

ISN 53236

PDATW-787



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## Trip Report

# 0-364

**Travelers:** Dr. Kelly O'Hanley, IHP Program  
Coordinator

**Country Visited:** LAGOS STATE, NIGERIA

**Date of Trip:** In-Country May 12-June 12, 1987

**Purpose:** Lagos Debriefing June 12, 1987  
To provide technical assistance to the  
Lagos State Training Team during FP/ORT  
Clinical Skills Development Workshop  
and Practicum, May 18-June 17, 1987.

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\* On file with INTRAH Program Office.

\*\* On file with INTRAH Data Management Services.

**LIST OF ABBREVIATIONS**

CHE	Community Health Education
CWP	Contract Work Plan
MOH	Ministry of Health (State)
ORT	Oral Rehydration Therapy
STT	State Training Team

**EXECUTIVE SUMMARY**

Kelly O'Hanley, M.D., M.P.H., Program Coordinator, International Health Programs (IHP), traveled to Lagos State, Nigeria to provide technical assistance to the Lagos State Family Planning (FP)/Oral Rehydration Therapy (ORT) Training Team during a FP/ORT Clinical Skills Development workshop and practicum conducted from May 18 - June 17, 1987. (N.B., The originally scheduled dates of the workshop, May 18 - June 12 were modified during the workshop due to a presidential decree of three consecutive national holidays. The INTRAH/IHP trainer was unable to extend her time from June 12 to June 17.) The workshop was Contract Work Plan (CWP) Activity #6 in the contract between the Lagos State Ministry of Health (MOH) and INTRAH. Six members of the ten member Lagos State FP/ORT Clinical Skills Training Team conducted the activity and most demonstrated effective training skills in the classroom and as preceptors. Fifteen nurse-midwives successfully completed the workshop and practicum demonstrating competency in both theory and practice of FP/ORT clinical skills. MOH administrative support, under the direction of Mrs. Margaret Bodede, FP/ORT Coordinator for Lagos State was excellent. Recommendations include technical assistance to the State Training Team (STT) in clinical curriculum revision and training update.

A briefing was held with the MOH. A debriefing held with the AID Affairs Officer, the MOH and the STT members, included discussions on evaluation and participant responses of the workshop.

**SCHEDULE OF ACTIVITIES**

May 10                      Departed from San Francisco for Lagos, Nigeria via London 3:55 p.m.

May 12                      Arrived in Lagos, Nigeria 5:20 p.m.

May 13 - 15                Prepared for workshop with members of Lagos State Clinical Skills Training Team.

May 14                      Briefed with Dr. Patricia Akingbehin, Director of Preventive Health Services, Lagos State Ministry of Health and Mrs. Margaret Bodede, FP/ORT Coordinator for Lagos State.

May 18 -  
June 17                      Clinical Skills workshop and practicum conducted. (INTRAH/IHP trainer departed June 12. STT supervised practicum June 15 - 17.)

June 12                      Debriefed with Ms. Keys MacManus, AID Affairs Officer, AAO/Lagos; Mrs. Bodede, FP/ORT Coordinator, and STT members..

                                    Departed from Lagos, Nigeria 11:15 p.m. for San Francisco via London.

### I. PURPOSE OF TRIP

The purpose of this trip was to provide technical assistance to members of the Lagos State Family Planning (FP)/Oral Rehydration Therapy (ORT) Training Team as they prepared and conducted the second of a series of three scheduled workshops for clinical providers of FP/ORT services.

### II. ACCOMPLISHMENTS

Technical assistance was provided, with the following results:

1. Fifteen nurse-midwives successfully completed classroom and practical aspects of clinical FP/ORT training.
2. Six members of the Lagos State Training Team (STT) demonstrated their ability to plan and conduct a FP/ORT workshop and practicum for clinical skills.
3. The curriculum was partially revised to strengthen its effectiveness.
4. Briefing session was held with the MOH.
5. Debriefing sessions were held with the AID Affairs Officer, with the MOH and with the STT members.

### III. BACKGROUND

This activity was the sixth in the workplan of the Lagos State MOH/INTRAH contract. Previous activities were:

Activity #1:  
Trip Report #0-279                      Supervisors' orientation for 25 clinical FP supervisors, January 15 - 16, 1987 with M. Apted, K. O'Hanley and G. Walter, IHP.

Activity #2:  
Trip Report #0-279                      Clinical update on FP/ORT and Community Health Education (CHE) for the 14 member STT, January 19 - February 6, 1987, with M. Apted, K. O'Hanley, G. Walter and V. Obodunnin.

