTOMY**

47. ON WHAT BASIS WOULD YOU ADVISE THIS METHOD?
   a) Joint family / Nuclear family.
   b) Economic Status.
   c) Health Status.
   d) Desire for further child bearing.
   e) According to whether family is completed or not.
   f) Choice of couple.
   g) All of the above.
   h) None of the above.
   i) Any other.
   j) I don't advise this method at all.

48. WHAT IS THE PRINCIPLE OF THIS METHOD?
   a) 
   b) Don't know.
49. WHICH IS THE MAIN DISADVANTAGE OF THIS METHOD?
   a) This is an irreversible method.
   b) Vasectomy can cause impotency.
   c) It makes the person either weak or fat.
   d) The amount of semen is decreased. Therefore sex displeasure.
   e) Any other.

50. IN CASE OF VASECTOMY AFTER HOW MUCH DURATION WOULD YOU ADVISE HIM FREE INTERCOURSE?
   a) 3 Days b) 3 Weeks c) 3 Months

51. WHAT ARE YOUR PERCEPTIONS / VIEWS REGARDING VASECTOMY?

VAGINAL METHODS

52. DO YOU KNOW 'TO-DAY'?
   a) Yes b) No c) Don't know

53. WHAT IS THE PRINCIPLE OF 'TO-DAY'?
   a) Suppression of ovulation.
   b) Creating hostile environment in uterus for implantation.
   c) It acts as a barrier.
   d) It kills sperms.
   e) Avoids sex during fertile period of cycle.
   f) None of the above.
   g) Any other.

54. ON WHAT BASIS DO YOU ADVISE THIS METHOD?
   a) Joint family / Nuclear family.
   b) Economic Status.
   c) Health Status.
   d) Desire for further child bearing.
   e) According to whether family is completed or not.
   f) Choice of couple.
   g) All of the above.
h) None of the above.

i) Any other.

j) I don't advise this method at all.

55. CAN IT BE USED IMMEDIATELY AFTER CHILD BIRTH ?
   a) Yes  b) No  c) Don't know

56. WHAT ARE YOUR PERCEPTIONS / VIEWS REGARDING THIS METHOD ?

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**MISCELLANEOUS**

57. LAW PERMITS TO DO MTP UPTO
   a) 12 Weeks  b) 20 Weeks  c) 24 Weeks

58. WHICH IS THE DRUG USED IN EMCREDL ?
   a) 
   b) Don't know.

59. UPTO WHAT PERIOD OF CHILD BIRTH IS LACTATIONAL AMENORRHOEA METHOD OF CONTRACEPTION EFFECTIVE ?
   a) 6 Weeks  b) 6 Months  c) 6 Years

60. DO YOU KNOW INJECTABLE CONTRACEPTIVES ?
   a) Yes  b) No  c) Don't know

61. CAN YOU NAME ANY INJECTABLE CONTRACEPTIVE ?
   a) 
   b) 

62. ARE YOU IN FAVOUR OF ANTENATAL SEX DETERMINATION IRRESPECTIVE OF WHAT LAW SAYS ?
   a) Yes  b) No

63. IF YES, DO YOU ACTIVELY PROMOTE YOUR VIEW TO YOUR PATIENTS ?
   a) Yes  b) No

64. IF NO, DO YOU ACTIVELY PROMOTE YOUR VIEW TO YOUR PATIENTS ?
   a) Yes  b) No
65. WHAT WOULD YOU SUGGEST TO A LADY WHO IS COMING TO YOU WITH LESS THAN 20 WEEKS' PREGNANCY AND ALREADY HAS ONE 5-YEAR DAUGHTER?
   a) MTP
   b) MTP with Temporary Contraception
   c) MTP with Tubectomy
   d) To continue pregnancy without doing antenatal sex determination & then tubectomy after delivery.
   e) To get Antenatal Sex Determination done for male child & then decide.
   f) Any other.

66. WHAT DO YOU SUGGEST TO A WOMAN COMING TO YOU WITH LESS THAN 20 WEEKS' PREGNANCY AND ALREADY HAVING TWO DAUGHTERS OF 5 YEARS' AGE & 2 YEARS' AGE?
   a) MTP
   b) MTP with Temporary Contraception
   c) MTP with Tubectomy
   d) To continue pregnancy without doing antenatal sex determination & then tubectomy after delivery.
   e) To get Antenatal Sex Determination done for male child & then decide.
   f) Any other.

67. WHAT IS THE DURATION OF SAFE PERIOD?

---------------------------------- Thank you! ----------------------------------
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