

## **CHAPTER IV**

### **Data Exercise**

#### **4.1. INTRODUCTION**

The purpose of the study is to increase contraceptive use among married women of reproductive age 15-49 years through improved family planning counselling services in Gajuri primary health center, Dhading, Nepal. Counselling services will be provided through trained health workers from April 1998 to March 1999 for study purpose. Therefore, family planning counselling training is main component of the study. Impact evaluation will be done after completing a year counselling services to the family planning clients in Gajuri primary health centre through trained health workers. Impact evaluation will mainly answer the questions such as are family planning clients satisfied with the counselling services provided by the trained health workers ? are they received enough information to make informed choices ? are they willing to continue their method longer ? have they decided their method themselves ? Focus group discussion, semi-structured interview with clients, review of official statistics will be used to evaluate the impact of counselling services.

A data exercise was done by conducting focus group discussion in Thailand to refine data collection methods and develop data collection instruments. Focus group discussion was done based on guidelines. So, this chapter provides the findings of

data exercise. The findings of the data exercise suggests how the proposal could be improved based on the lesson learned from the data exercise.

#### **4.2. OBJECTIVES OF THE DATA EXERCISE**

The study is still in preparation phase so that actual data needed for the impact evaluation could not be collected here in Thailand. But the data exercise was done in Thailand. This will help to learn more about qualitative research techniques as well as perception of the clients about contraception. Therefore data exercise was done in Phahurat, Bangkok, Thailand to fulfill the following objectives:

1. refine data collection methods.
2. develop data collection instruments.

#### **4.3. DATA COLLECTION TECHNIQUE**

The focus group discussion was conducted as a technique for data exercise. It was not originally planned but felt necessary as it is difficult to conduct semi-structure interview in Thailand due to researcher's unfamiliarity with the Thai language. Therefore, focus group discussion technique was used as data exercise to refine data collection method and develop appropriate data collection instrument for the proposed study.

#### **4.4. DATA COLLECTION PROCEDURE**

##### **4.4.1. Field preparation**

Since, target population of this study is currently married women of reproductive age (CMWRA) 15-49, Phahurat is chosen for data exercise because sample population for data exercise were likely the same age and ethnic group as in Nepal. Actually, they all were from Nepali origin.

The necessary discussion and draft question for focus group discussion were prepared prior to going to the field for data exercise. I visited to Phahurat twice, the first visit on 30 August and the second visit on 6 September 1997 for the data exercise. There are many people habitat from Nepali origin but with citizenship of Burma.

The consent and discussion is necessary part prior to the data exercise. Thus, I contacted and discussed with a woman in Phahurat during my first visit in order to take their consent, information on thesis topic, purpose of data exercise, required number of women population for data exercise, place for discussion and other facilities to conduct data exercise because she was a familiar person among the women of Nepali origin. The woman who discussed with was provided me consent and date for data exercise by discussing with her closer female friends.

#### **4.4.2. Sampling**

The required member of the focus group discussion was selected purposively among women of reproductive age 15-49 in Phahurat, Bangkok for the data exercise. There were nine likely the similar sample population in the focus group discussion.

#### **4.4.3. Duration**

I visited to Phahurat on 6 September 1997 for data exercise. The data collection was done during one day in Phahurat for data exercise purpose. The focus group discussion with 9 women were organized at Phahurat, Bangkok, on 6 September 1997 as a data exercise of the study to test the appropriateness of the originally planned data collection methods and develop the appropriate data collection instruments.

#### **4.4.4. Data collection in Phahurat, Bangkok, Thailand**

##### **A. General characteristics of women**

There were 9 women, all were from Burma. Age of all women attending in focus group discussion were in between the 30 - 40 years. Some of women were Buddhist and some were Hindu. Most of the women were literate with below grade 10 qualifications. The qualification of their husband were also below grade 10. Husband of some women were living in Burma and some of were living in Bangkok. All women were working in Phahurat, Bangkok and have similar income.

Some were working in the hotels, some were in the restaurants. All were married women of reproductive age having children more than two and up to seven children.

### **B. Field activities**

One female moderator, a note taker and myself with 9 women were gathered in a room of a hotel in Phahurat, Bangkok, Thailand for data collection purpose. Family planning is a sensitive matter for women so that during the process, they did not allow to include note taker and myself as observer in the focus group discussion session. Thus, the same female moderator was assumed for the role of a note taker as well. The moderator who conducted focus group discussion in Phahurat, Thailand was a Nepali female student of Master of Public Health at the College of Public Health, Chulalongkorn University, Thailand. She is an instructor of Nursing Campus, Institute of Medicine, Nepal.

