

AWARENESS Project
**Lactational Amenorrhea
Method (LAM) Projects in India**



Submitted by:
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Georgetown University
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The *Institute for Reproductive Health* with Georgetown University in Washington, D.C., is a leading technical resource and learning center committed to developing and increasing the availability of effective, easy-to-use, natural methods of family planning.

The purpose of the AWARENESS Project was to improve contraceptive choices by expanding natural family planning options and developing new strategies and approaches to increase the reproductive health awareness of individuals and communities in developing countries.

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The AWARENESS Project

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EXECUTIVE SUMMARY

In 2006, the U.S. Agency for International Development (USAID) asked the Institute for Reproductive Health, Georgetown University (IRH) to resume the role of providing technical assistance for the Lactational Amenorrhea Method (LAM), which IRH had developed under a previous project. In light of the weak state of LAM programs worldwide, IRH developed and pilot tested strategies to reinvigorate LAM. This included emphasizing LAM's potential to serve as a gateway to other family planning methods, simplifying messages to clients, and streamlining training and counseling for LAM.

To pilot IRH's approach to LAM, IRH engaged in programs to integrate LAM in three countries: Mali, Burkina Faso, and India. This report focuses on the experience in India. IRH worked with three non-governmental organizations (NGOs) in rural areas of India to incorporate LAM¹ into their programs. These organizations were World Vision in Uttar Pradesh, URMUL Seemant in Rajasthan, and People's Rural Education Movement (PREM) in Orissa. All three organizations offered LAM through community level workers as part of a basket of family planning methods.

IRH provided training materials and trained master trainers, who then trained providers on LAM. The LAM training consisted of simplified client messages, emphasized the importance of the timely transition to another family planning method following LAM use, and was presented in a streamlined format that fit within one day. In addition, IRH provided job aids and client cards in Hindi to each organization to assist in counseling and method use.

Table i: Summary of LAM Service Delivery Statistics

Organization	# of master trainers trained on LAM	# of providers trained on LAM	# of villages with trained providers	# of LAM users
World Vision	15	47	156	742
URMUL Seemant	23	269	100	345
PREM	32	497	497	454
Total	70	813	753	1541

Overall, it appeared that LAM was acceptable to women in these communities. As many women were already breastfeeding, they found LAM relatively easy to adopt. The method appealed to many women because it has no side effects and does not require any commodity. Program personnel felt that incorporating LAM would provide more choice to postpartum women as there are few methods available for breastfeeding women in rural communities in India.

That LAM was an attractive option for many postpartum women and that it could be offered easily at the community level are strong justifications for its inclusion into

¹ The Standard Days Method® (SDM) also was incorporated into their programs, but this report focuses on LAM.

programs. However, a more rigorous assessment would be needed to support the claim that LAM can serve as a transition method and bring more women to family planning.

Since these LAM projects are relatively new, having begun in the fall of 2006, there was not enough time for them to have had a measurable impact. Nevertheless, lessons learned from these projects that can be applied to future projects in India include the following:

Training

- Providers need to be trained on the importance of distinguishing breastfeeding to avoid pregnancy from LAM and how to counter misconceptions about the effectiveness of LAM during counseling.

Supervision

- A strong supervision and follow-up strategy should be in place to identify and resolve barriers to LAM counseling and use.

Counseling

- LAM can be successfully offered by community level providers, even those who are illiterate.
- There is a need for more information to understand the potential and comparative usefulness of offering LAM at different opportunities, such as antenatal visits, labor and delivery, and post-partum visits.

Clients

- LAM appears to be a relatively easy method for women to adopt in communities where breastfeeding is widely practiced.
- More information is required to understand clients' ability to successfully transition to another method after using LAM.

Behavior Change Communication (BCC)

- While door-to-door visits by community health workers are an effective way of raising awareness about LAM, BCC activities in the community such as street plays, posters, pamphlets, television broadcasts, and, where appropriate, separate meetings for men and women to discuss LAM would help to spread the word.
- There is a need to revise and field test LAM materials including the LAM Checklist and the Client Card to ensure they are appropriate and relevant for very low literacy populations and non-Hindi-speaking areas.

Policy and advocacy

- Organized advocacy efforts will be needed to ensure that LAM is included in local policies and guidelines and that a supportive environment for sustainable LAM services is created. LAM Champions need to be identified.

Sustainability

- Ensuring continued LAM services will require reinforcement through refresher trainings and supervisory visits from partner organizations and IRH/India, as well as continued BCC efforts.

There may be opportunities for future collaboration with these organizations by integrating LAM on a broad scale into their ongoing programs. Advocacy will be needed with partners in the government and other NGOs to include LAM in service delivery and incorporate it into their training curricula and BCC materials.

Now that LAM has been introduced, further research could be conducted to assess the potential of LAM to serve as a gateway to other family planning methods and to learn how it may best be offered. At the community level, it is only feasible to collect the most basic data as part of regular service delivery. For this reason, an operations research or pilot study may be needed to address some of these issues.