- Activity #3: Training of Trainers and Curriculum  
 Trip Report #0-280 Development workshop for the STT,  
 February 16 - March 6, 1987 with C.  
 Brancich, B. Farrell, M. Apted and  
 R. Ajiboye.
- Activity #4: CHE workshop for 20 public health  
 Trip Report #0-362 nurses and community health  
 officers conducted by the four CHE  
 members of STT, March 11 - 24,  
 1987. Technical assistance  
 provided by M. Apted.
- Activity #5: Seven of the 10 clinical skills  
 Trip Report #0-341 members of the STT conducted  
 training for 14 nurse-midwives,  
 March 11 - April 7, 1987.  
 Technical assistance provided by G.  
 Walter.

During Activity #6 the clinical members of the STT who did not participate in Activity #5 and two others who were only minimally involved in Activity #5 conducted training for 15 nurse/midwives in FP/ORT clinical skills.

#### IV. DESCRIPTION OF ACTIVITIES

- A. The classroom portion of the workshop was held at Ikeja General Hospital classroom. The practicum was held in clinics in the following locations:
- Randle Health Center
  - Apapa Health Center
  - Lagos Island Maternity Hospital
  - Ajeromi Comprehensive Health Center
  - Gbagada General Hospital
  - Ikeja General Hospital
- B. Six members of the Lagos STT served as trainers:
- Mrs. Kofo K. Eso, Principal Health Sister;
  - Mrs. Comfort M. Ogunyoye, Senior Nursing Officer;

- Mrs. Alice Da Silva, Assistant Chief Midwife Tutor;
- Mrs. Frances A. Diyaolu, Principal Nursing Sister;
- Mrs. Charlotte M. Obasa, Senior Community Midwife Sister; and
- Mrs. Eunice O. Akinfe, Assistant Chief Health Sister and Nursing Tutor.

Another member of the STT, Mrs. Mabel A. Oshodi, Principal Nursing Officer, was also involved as a clinical preceptor at Ikeja General Hospital clinic. Mrs. Margaret Bodede, FP/ORT Coordinator for Lagos State, participated in classroom discussions and visited clinics during the practicum. The participants were 15 nurse-midwives (Appendix B).

- C. The six STT trainers spent the week prior to the workshop in preparation. Upon the arrival of the INTRAH/IHP trainer, training assignments had already been made, the classroom had been readied and training materials had been prepared. The remainder of the preparation week was spent reviewing, amending and clarifying the curriculum, rolling stencils for handouts and preparing additional materials.
- D. The first week of the workshop was devoted to classroom training. The STT conducted the sessions. The training style was participative. At the close of each classroom day, the trainers and the INTRAH/IHP trainer discussed and evaluated both content and process aspects of that day's training.
- E. Participants began their clinical practicum component in the second week. One STT member was assigned to each of the six clinics to serve as a preceptor. The INTRAH/IHP trainer visited all clinics on a rotating basis to monitor uniformity of clinical training and to

provide technical assistance to STT members during practica. Participants returned to the classroom on Thursday of the third week to review their practicum experience and to complete a post-test. Clinical practica were interrupted by three public holidays which were declared with little forewarning. The loss of three days of practicum necessitated extending the training activity into three days of a fifth week. These three day's of practica were held after the INTRAH/IHP trainer's departure and were supervised by the STT members. Graduation was delayed until Wednesday, June 17 at the conclusion of the practica.

The curriculum and pre/post-test used in Activity #5 were revised by three STT members and the INTRAH/IHP trainer. The agenda/time table, clinic assignments and pre/post-test questions were also revised (Appendix E and F respectively).

- F. Briefing and debriefing sessions were held May 14 and June 12 respectively. The debriefing included discussion of evaluation and participant responses.

V. **FINDINGS/CONCLUSIONS AND RECOMMENDATIONS**

A. **Logistical/Administrative Arrangements**

1. **Finding(s)/Conclusion(s)**

Lagos State Ministry of Health (MOH) is committed to training FP/ORT providers and has effective administrative support as evidenced by the following:

- STT members were notified well in advance about the workshop dates and were completely freed of other work responsibilities for this period of time.
- Participants were notified well in advance regarding their selection for the workshop and had no conflicting work assignments. All arrived early on the first day of the workshop.