There were 9 married women of reproductive age 15-49 including one pregnant woman in the focus group discussion session. At the beginning of the session, they all were laughing when moderator was asking questions to them about contraception among focus group discussion. It was because male persons were presented at the time of focus group discussion so that they felt awkward to answer the questions asked by the moderator about contraception. When moderator asked the question for discussion, they all gave bias answer such as they told that they all were

not using contraception but in fact, they all were using contraceptive methods. Thus, male persons went outside from the room where the focus group discussion was held.

After went outside the male persons, most of the women were hesitated, embarrassed, confused, few were quiet but some of them were very frank to say about contraception. Most of them seemed to enjoy in sharing their own experience of using contraceptive methods.

#### **4.5. LIMITATIONS OF THE DATA EXERCISE**

The study is aimed to provide counselling services to the family planning clients in the Gajuri primary health centre of Dhading, Nepal. After its a year intervention, evaluation will be done by using interview and focus group discussion with counselled clients. All members of focus group discussion attended in the Phahurat, Bangkok, Thailand were not counselled so that we can not make conclusion of the study. There will be two types of family planning clients like continuing users and discontinued users in Gajuri village while we will go to collect data but there were no discontinue users among the member of focus group discussion held in Phahurat. Therefore, expected information from the aspects of discontinue users could not be explored.

The proposed interview technique of data collection could not be conducted here in Thailand due to the reluctance of women for interviewing. Similarly, the proposed review of official statistics of another data collection technique also could not be done in Thailand due to the language problem and it assumed that similar data needed for the proposed study could not be available.

The result of the focus group discussion could not be indicated distribution of responses because nature of the data collection technique, focus group discussion is qualitative. A small number of sample are taken for focus group discussion so that representativeness can not be ensured.

#### **4.6. FINDINGS**

##### **A. Knowledge of contraception**

All of the women attending in focus group discussion were known about pills, condom, injectable, IUD, female and male sterilization. All of them were not familiarized with the Norplant and Diaphragm/Jelly contraceptive methods neither in Burma nor in Thailand.

##### **B. Current use of contraceptive method**

All women were using contraceptive methods except one pregnant woman. Most of the women have had sterilization method of contraception at the

time of the focus group discussion. All of them had used temporary contraceptive methods for more than 3 years before using sterilization.

### **C. Decision to use contraception**

Most of the women had decided to use contraceptive method by joint decision with their husband. Some women decided to use contraceptive method by their husband's decision alone.

### **D. Source of information and method**

Most of the women were informed about contraceptive methods from relatives, friends, neighbor and some were informed by reading Nepali health magazines, news papers and watching television as well. They were informed about advantages of contraceptive methods from relatives and friends and some times from television and radio. Most of the women were obtained their sterilization contraceptive methods from the Chulalongkorn hospital and temporary methods from the private clinic.

### **E. Preference of method and place**

They chosed their current method because of having less side effects and permanent. They chosed private clinic for obtaining temporary methods and Chulalongkorn hospital for sterilization contraceptive methods because it is the closer to their home and easily accessible.

#### **F. Health workers behaviors**

During last 12 months, they all had not visited to the health facilities. They told that health workers spent their time less than five minutes for counselling while they visited in the health facilities. They were dissatisfied with the health workers in not listening to their problems well. Health workers behavior was rude in Burma and Polite in Thailand, they said. They all were used to be accompanied by a Thai interpreter when they had to go to use contraceptive in the health facilities of Thailand because of their language problem.

#### **G. Advantages and disadvantages of contraceptive methods**

They believe that contraceptive enables women to stop and space their child birth and prevent unwanted pregnancy as well as it (sterilization method) is easy to use as the advantages of contraceptive methods. They told that side effects of the contraceptive methods are as disadvantages.

#### **H. Side effects of the contraceptive methods**

Most of the women felt that using contraceptive methods makes women giddiness, vaginal bleeding, joint pain and weight gain as the side effects. In their community, they did not prefer men to have sterilization method because of its felt side effects of making weakness to hard work.