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ACRONYMS

AWW	Anganwadi Workers
ANM	Animators
BCC	Behavior Change Communication
CBO	Community-based Organization
CEDPA	The Centre for Development and Population Activities
CHW	Community Health Workers
CYP	Couple Years of Protection
GOI	Government of India
GSS	Gram Swast Sevika
ICDS	Integrated Child Development Scheme
IEC	Information, Education, and Communication
IRH	Institute for Reproductive Health, Georgetown University
IUCD	Intrauterine Contraceptive Devices
KIT	Knowledge Improvement Tool
LAM	Lactational Amenorrhea Method
MIS	Management Information Systems
NFHS	National Family Health Survey
NGO	Non-governmental Organizations
PREM	People's Rural Education Movement
SDM	Standard Days Method®
SHG	Self-help Group
SIFPSA	State Innovations in Family Planning Services Project Agency
UP	Uttar Pradesh
USAID	United States Agency for International Development

1. INTRODUCTION

Recent surveys in India have indicated a high level of knowledge of family planning methods among eligible couples. In spite of this, acceptance of these methods remains low, especially for birth spacing. According to the most recent National Family Health Survey (NFHS-3, 2005-06), the unmet need for family planning across India is 13.2%, of which 6.3% is for spacing. Use of any method of family planning is lower in rural areas (53%) than urban areas (64%). The lack of access to good quality family planning services and limited choice of family planning methods are major causes for this disparity.

To address unmet need, the Government of India (GOI) is making strides in expanding contraceptive options. For many years, contraceptive choices provided by government family planning providers have been limited to intrauterine contraceptive devices (IUCD), condoms, oral contraceptive pills, vasectomy and tubectomy. Emergency contraceptive pills were added into the National Family Welfare Program in 2002. More recently, however, the GOI's ongoing efforts to expand contraceptive options have resulted in the inclusion of the Standard Days Method[®] (SDM), Lactational Amenorrhea Method (LAM), injectable, female condoms and Centchroman in the Reproductive/Child Health-II Program Implementation Plan.

The Institute for Reproductive Health, Georgetown University (IRH) has been working in India since 2001 to integrate the SDM into family planning programs. Although IRH was involved in the development of LAM in the 1990s, providing technical assistance on LAM was not a mandate for IRH for many years. Consequently, LAM was never a focus of IRH's work in India, although IRH-India included LAM in contraceptive technology updates.

In 2006, U.S. Agency for International Development (USAID) asked IRH to resume its work in LAM. At that time, worldwide data indicated that LAM was being underutilized in spite of its potential to contribute to birth spacing for postpartum women, to serve as a gateway to other modern methods, and to support breastfeeding. Interviews conducted by IRH and JHPIEGO staff (through the ACCESS-FP project) with a few selected stakeholders indicated that this may have been due to a perception that LAM was too complex, that it would only provide a small amount of protection (0.25 couple years of protection [CYP]) for the woman (rather than serving as a gateway method), and that service providers and community workers needed more guidance for how to integrate LAM messages into counseling sessions. Consequently, IRH developed a strategy to reinvigorate and revitalize LAM as a gateway to other modern methods and began to pilot this strategy in three countries: Mali, Burkina Faso, and India.

In 2006-2007, IRH worked with three NGO partners in India to integrate LAM into family planning services: World Vision in Uttar Pradesh (UP), URMUL Seemant in Rajasthan, and People's Rural Education Movement (PREM) in Orissa. As described in this report, all three of these projects involved training community health workers to bring both the SDM and LAM to underserved populations in rural areas. During this time, IRH also

began training master trainers in LAM through the State Innovations in Family Planning Services Project Agency (SIFPSA) in UP. However, LAM services through SIFPSA were to commence at a later date and therefore are not described in this report.

2. PROGRAM STRATEGY

The strategy that IRH developed to revitalize and reposition LAM involves several key components. First, it required that the importance of a timely transition to another modern family planning method should be emphasized during LAM counseling, from the initial contact and at all follow up contacts. An increased emphasis on a timely transition helps women to be prepared to begin using another method immediately once they no longer meet the criteria for LAM use. In this way, LAM serves as a “gateway” to other family planning methods.

Second, the revised approach incorporated simplified messages to the client, particularly at the community level. For example, the requirement that women be “fully or nearly fully breastfeeding” was taught to the client as “exclusive breastfeeding,” or no other foods or liquids besides breastmilk, to eliminate the confusion around how much complementary food should be allowed. In addition, rather than providing a definition of the return of menses that may be difficult to understand or remember, clients are taught that they may no longer use LAM after having had bleeding of any type or duration after two months postpartum.

Third, training, counseling, and information, education, and communication (IEC) materials were streamlined to keep training and counseling time to a minimum while conveying the key messages about the method and emphasizing a timely transition.