- STT members were assigned to workshop preparations the week prior to the workshop. Preparations were already in progress upon the arrival of the INTRAH/IHP trainer.
- Since Activity #5, improvements in classroom facilities had been made by the Ikeja General Hospital administration. The classroom had been repartitioned and new storage area for materials had been allocated.
- Since Activity #5, one of the sites for the practicum, the FP clinic at Ajeromi Comprehensive Health Centre, was relocated to a much larger and improved location within the health centre, greatly improving its suitability for clinical training.
- The FP/ORT Coordinator, Mrs. M. Bodede, was very accessible to the trainers. She quickly provided all requested information and support and was able to provide required items such as reliable transportation and good secretarial support.

Recommendation(s)

Lagos State should be commended for their effective support of the FP/ORT program and encouraged to seek future technical and financial support from outside donors in order to continue expanding its FP/ORT program.

B. Implementation of Activities

2. Finding(s)/Conclusion(s)

The participants were well-selected. They had a good basic nursing/midwifery foundation, were apt learners in the classroom and rapidly developed skills during the practicum. They were punctual, had perfect attendance and were participative and enthusiastic.

Recommendation(s)

Participants' selection should continue at the same level to ensure well-functioning clinical providers.

C. Performance of Trainers

3. Finding(s)/Conclusion(s)

The trainers' knowledge about FP/ORT was good although occasional corrections or clarifications by the INTRAH/IHP trainer were necessary. The trainers fully accepted responsibilities for the workshop and the practicum. Training skills employed in the classroom were variable; some trainers were didactic and formal in their training techniques while others were better able to stimulate group involvement and discussion. Differences in abilities were informally recognized by the trainers with the more confident assuming a larger share of the classroom training responsibilities.

The trainers closely supervised the participants in the practicum using good clinical techniques, client processing and clinical management of clients.

The FP/ORT Coordinator, Mrs. M. Bodede, sought recommendations from the INTRAH/IHP trainer regarding the more effective trainers in this group of STT members for assignment to Activity #7.

Recommendation(s)

Lagos State should continue using its STT as trainers.

A TOT update activity should be scheduled to ensure that participatory adult training methods be more consistently employed by STT members.

D. Curriculum Revision

4. Finding(s)/Conclusion(s)

The clinical curriculum developed by the STT during Activity #3 was first used during Activity #5 by the STT members who were trainers for that activity.

The trainers for this workshop and the INTRAH/IHP trainer undertook a limited curriculum revision before the workshop began. The INTRAH/IHP trainer met informally with two trainers from Activity #5 to discuss areas of curriculum change from that activity and the rationale for those changes.

STT members followed the workshop curriculum less as a guide and more as a definitive text for both content and process. Without formal curriculum revision, there is a potential for perpetuating inaccurate information

or processes and time allocations that do not work well.

During Activity #3, the INTRAH/IHP trainers requested that a training team leader be designated by the MOH and assigned to all clinical training activities. The intent was to share feedback between the two trainer groups so that the entire STT could profit from experiences, observations, adjustments and informal curricular corrections and adaptations which occurred during each training. The designation of a team leader was not made and no alternative plan was made for the curriculum to be revised after it had been "tested" by use in actual training by both groups of trainers.

Recommendation(s)

In the case of repeated workshops, as in the INTRAH-Lagos State MOH contract, provision should be made for curriculum revision after each implementation by the STT. Revision activities should be facilitated by a consultant/technical assistant back-up.

E. Revision of Pre/Post Test

5. Finding(s)/Conclusion(s)

There were complaints from some participants about the ambiguity of some questions on the pre/post-test and some trainers had trouble uniformly scoring the test. Therefore, the pre/post-test was partially revised to address those problems.

Recommendation(s)

Technical assistance should be provided for revision of pre/post-test instruments after their initial use in training.

F. Clinical Training Sites

6. Finding(s)/Conclusion(s)

Clinical services were observed to have improved in the clinics used as practica sites since Activity #3. Examples of improvement included:

- increased availability of sterile gloves;
- availability of low dose oral contraceptives;
- more FP equipment;

- larger space allocation for FP in some clinics;
- greater availability of FP commodities;
- increased CHE activity by STT trained community health educators;
- increased FP client load at Ikeja General Hospital; and
- construction currently underway to create the largest FP/ORT unit in Lagos State.

Recommendation(s)

None.

G. Client Load

7. Finding(s)/Conclusion(s)

All participants easily met the standards for number of IUCD insertions and number of clients per method. Client load is quite adequate for training 15 participants within a 12 - 14 day practicum period.

Recommendation(s)

Continue utilizing clinical training sites which provide adequate client load.