### **I. Reasons for stop using contraceptive methods**

The member of focus group discussion were told that the reason for stopping to use of contraceptive methods are desire to have more children, afraid of side effects, became pregnant and forgetting to use the methods at right time.

### **J. Information about available method**

Most of the women were getting additional information about other available methods when they visited in the health facilities for contraception. They had got information on pills, condom, injectable, IUD and sterilization methods from the health workers.

### **K. Dissemination of received information**

They have suggested for more than 3 persons to use contraceptive methods that they knew already. Most of the women suggested pills, injectable and female sterilization to their friends and relatives to use. They suggested these methods because pills and injectable enable to space child birth and avoid unwanted pregnancies as desired and having female sterilization to stop child birth. But they were using their methods by themselves not by other's suggestions.

### **L. Follow-up visit**

Most of the women were working in their hotel business so that they did not get enough time to go for follow-up visit as scheduled given by the health

workers. Therefore, they did not go for follow-up visit in health facilities as scheduled given by the health workers. They did not go for follow-up visit because of having language problem.

#### **4.7. DISCUSSION**

The all women were seemed very shy because family planning is quite a personal matters of an individual. The awareness about family planning methods were found quite high that all of the women were known with more than 5 contraceptive methods. Therefore, the more contraceptive method that they know, the lower their level of non-use of contraception.

Joint decision making among husband and wife for using contraception was prominent among the member of focus group discussion. Joint decision making made them longer use of contraception.

Similar to the other study, it is found that the main source of information of contraception were from the relatives and friends. The other source of information were neighbour, Nepali magazines, news papers, television and radio. This suggests that the clients should be well informed about contraceptive methods so that they can relay appropriate information to their friends and relatives about contraceptive methods.

The preferences of their methods were pills, injectable and sterilization. Similarly, close as well as access to transport facility were preference of their place of methods. Therefore, closer to home and transportation facility is found important for choosing place of contraceptive methods.

Health workers spent less time with clients both in Burma and Thailand and behavior was rude in Burma and polite in Thailand. However, the client-provider relation is much better in Thailand. Therefore, time spent for the clients and behavior of health workers are very important for continuation of contraceptive methods. Nevertheless, they all are using sterilization method of contraception.

The side effects of the methods like vaginal bleeding, weight gain, desire to have more children and inconvenient to use were the reasons for stopping the method which they had already used before sterilization. This clearly indicates that clients were not formally counselled when they were using temporary contraceptive methods. It can be assumed that the clients who receive counselling services will choose their methods voluntarily and should be satisfied with the method. As a result they may use their method longer and ignore the side effects and inconvenience of methods.

The follow-up visit plays an essential role for continuation of contraceptive methods but most of the women did not go for follow-up when they had used

temporary contraceptive methods. This indicates that they were not given the importance and purpose of follow-up visits. Further it suggests that health workers did not provide the clear and accurate information to the clients.

#### **4.8. CONCLUSION**

The method of choice of the member of focus group were sterilization. It can be said that they were all sterilized except one who was pregnant and she also wished to have sterilization after delivery. The choice of method was depended upon the permanency and less side effects of the methods. The side effects of the contraceptive methods posed as negative aspects of the use of contraception by women. Health workers behavior towards clients and time spent with clients seemed essential for continuation of contraceptive use. The relatives and friends were main source of information for contraception so that clients need counselling because those clients are also friends and relatives of another persons.

#### **4.9. LESSON LEARNED FROM FOCUS GROUP DISCUSSION**

It was learnt that the focus group discussion is essential for exploring perception of the clients about contraception. Thus, focus group discussion technique was incorporated in the proposal which was not originally planned before data exercise. The information emerged from the focus group discussion can not be taken

from any other method of data collection. For example, a member of focus group discussion had an experience of having heavy bleeding after taking single pill without consultation with health worker on 1st day of her menstruation which resulted hospitalization to her for necessary treatment. Similarly, the proposed study is aimed to explore subjective information on contraception behaviour and reaction of the clients about counselling services which can not be taken from any other interview methods.

It was learnt that quiet environment for preventing disturbance from outside noise and homogeneous group for minimizing domination among group should be arranged for focus group discussion. The competency of health workers for services, waiting time, comfortable place for waiting, privacy was learnt to be included in the semi-structure interview guideline questionnaires. The conclusion made from this focus group discussion is not applicable for the proposed study. Therefore, lesson learned from the focus group discussion is incorporated in the proposal.