Finally, the strategy specified that LAM services should be offered through different types of programs (for example, family planning programs, maternal and child health programs, antenatal visits, labor and delivery contacts, postpartum visits, and well-baby checkups) in order to take advantage of all opportunities to reach pregnant and postpartum women with information about LAM.

Capacity Building

To put the revised strategy into practice, IRH designed a streamlined and focused training that incorporated the aforementioned concepts. The training materials were adapted from existing LAM training materials, including LINKAGES’ LAM training materials, and included a training manual, participant notebook, and PowerPoint presentation.

IRH/India translated the materials provided by IRH/Washington into Hindi for use in India. (In the case of PREM, it was translated into Oriya.) The Hindi versions of the training manual, participant notebook, and PowerPoint presentation are included in Appendix A. In practice, IRH/India presented the PowerPoint material on a flip chart rather than a projector screen.

Since the three projects discussed in this report integrated both LAM and the SDM simultaneously, the trainings were typically two days, with one day spent on the SDM and one day on LAM. (In Mali and Burkina Faso, LAM training was also one day, although it was not necessarily accompanied by an additional day of SDM training.)

To monitor the quality of services and ensure that the concepts presented in the trainings were reflected in provider practices, IRH utilized the Knowledge Improvement Tool (KIT). The KIT is a checklist that contains key questions about LAM and how it should be offered (Appendix B). IRH trained program staff to implement the KIT after providers had been counseling on LAM for several months. The information from the KIT was then utilized in refresher trainings and updates for the providers.

Tools

IRH designed two key pieces of material to assist in LAM counseling and use: a LAM Checklist and a Client Card. The LAM Checklist is a provider job aid designed to help screen clients for eligibility and deliver the key messages to the clients. The Client Card was designed as a handout for clients. Providers were to explain the messages in the Client Card while offering LAM and give the card to clients to take home to remember the messages and share them with their family. These materials were translated into Hindi and adapted for the Indian context. The Hindi versions are included as Appendix C.

Counseling

LAM counseling was designed to take approximately 15-20 minutes. As stated previously, providers were taught to utilize all available opportunities to counsel on LAM, including prenatal visits, labor and delivery, postpartum visits, and well baby visits.

Service statistics

In all organizations, LAM was integrated into the record keeping system in order to keep track of the number of users. Supervisors were to collect this information from the community level workers on a monthly basis.

The following sections of this report describe IRH's work in UP with World Vision, in Rajasthan with URMUL, and in Orissa with PREM.

3. LAM PROJECT IN UTTAR PRADESH WITH WORLD VISION

3.1 Background

Contraceptive prevalence in UP is low, while fertility is high; NFHS-3 data indicates a total fertility rate of 3.8, compared to the national average of 2.7. Only 43.6% of married women of reproductive age use any family planning method. The use of modern spacing methods is particularly low, at 29.3%, while 14.3% of women use a traditional method (NFHS-3).

While social factors such as high levels of illiteracy and poverty, poor access to and availability of information and services, and gender-based inequities constrain family

planning use, policy and program factors such as limited contraceptive choices, poor quality services and an emphasis on non-reversible methods also limit contraceptive prevalence in the state. There is a need to focus on high quality services which better meet the needs of clients, including expanding options to include fertility awareness-based methods such as the SDM and LAM.

World Vision conducted operations research to determine the effect of offering the SDM and LAM on contraceptive use among postpartum women and to assess the feasibility of this integration. This research was carried out in the Garwar and Hanumanganj blocks of Ballia district, where Garwar was the intervention block and Hanumanganj was the control. The final report of this research is not yet available. However, IRH's involvement with LAM integration is described below.

3.2 Strategy

IRH/India provided technical assistance to World Vision/India to integrate the SDM and LAM into World Vision's USAID-funded Pragati Child Survival Project. The main objective of this project was to take a focused set of child survival and family planning interventions to scale in 2-3 districts of UP. IRH provided limited training and program support to integrate LAM and SDM into family planning services provided by community health workers in specific project areas within the Ballia district of UP.

In project areas, family planning counseling was provided by community level workers called Gram Swast Sevika (GSS). The intervention consisted of training providers and supervisors on the SDM and LAM, including these two methods in family planning counseling, and offering supportive supervision to providers offering these two methods.

Over the course of IRH's involvement in this project, World Vision provided information to IRH in the form of quarterly reports of service statistics and numbers trained. Additional data was obtained through conversations with World Vision/India staff during site visits and report of the results of the KIT implementation.

The resources for IRH technical assistance were provided by IRH/Washington through the AWARENESS Project's core funds.

3.3 Results

Training

Training on LAM (and the SDM) occurred in 2 rounds (Table 1). First, IRH/India staff trained trainers and field supervisors in LAM and the SDM in September 2006. Since they had been trained in LAM by the Centre for Development and Population Activities (CEDPA) prior to this date, this served as a refresher training and update on the revised messages. In November, IRH/India staff supported trainers and field supervisors to train community level providers.