H. Participant Performance

8. Finding(s)/Conclusion(s)

Pre/post-test results were as follows:

	Range	Median	Mean
Pre:	33%-69%	53%	53.6%
Post:	67%-96%	81%	81.7%

Quantitative and qualitative evaluation of participants' practicum performance was to be completed at the end of the clinical practicum period (after the departure of the INTRAH/IHP trainer). Results of two levels of evaluation will be forwarded to INTRAH/ IHP by the STT. Preliminary results indicated that all participants had served the numbers of clients required in each method category and that the quality of their performance was good.

Recommendation(s)

None.

I. Standardization of Clinical Management

9. Finding(s)/Conclusion(s)

Significantly increased standardization of clinical management of clients was observed in the various clinical training sites. This improvement has occurred in the few months between Activity #2 and Activity #6.

Recommendation(s)

In order to ensure quality of clinical services, continuous review and follow-up of clinical providers' client management skills should be planned for and implemented by Lagos State MOH administration.

**APPENDIX A**

**Persons Contacted/Met**

APPENDIX A

PERSONS CONTACTED/MET

AID Affairs Office/Lagos

Ms. Keys MACMANUS, AID Affairs Officer

Lagos State Ministry of Health

Dr. (Mrs.) Patricia AKINGBEHIN, Director of Preventive Health Services

Mrs. J. Margaret BODEDE, Lagos State FP/ORT Coordinator

Mr. JAGUN, Chief Medical Record Officer

Dr. Joseph KUNLE, Chief Consultant, Ikeja General Hospital

Dr. W. O. OLUBIN, Chief Consultant, Apapa Comprehensive Health Center

Dr. C. O. OLUWOLE, Director of Statistics

Mrs. Florence TAYLOR, Deputy State Family Planning Coordinator

**APPENDIX B**

**Participants**

APPENDIX B

PARTICIPANTS

1. Mrs. Iyabo Olubunmi ABIONA  
Staff Nurse-Midwife
2. Miss Bolanme Iyabode ADEGBOLA  
Health Sister  
Ikorudu Local Government
3. Miss Oluyemisi ALLISON  
Senior Nursing Officer  
Gbagada General Hospital, Gbagada
4. Miss Sukurat Iyabode BALOGUN  
Staff Midwife  
Epe Local Government
5. Mrs. Christiana Yinka HARRISON-OBAFEMI  
Senior Health Sister  
Oke-Arim Primary Health Centre, Lagos
6. Mrs. Omolola Gbonjubola JAIYEOLA  
Senior Nursing Officer  
Ikeja Local Government
7. Mrs. Margaret Anike JAIYESIMI  
Senior Nursing Officer (Health)  
Mushin Local Government Family Health Service, Oshodi
8. Mrs. Margaret Titilayo JOHNSON  
Senior Nursing Sister
9. Mrs. Roseline Ngozi NWACHUKIUU  
Midwife-Tutor  
School of Midwifery, Lagos
10. Mrs. Mabel Oluwemimo ODUSOTE  
Midwifery  
Somolu Local Government
11. Mrs. Adebisi Antonia OGUNSANYA  
Nursing Officer
12. Mrs. Oluwaranmilowo Adetoke OJURI  
Health Sister  
Lagos Mainland Government  
Ebute-Metta Adekunle, Lagos
13. Mrs. Victoria Olufunmilayo SHUSI  
Senior Health Sister  
Onikan Health Centre, Onikan

14. Mrs. Olufunmilayo Olabisi SOBANDE  
Nursing Sister  
Lagos State Health Management Board  
Isolo Health Centre
15. Mrs. Josephine Ajoke TINUOYE  
Nursing Officer  
Lagos Island Local Government, Ikoyi Area Office

**APPENDIX C**

**Pre/Post-Test Scores**



**APPENDIX D**

**Summary of Participant Reaction Responses**

INTRAH PARTICIPANT REACTION FORM

For each set of statements below, please check the one that best describes your feelings about this training.