Table 1: LAM Trainings in World Vision Project Areas

Type of training	Provider type	Time of training	Number trained
TOT	Master Trainers and field supervisors	September 2006	15
Providers	Community level – Gram Swast Sevika (GSS)	November 2006	47

Pre- and post-tests were conducted for World Vision master trainers and providers. Master trainers' average post-test score was 19 out of 20. Community level providers average post-test score was 20 out of 25.

Supervision

In this project, GSS workers were supervised during regular community visits by the field supervisors. LAM supervision was included as a component in these visits.

To assess and reinforce provider knowledge about LAM, the KIT was applied to 46 GSS. KIT was conducted by Field Supervisors during field visits. Analysis of KIT data showed 73% of correct knowledge on general information on LAM, 87% correct knowledge on eligibility criteria and 79% correct knowledge on transition from LAM.

Counseling

The community level providers who were trained on LAM offered it in the community through home visits. Since each GSS covers a population of between 3000 and 5000, the 47 trained providers were able to cover 156 villages in one block.

Project supervisors obtained feedback from providers during field visits and monthly meetings. This feedback was then described in conversations with IRH staff. According to supervisors, providers reported that postpartum visits were the most utilized opportunity to offer LAM. Providers felt that, although discussing LAM during the prenatal period is important, reinforcing the conditions focusing LAM during the immediate post partum and post partum period was more effective, as it helped the client to retain the information when they actually started using the method.

Supervisors also reported that the providers found both the LAM Checklist (job aid) and Client Card useful. However, it was unclear how often they used them or whether they distributed the Client Cards.

In conversations with IRH staff, World Vision project supervisors reported that, since exclusive breastfeeding was a common practice in the communities, women found LAM easy to accept. Also, women were familiar with the concept that breastfeeding in some form can be used to avoid pregnancy.

Supervisors observe that clients tended to be satisfied with the LAM counseling they received. LAM counseling serves to reinforce their desire to breastfeed and to use breastfeeding as a means to prevent pregnancy. However, due to a lack of understanding regarding how and under what circumstances breastfeeding can be used

in this way, it was important for providers to emphasize that LAM involves more than “just breastfeeding” and to reiterate the other two LAM criteria.

Clients

As of March 2007, 742 women had adopted LAM in the World Vision pilot project area. Data was not recorded on how many of these women adopted LAM as a result of a prenatal contact, labor and delivery visit, postpartum visit, or well-baby visit, or on how many of these LAM users were first time family planning users.

Although the approach to LAM counseling taught by IRH emphasizes the need to transition to another method once LAM is no longer relevant, IRH does not have access to the client registers which contain this information. The percent of LAM users transitioning to other methods has not been computed by World Vision, nor is it typically computed by any of IRH’s NGO partners.

According to supervisors, clients correctly understand LAM criteria after they have been counseled. They report that clients are able to identify the principal benefits of LAM as a healthy mother and child.

Supervisors also observe that clients appear satisfied with the method itself. Before adopting LAM, most of the couples were either using condoms inconsistently or were not using any method during the postpartum period. LAM appears to be a good option for these couples as it helps them understand how they can use breastfeeding to avoid pregnancy.

However, some women have faced challenges in using LAM. Supervisors have indicated that many women in the agricultural sector need to be away from home for long hours and therefore are unable to breastfeed their child frequently. These women were counseled to adopt other methods.

Behavior Change Communication

In the World Vision project area, the BCC strategy depended on interpersonal communication, as the program was based on monthly home visits by community health workers to pregnant women and women with newborns. Information about LAM was also disseminated through village meetings.

The client card was designed for clients to take home. Supervisors of World Vision observed that the client card was easily understood by both providers and clients. However, the extent to which providers utilized the client card during counseling and provided it to clients is unclear.

Sustainability

LAM and SDM have been integrated into World Vision’s training activities, but only for the blocks included in the study. In these blocks, new providers will be trained by the master trainers. LAM has also been included in management information systems

(MIS). Ensuring continued LAM services will require reinforcement through refresher trainings and supervisory visits as well as continued BCC efforts.

Although World Vision's Pragati project ended in September of 2007, it has received funding through USAID's Flex Fund for a new project in four additional districts in UP. The SDM and LAM have been included in the new project, although the details regarding how SDM and LAM services will be maintained and expanded through the project were unavailable at the time this report was written.

4. LAM PROJECT IN RAJASTHAN WITH URMUL SEEMANT

4.1 Background

In Rajasthan, rural desert communities have a high unmet need for family planning and a particular need for birth spacing methods. According to NFHS-3, the unmet need for birth spacing in Rajasthan is 7.3%, with the greatest unmet need occurring in the rural desert areas of the state. While 47.2% of women use any family planning method, 35% use a permanent method, representing 74% of all family planning users. Traditional method use is 2.8%. Use of birth spacing methods is low due to a lack of awareness, limited choices, and low access to quality services.

The mission of URMUL Seemant, an NGO based in Rajasthan, is to provide quality health care to the underserved, especially women and children, in rural areas of Rajasthan. It operates in over 355 villages in the Kolayat and Bikaner blocks of the Bikaner district and the Bap block of the Jodhpur district, providing much-needed services to highly scattered desert populations.

URMUL Seemant has a wide network of community health workers (CHWs) called *Swasthya Karmis* who have been trained on providing primary health care at the village level, including preventive and curative care. URMUL works to improve knowledge and practice through outreach activities and capacity building of these CHWs as well as through community-based organizations (CBOs) and self-help groups (SHGs).

In the Kolayat (rural) and Bikaner (urban) blocks of Bikaner district, URMUL is implementing the Integrated Child Development Scheme (ICDS). ICDS is a program of the Government of India designed to improve maternal and child health through the placement of Anganwadi workers (community health and nutrition workers) at the village level. The program incorporates safe delivery and newborn care, immunization, nutrition, growth monitoring, and preschool education. Target groups include pregnant and lactating mothers, children up to six years of age, and adolescent girls.

4.2 Strategy

In 2006, URMUL began a pilot project to incorporate the SDM and LAM into its family planning program in rural Rajasthan. The objective of this program was to develop

sustainable local capacity to provide the SDM and LAM to eligible couples and to increase knowledge of, access to and use of family planning.

In this project, LAM was offered through URMUL's wide network of *Swasthya Karmis* through home visits in rural, hard-to-reach communities in the Kolayat block of Bikaner district of Rajasthan. Anganwadi workers (AWW) also offered LAM at their Anganwadi centers.

IRH established a subagreement with URMUL Seemant to provide funding and technical assistance in the form of program design, capacity building, development of the BCC strategy, provision of BCC materials, supportive supervision and documentation of experiences.

Data was obtained through quarterly reports containing service statistics and numbers trained, conversations with supervisors and project managers during site visits, and focus group discussions with LAM users and non-users that were conducted as part of a qualitative study conducted by IRH. The KIT was also administered by URMUL supervisors to assess and reinforce provider knowledge.

The resources for these activities (approximately \$15,000) were provided by IRH/Washington through the AWARENESS Project's core funds.

4.3 Results

Training

IRH trained 23 master trainers in October 2006 in a two-day training that included one day focusing on the SDM and one day on LAM. These master trainers trained *Swasthya Karmis* and AWW in batches beginning in October 2006. After assessing provider knowledge and skills using the LAM Knowledge Assessment Tool (KIT) developed by IRH, URMUL trainers planned and conducted a one-day refresher training in February 2007. The number and type of providers trained in LAM through URMUL Seemant since October 2006 is shown in Table 2.

Table 2: LAM Trainings, URMUL Seemant

Type of training	Provider type	Time of training	Number trained
TOT	Master trainers	October 2006	23
Providers	Community level	Oct 2006-March 2007	269

Pre- and post-tests were conducted for master trainers of URMUL. The average post-test score for master trainers was 17.4 out of 20. Pre/post tests and evaluation forms for the community level providers of URMUL were not conducted, as most of them are illiterate.

IRH received feedback on the training through conversations with URMUL supervisors. Supervisors indicated that the training duration was sufficient for explaining all the components of the method, and that the information provided was sufficient for the providers to understand the method and learn the necessary counseling skills for screening clients and providing the method.

Supervisors also offered ways that the training could be improved. They reported that providers felt that the explanation of breastfeeding definition was rather complicated (in spite of IRH's efforts to simplify it) and that the concept of exclusive breastfeeding could be explained in a simpler way. Participants also suggested that using more case studies on screening and role plays on counseling would improve the training.

Supervision

URMUL's supervision system consists of extensionists who supervise *Swasthya Karmis* in 220 villages. However, only two such extensionists were funded under this project to supervise SDM and LAM activities and were trained to implement the KIT to assess provider knowledge of SDM and LAM.

In the Anganwadi network, there is one supervisor per 25 AWWs. Supervisors hold monthly meetings with the AWWs, however it is unclear how often LAM is addressed in these meetings.

The KIT was applied to approximately 130 providers by supervisors. Analysis of KIT data showed that correct knowledge of general information on LAM was 69%, review of eligibility criteria was 86%, and provision of instructions for switching to other family planning methods was 86%. These scores suggest that competence was satisfactory, that the community level workers conveyed the importance of transitioning to another method that was emphasized during the training, and that illiterate workers can understand LAM components well.

Counseling

In project areas, *Swasthya Karmis* and AWWs offered LAM counseling in the community through home visits. AWWs in these areas also offered LAM at their Anganwadi centers. All providers offered LAM as part of their family planning program and counseled on all methods, including LAM and the SDM. Altogether, the coverage area was 100 villages in one block (Kolayat block) of Bikaner district.