1. Workshop objectives were:

- |               |                 |                   |                   |                     |
|---------------|-----------------|-------------------|-------------------|---------------------|
| a. Very clear | b. Mostly clear | c. Somewhat clear | d. Not very clear | e. Not clear at all |
| 13            | 2               |                   |                   |                     |

2. Workshop objectives seemed to be achieved:

- |             |           |             |                  |               |
|-------------|-----------|-------------|------------------|---------------|
| a. Entirely | b. Mostly | c. Somewhat | d. Hardly at all | e. Not at all |
| 9           | 6         |             |                  |               |

3. With regard to workshop material (presentations, handouts, exercises) seemed to be:

- 13 a. All material was useful
- 2 b. Most materials were useful
- \_\_\_ c. Some material was useful
- \_\_\_ d. Little material was useful
- \_\_\_ e. No material was useful

4. Workshop material presented was clear and easy to follow:

- |                 |                            |                        |                            |                     |
|-----------------|----------------------------|------------------------|----------------------------|---------------------|
| a. All the time | b. More than half the time | c. About half the time | d. Less than half the time | e. None of the time |
| 12              | 3                          |                        |                            |                     |

5. The amount of material covered during the workshop was:

- a. Too much      b. Somewhat too much      c. Just about right      d. Somewhat too little      e. Too little

| 1 | | 4 | | 10 | |   | |   |   |

6. The amount of time devoted to the workshop was:

- a. Too much      b. Somewhat too much      c. Just about right      d. Somewhat too little      e. Too little

|   | | | 1 | | | 10 | | | 5 | |   |

7. For the work I do or am going to do, this workshop was:

- a. Very useful      b. Mostly useful      c. Somewhat useful      d. Not very useful      e. Not useful at all

| 13 | | 2 | |   | |   | |   |

8. Possible solutions to real work problems were dealt with:

- a. All the time      b. More than half the time      c. About half the time      d. Less than half the time      e. None of the time

| 14 | | 1 | |   | |   | |   |

9. In this workshop I learned:

- 12 a. many important and useful concepts,  
2 b. several important and useful concepts,  
1 c. some important and useful concepts,  
    d. a few important and useful concepts,  
    e. almost no important or useful concepts.

10. In this workshop I had an opportunity to practice:

- 12 a. many important and useful skills,  
2 b. several important and useful skills,  
1 c. some important and useful skills,  
    d. a few important and useful skills,  
    e. almost no important or useful skills.

11. Workshop facilities and arrangements were:

a. Very good	b. Good	c. Acceptable	d. Barely acceptable	e. Poor
10	3	2		

12. The trainer/trainers for this workshop was/were:

a. Very effective	b. Effective	c. Somewhat effective	d. Not very Effective	e. Not effective at all
9	6			

13. The trainer/trainers for this workshop encouraged me to give my opinions of the course:

a. Always	b. Often	c. Sometimes	d. Rarely	e. Never
14		1		

14. In providing information about my progress in training, the trainer/trainers for this workshop were:

a. Very effective	b. Effective	c. Somewhat effective	d. Not very effective	e. Not effective at all
10	5			

15. 15 a. I would recommend this workshop without hesitation,

\_\_\_\_\_ b. I would probably recommend this workshop

\_\_\_\_\_ c. I might recommend this workshop to some people

\_\_\_\_\_ d. I might not recommend this workshop

\_\_\_\_\_ e. I would not recommend this workshop.



17. Below are several topics that were presented in the workshop. Please indicate the usefulness of the topics to you in the scale at right.

	very useful	1	2	3	4	5	hardly useful
a. <u>STD.</u>		9	5				
b. <u>Infertility</u>		12	2				
c. <u>ORT</u>		11	3				
d. <u>Contraceptive methods</u>		12	2				
e. <u>Traditional methods</u>		4	2	1	1	6	
f. <u>CHF</u>		11	3				
g. <u>Counseling</u>		12	2				
h. <u>Benefits of FP</u>		12	2				
i. <u>Record Keeping</u>		11	3				
j. <u>Anatomy &amp; Physiology</u>		9	5				

18. For the following techniques or resources, please check the box on the right that best describes your view of their usefulness for your learning in this workshop.

Techniques/ Resources	very useful	1	2	3	4	5	hardly useful	does not apply
a. lectures			2					<input type="checkbox"/>
b. group discussions		10	3					<input type="checkbox"/>
c. individual exercises		9	3	1				<input type="checkbox"/>
d. group exercises		8	5					<input type="checkbox"/>
e. clinical sessions		10	3					<input type="checkbox"/>
f. field trips		8	3	1				<input type="checkbox"/>
g. handouts/readings		11	2					<input type="checkbox"/>
h. books		10	3					<input type="checkbox"/>
i. audio-visuals		9	3	1				<input type="checkbox"/>

19. From the list below, please indicate the three (3) areas in which you feel additional training in a future course would be most useful to you.

- 4 a. Counselling and/or client education
- 5 b. Provision of Clinical Methods (IUDs, pills, diaphragms, injections)
- 1 c. Provision of Non-clinical Methods (condoms, foaming tablets, foam)
- \_\_\_\_\_ d. Provision of Natural Family Planning Methods (rhythm, sympto-thermal, mucous)
- 1 e. Supervision of Family Planning Services
- 5 f. Management of Family Planning Service System
- 1 g. Planning/Evaluation of Family Planning Services
- 1 h. Policy Making/Direction of Family Planning Services
- 5 i. Community Based Distribution of Contraceptives
- 6 j. Community Based Outreach, Education or Information
- 12 k. In-Service Training in Family Planning
- 2 l. Pre-Service Teaching/Tutoring in Family Planning
- \_\_\_\_\_ m. Other (specify) \_\_\_\_\_

20. Additional Comments: ① useful & interesting ② useful & interesting; must continue ③ thank you; gained alot ④ enjoyable & useful ⑤ grateful; highly educative & interesting ⑥ very useful ⑦ worthwhile; more providers should be trained & posted where training will be useful to the people ⑧ more providers should be trained for Lagos state; grateful  
Feel free to sign your name. (Optional)

May, 1985

V.V.

**APPENDIX F**

**Pre/Post-Instrument**

F P / O R T P R E / P O S T T E S T

INSTRUCTION:

- READ ALL QUESTIONS CAREFULLY
- ATTEMPT ALL QUESTIONS
- WRITE ALL ANSWERS IN THE SPACES PROVIDED
- PLEASE WRITE YOUR NAME OR SPECIAL MARK  
SO THAT YOUR TEST CAN RETURNED TO YOU

NAME: \_\_\_\_\_

13

Lagos State FP/ORT Training Program

1. Fill in the correct name of the organ in the blanks on the diagram of the male reproductive system
2. Fill in the correct name of the organ in the blanks on this diagram of the female reproductive system.

(Use Male and Female anatomy drawings )