IRH received feedback from URMUL staff regarding utilization of different opportunities to counsel on LAM. Based on feedback from *Swasthya Karmis* and AWWs, supervisors reported that providers found it difficult to offer LAM during labor and delivery and the immediate post partum period, as women were preoccupied with childbirth at that time. For that reason, while the providers counseled the women to initiate breastfeeding immediately, they were not very comfortable bringing up LAM at that time. As with World Vision providers, providers in the URMUL project generally felt that the most appropriate time to offer LAM was the post partum period.

Supervisors reported that opportunities used for counseling varied with the type of provider. As many of the *Swasthya Karmis* functioned as traditional birth attendants, they most often utilized the immediate post partum contact and post partum visits to discuss LAM. In contrast, since AWWs tended to focus on maternal and child health, they generally taught LAM during prenatal visits and child immunization visits.

Another factor in counseling is the amount of time available to the provider. URMUL *Swasthya Karmis* generally had more time to offer LAM than did AWWs. Some AWWs found it difficult to offer LAM counseling due to their other tasks. Project supervisors felt that it may take more time in order for them to fully integrate the method into their activities.

In conversations with IRH staff, URMUL supervisors explained that LAM is not a new concept in the URMUL project area. Breastfeeding is very common, and many women breastfeed until the child is two years old. Supervisors reported that the high prevalence of breastfeeding and high level of community support for breastfeeding facilitated LAM counseling and adoption. As a result of these factors, providers found they could spend less time discussing exclusive breastfeeding, which was already practiced by many women, and could focus their counseling on the other aspects of the method.

In spite of the acceptability of the method, in conversations with IRH staff, URMUL project supervisors indicated that there are misconceptions and skepticism in the community regarding the effectiveness of LAM as a result of confusion between LAM and breastfeeding. Many women have seen others get pregnant while breastfeeding even before their menses have returned and therefore believe that LAM is not effective. This misperception may result from lack of awareness of all of the LAM criteria, and therefore a failure to realize that the women who became pregnant while breastfeeding probably did not meet all the conditions for LAM use.

To address these concerns, the providers were reoriented by supervisors on the physiology of LAM and the need for all of the three criteria to be met in order for pregnancy to be avoided. Providers were advised to discuss the misconceptions regarding LAM while counseling clients. As a result, some providers started pointing to these misconceptions as examples to emphasize the importance of all of the LAM criteria.

IRH did not receive information on the extent to which providers utilized the LAM Checklist or the Client Card during counseling. However, URMUL staff informed IRH that the usefulness of these materials was very limited due to the high level of illiteracy both among the population and the providers themselves. These materials, in their current form, are very pictorial and have limited text; but apparently additional efforts will need to be made to develop materials appropriate for non-literate audiences.

Clients

As of March 2007, 345 women had adopted LAM in the URMUL project area. Data was not recorded on how many of these women adopted LAM as a result of a prenatal

contact, labor and delivery visit, postpartum visit, or well-baby visit, or on how many of these LAM users were first time family planning users. It is also not clear how many of these adopters were counseled by *Swasthya Karmis* as compared to AWWs.

In order to prepare to transition to another method, LAM users are counseled to adopt another method once any of the LAM criteria is no longer met. Users are counseled to choose a subsequent method in advance so they can start using it as soon as LAM becomes effective. However, it was not feasible to collect data on transition to other methods from the CHWs.

According to URMUL project supervisors, providers have observed that clients tended to be satisfied with LAM. They perceived that most of the couples who decided to use LAM either had been using condoms inconsistently or had not been using any method during the postpartum period. They felt that LAM was a good option for these couples as it helped them understand how they could use breastfeeding to avoid pregnancy. Supervisors observed that clients correctly understood the LAM criteria after they were counseled. According to project supervisors, clients identified the principal benefits of LAM as a healthy mother and child.

Focus group discussions were conducted with LAM users in the URMUL project area as part of a larger qualitative study by IRH to assess SDM and LAM integration and uptake in select areas. During these discussions, LAM users said they used LAM because it was simple, had no side effects, and required no medicine or surgery.

As previously stated, IRH does not have information regarding to what extent the Client Card was used or distributed, and URMUL staff indicated that its usefulness may be limited due to the high degree of illiteracy in the project area. For this reason, URMUL suggested that a pictorial version of the LAM client card is needed. In a focus group discussion, a LAM user stated that she was shown an informational card by an AWW, but the card was retained by the AWW.

Behavior Change Communication

Although the extent to which the providers utilized the Client Card is unclear, URMUL utilized a variety of other means to communicate method-specific information and messages pertaining to healthy timing and spacing of pregnancies to clients and other community members. For example, LAM was integrated into posters that depicted a basket of family planning methods. These posters were distributed to all providers in project areas (one poster per provider). Additional strategies to reach community members included the following:

- Home visits by community level providers
- Wall paintings
- Wall writing
- Street plays about SDM, LAM and other methods
- Village meetings

In focus group discussions, LAM users stated that street plays, posters, and door-to-door visits, especially for illiterate women, were effective ways of raising awareness about the method. Data was not collected on how many people were reached by BCC activities.

Male involvement

URMUL supervisors informed IRH that men tended to be supportive of LAM use. Efforts made to reach out to men included community meetings with male members and use of street theater and folk media. However, no organized feedback was received regarding how satisfied men were with LAM.

In focus group discussions, some LAM users reported that the provider who visited her home and offered her the method also discussed the issue with her husband and convinced him to support her in method use. Participants also suggested that separate meetings should be organized for women and men to provide a more comfortable environment for discussing the method and asking questions.

Policy and advocacy

To foster a supportive environment for LAM services and the expansion of LAM availability beyond project activities, IRH and URMUL began to engage facility level workers to spread information on LAM. As part of this effort, IRH and URMUL held an orientation meeting on the SDM and LAM for medical officers and animators (type of providers known as ANMs) at the Kolayat primary health center.

Sustainability

The SDM and LAM were integrated into URMUL's standard training curriculum in the blocks served by this project. New providers will be trained by the master trainers. In addition, LAM has been included in URMUL's MIS in these same blocks. However, the incorporation of LAM and SDM in all of URMUL's programs beyond this project area will require additional efforts.

5. LAM PROJECT IN ORISSA WITH PREM

5.1 Background

Approximately 51% of married women in Orissa use any family planning method (NFHS-3). Use of permanent methods is 34%, while only 12% of women use a modern spacing method. Traditional method use is approximately 5%. The unmet need for spacing is 7%, while the total unmet need for family planning is 15%. In tribal areas, family planning use is particularly low, contributing to high rates of maternal and infant mortality. Many couples in the tribal areas practice traditional methods of family planning. However, the vast majority lack the knowledge and skills to use these methods correctly. Fifty percent of children aged zero to five months are exclusively breastfed.

PREM has been working in the tribal areas of Gajapati and Puri districts of Orissa for

the past two decades. The organization works predominantly with tribal, Dalit (“untouchable”) and fisherman communities with the objective of empowering the communities for sustainable development. At present, PREM is working with 500 villages reaching out to 30,000 households in these two districts. These villages are situated in remote areas that are beyond the reach of most health services.

Although PREM had limited experience in family planning prior to this project, its leadership was interested in expanding the existing choices provided through the government and private sectors and introducing natural methods that may appeal to traditional method users.

5.2 Strategy

PREM began the process of integrating the SDM and LAM into their work in 2006, with technical support from IRH. PREM hoped that expanding the basket of contraceptive choices would result in an increase in the number of couples using family planning. During the first phase of integration, PREM focused on building the capacity of their staff and community level providers to educate community members about birth spacing, raise awareness of the availability of the SDM, and provide the SDM through village pharmacies. During the initial phase of the project, approximately 60 staff were trained on the SDM and other methods in two-day trainings conducted by IRH and its then-affiliate partner, CEDPA.

Subsequently, several PREM staff members were selected to train 1023 community health workers in 480 villages in the two project districts on birth spacing methods, with a focus on the SDM and LAM. The range of providers trained included primarily village pharmacists, community health workers, primary school teachers and traditional birth attendants. Apart from the service providers, 32 promoters and eleven supervisors were trained on the SDM and LAM.

In the second phase (2007), PREM continued to build the capacity of its staff and community workers to educate community members about birth spacing. It also engaged other NGOs within its network through orientations and trainings on LAM and the SDM in order to expand method availability.

Data comes from quarterly reports submitted to IRH by PREM, conversations with PREM supervisors during site visits by IRH, and focus group discussions that IRH conducted as part of a qualitative study.

IRH provided funding and technical assistance for this project through a subagreement with PREM. The resources for these activities (approximately US \$7,000) came from IRH/Washington through AWARENESS Project core funds.

5.3 Results

Training

The number and type of providers trained in Orissa with PREM in 2007 is indicated in Table 3. The trainings followed the format of the training curriculum provided by IRH/Washington; however, the training manual provided was translated into Oriya.

Table 3: LAM Trainings in Orissa

Type of training	Provider type	Time of training	Number trained
TOT	Master trainers	2007	32
Providers	Community level	2007	497

Counseling

LAM was offered in the project areas by community level workers. The project encompassed 497 villages, spread throughout four blocks.

Based on feedback from providers, supervisors reported to IRH that clients were generally satisfied with the LAM counseling they received. In project areas, breastfeeding was commonly used as a means to prevent pregnancy. Beneficiaries of LAM counseling felt that the counseling gave them the knowledge to be able to use breastfeeding as part of a strategy to more effectively prevent pregnancy.

IRH did not obtain information from PREM regarding other aspects of counseling, including the use of various opportunities for counseling or the use of visual aids.

Supervision

Providers were supervised during community visits by the field supervisors. Unlike in the two LAM projects previously discussed, the KIT was not implemented in PREM project areas, and information was not obtained regarding areas for strengthening and reinforcement.