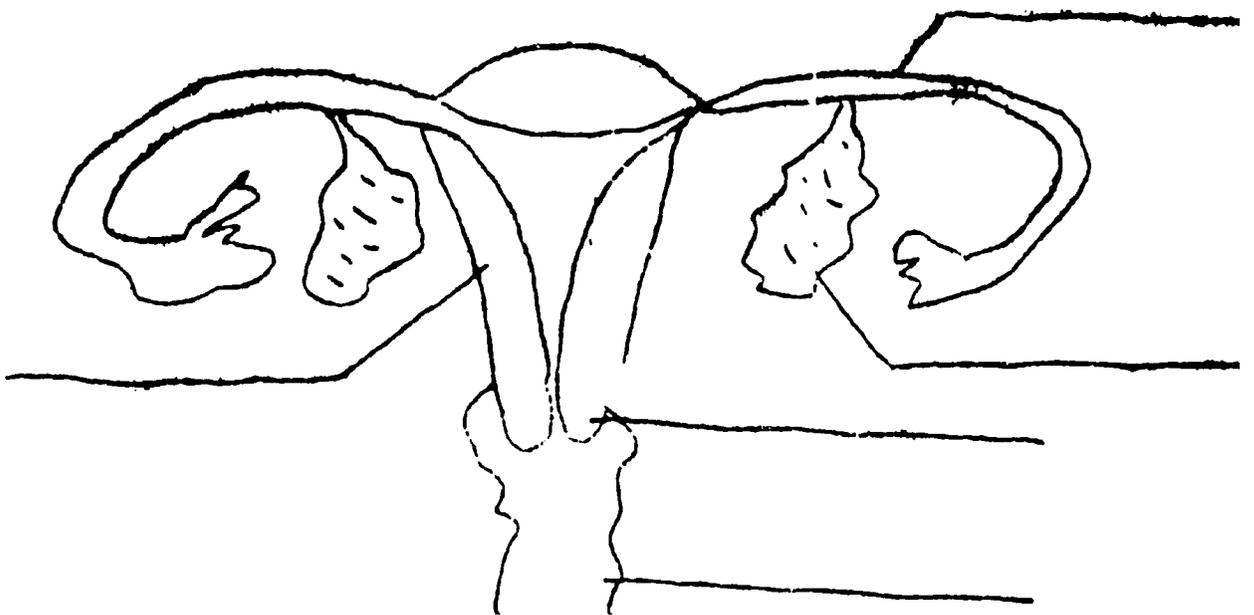
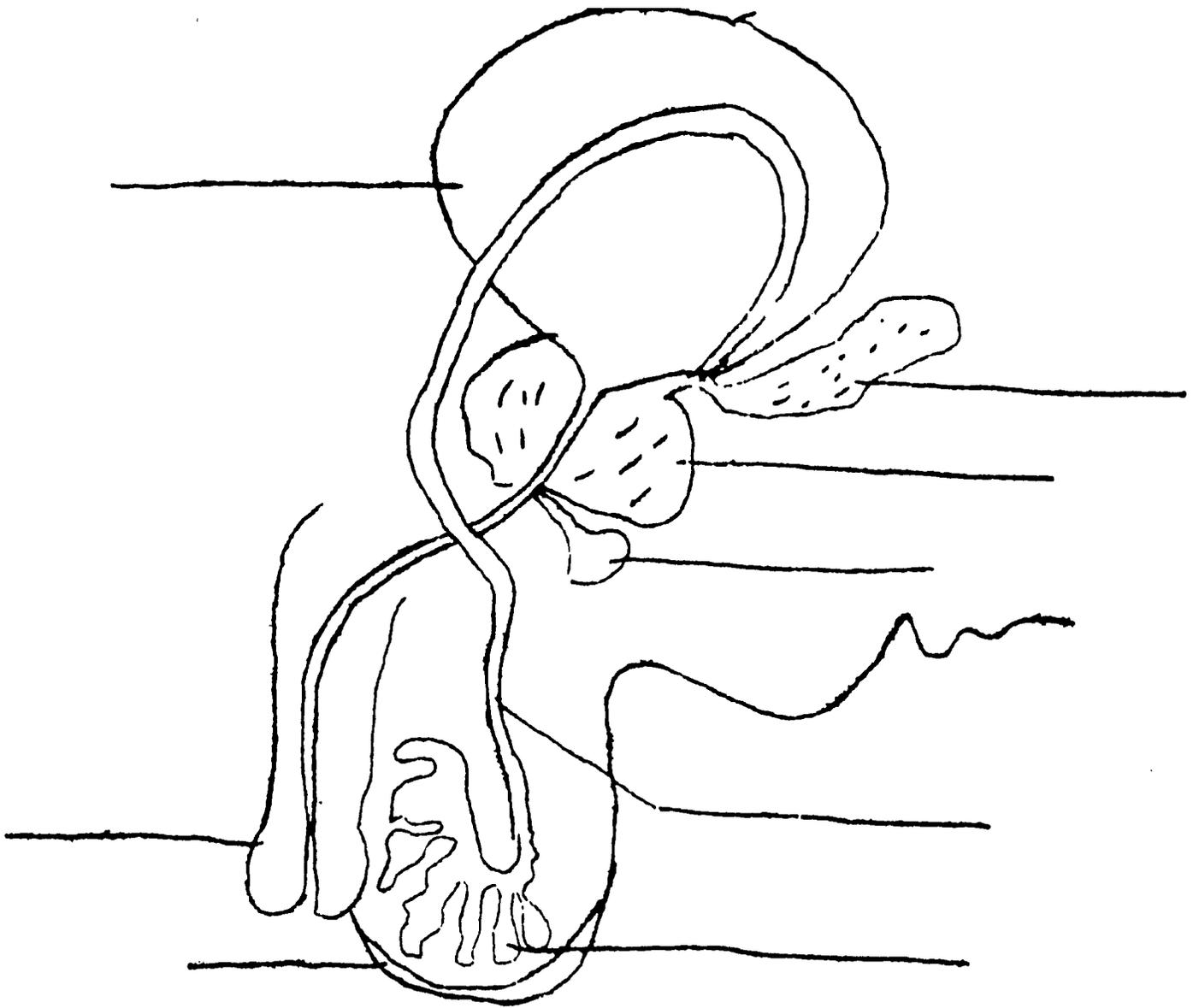
3. Match each STATEMENT on the RIGHT with the correct TERM on the LEFT.

-----FSH	A. Where the complete process of sperm maturation takes place
-----LH	B. Helps the ovum to mature
-----Corpus Luteum	C. Protects sperm from excessive heat and cold.
-----Epididymus	D. Yellow body left after release of the ovum
-----Scrotum	E. Helps the ovary to release a mature ovum.

4. Fill in the Blanks:  
Falling levels of these two hormones cause the onset of menstruation

-----and-----

5. Circle the letter of the BEST answer.  
Just before ovulation, under increasing levels of estrogen, the cervical gland:  
A. Secrete decreasing amounts of mucus.  
B. Secrete increasing amounts of mucus.  
C. Block Secretion of mucus.  
D. Secrete the usual amount of mucus.
6. Circle the letter of the BEST answer  
The optimal child-bearing age range is  
A. Menarche to 15 Years  
B. Menarche to menopause  
C. 35 Years to menopause  
D. 18 years to 34 years
7. Circle the letter of the BEST answer  
After release the ovary, the ovum can live up to  
A. 1 hour  
B. 12 hours  
C. 24 hours  
D. 48 hours
8. Circle the letter of the Best answer  
Sperm can live up to  
A. 1 hour  
B. 24 hours  
C. 48 hours  
D. 4 days



9. Using the space provided, describe the Mode of Action of the following contraception methods:

<u>METHODS</u>	<u>MODE OF ACTION</u>
Breast feeding	-----
Oral Contraceptive pills	-----
Intrauterine Contraceptive Device	-----
Injectables	-----

10 Write in the space provided, the method(s) of contraception that would be contra-indicated in the presence of the following conditions:

<u>CONDITION</u>	<u>ANSWER</u>
A. Severe headaches	-----
B. Hypertension	-----
C. Recent history of Pelvic information diseases	-----
D. Sickles Cell Disease	-----
E. History of ectopic pregnancy	-----
F. Thrombo-embolic disorders	-----
G. Severe cystocele	-----
H. Child bearing not completed	-----

11 Circle the letter of the BEST answer  
Natural Family Planning method can be used by:

- A. All men and women
- B. A specific religious group only
- C. Young nullip arous only
- D. Wome only.

12 Circle the letter of the BEST answer.  
To use the Natural Family Planning method, one has to:

- A. Carry one's chart always
- B. Have strong self-awareness of one's own body changes.
- C. Keep the vulva clean by constant washing.
- D. Use a Basa Body Temperature (BBT) to check every cycle.

1

13 Circle the letter of the BEST answer.  
After a diaphragm and jelly are in place, contraception become effective after:

- A. 6 hours
- B. 4 hours
- C. 30 minutes
- D. Immediately.

14 List the exact components of ORS and their amounts.

15. Circle the letter of the Best Answer  
Which of the following would be the most common cause of diarrhea in the first year of life?

- A. Rotovirus and bacteria
- B. Malaria and respiratory infections
- C. Measles and parasite infects
- D. Malnutrition

16. Circle the letter of the Best Answer.  
Which of the following statements is true regarding the use of antibiotic and anti-diarrhea drugs in diarrheal disease?

- A. Antibiotics and Anti-diarrhea drugs should be given in every case of diarrhea. drugs
- B. Antibiotics and anti-diarrhea/are always effective in diarrhea.
- C. Antibiotics and anti-diarrhea drugs should not be used routinely in treatment of diarrhea.
- D. Antibiotics and anti-diarrhea drugs should never be given along with ORT.

17. Circle the letter of the BEST answer.  
The most Common consequence of vasectomy is:

- A. Reduction of mens sexual strength
- B. Reduction of sexual desire
- C. Impotence
- D. Absence of sperm in semen.

18. Short Answer

What is the purpose of a Pap smear? -----  
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19. Short Answer:

When teaching a client self breast exam, when is she told to do the self breat exam? -----  
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How often?  
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20. Circle the letter of the BEST answer.  
Which of the following factors inhibit ovulation ?
- A. Use of diaphragm
  - B. Tubal ligation
  - C. Hysterectomy (removal of uterus)
  - D. Oral contraceptives.
- 21 Circle the letter of the BEST Answer  
Which of the following methods would you not recommend to a woman who delivered her baby three weeks ago and is breast-feeding.
- A. Regular Oral contraceptive pills
  - B. Injectable hormonal contraceptive (Depoprovera)
  - C. Diaphragm
  - D. Condom.
22. Circle the letter of the BEST answer  
For maximal contraceptive effectiveness, the condom must be put on
- A. Just before ejaculalior.
  - B. Prior to the final insertion if there are multiple insertions of the penis.
  - C. Prior to penile-vaginal contact.
  - D. When a small amount of secretions are noted to be coming from the penis.
23. Contraceptive effects of lactation may well be preventing more births on a global scale than any other method of birth control.
- A. True
  - B. False.
24. Circle the letter of the BEST answer  
Worldwide, the most popular method of birth control for married couples over 30 years of age is now:-
- A. Rhythm
  - B. Oral Contraceptives
  - C. Sterilization
  - D. Depoprovera
  - E. Intrauterine contraceptive devise.
2. Circle the letter of the BEST answer  
Tubal Ligation
- A. Is likely to change a woman menstural cycles
  - B. Causes atrophy of the ovary,
  - C. Is always 100% effective
  - D. Prevents ovum transport.