Clients

As of March 2007, 454 women adopted LAM in the PREM project area. Although IRH is interested to know how many of these women adopted LAM as a result of a prenatal contact, labor and delivery visit, postpartum visit, or well-baby visit, and how many of these LAM users were first time family planning users, this data was not collected, as it would have required a more complex reporting mechanism than PREM used.

During focus group discussions, users of LAM expressed their satisfaction with the method because it is simple and has no side effects. For this reason, they preferred it to the pill.

Behavior Change Communication

PREM conducted BCC activities to increase awareness and knowledge of the SDM and LAM and to promote healthy timing and spacing of pregnancies. These included street theatre using folk media, distribution of posters and pamphlets, and demonstrations and

exhibitions in community forums. Interpersonal communication such as home visits and village meetings were an integral part of the BCC strategy. Data were not collected on how many people were reached by BCC activities.

During focus group discussions, LAM users suggested that more could be done to raise awareness of the method, including street plays, posters, pamphlets, television broadcasts, and door-to-door visits.

“Didi (female community health worker) should do more door-to-door visits to promote the method.”
-LAM user, PREM project area, Orissa

Male involvement

Supervisors reported that men were supportive of LAM use. Efforts made to reach out to men included community meetings with male members and use of street theater and folk media. However, no feedback was received regarding how satisfied men were with LAM.

Sustainability

LAM has been integrated into PREM’s training in the blocks covered by this project, so that new providers will be trained by the master trainers. Ensuring continued LAM services will require reinforcement through refresher trainings and supervisory visits as well as continued BCC efforts. LAM has been included in the MIS although not into PREM’s organizational guidelines and policies.

6. DISCUSSION

In 2006, IRH initiated projects in a few countries, including the three projects described here, to pilot the revised approach to LAM that included an increased emphasis on the timely transition to another method and simplified messages pertaining to the criteria for LAM use. These pilot projects were not designed as a study to evaluate this new strategy, but rather were implemented as a means to gain some experience that would enable IRH to improve LAM programming in the future and set the stage for future studies.

Overall, it appeared that LAM was acceptable to women in these communities. As breastfeeding is a common practice, women found LAM relatively easy to adopt. The method appealed to many women because it has no side effects and there is no commodity required. The projects demonstrated that LAM can be offered by community level providers; even those who are illiterate were able to grasp the message emphasizing the importance of transitioning to another method. Program personnel felt that incorporating LAM would provide more choice to postpartum women as there are very limited methods available for breastfeeding women in rural communities in India.

That LAM was an attractive option for many postpartum women and that it could be offered easily at the community level are strong justifications for its inclusion into programs. However, to support the claim that LAM can serve as a transition method and bring more women to family planning, it will be necessary to assess the extent to which

women transition to other methods in a timely manner. Most organizations' normal reporting mechanisms are not sophisticated enough to capture data on transition. This would be most suited for a special study.

Although community workers were able to successfully grasp the essential points of LAM counseling after one training, the projects demonstrated the value of supervision and refresher training. Follow up with the community level workers enabled supervisors to identify difficulties caused by misconceptions about LAM. This enabled program staff to equip the workers with the necessary information and tools to counter these misconceptions. LAM programs would likely benefit from more field supervision. IRH faced challenges as these programs were quite geographically isolated and far from IRH's other work.

Spreading the word in the community through door-to-door visits was an essential strategy. Although in some instances other BCC efforts were also utilized, it would be worthwhile to do a more thorough examination of the effectiveness of different strategies of BCC and how many people they may reach. In addition, more attention is needed to the production of materials for both providers and clients that are suitable for very low literacy and non-literate populations and are culturally appropriate. BCC strategies that target men could also be explored.

As part of this project, there were only minimal organized advocacy efforts directed towards LAM. It is hoped that the results from this LAM initiative can be shared with other partners and support advocacy efforts. "LAM Champions" could also be identified to advocate for LAM.

7. CONCLUSION

Table 4 summarizes the total number of master trainers and community level providers trained on LAM as well as the number of LAM users in project areas as of March 2007.

Table 4: Summary of LAM Service Delivery Statistics

Organization	# of master trainers trained on LAM	# of providers trained on LAM	# of villages with trained providers	# of LAM users
World Vision	15	47	156	742
URMUL Seemant	23	269	100	345
PREM	32	497	497	454
Total	70	813	753	1541

Since these LAM projects are relatively new, having begun in the fall of 2006, there was not enough time for them to have had a measurable impact. Nevertheless, lessons learned from these projects that can be applied to future projects in India include the following:

Training

- Providers need to be trained on the importance of distinguishing breastfeeding to avoid pregnancy from LAM and how to counter misconceptions about the effectiveness of LAM during counseling.

Supervision

- A strong supervision and follow-up strategy should be in place to identify and resolve barriers to LAM counseling and use.

Counseling

- LAM can be successfully offered by community level providers, even those who are illiterate.
- There is a need for more information to understand the potential and comparative usefulness of offering LAM at different opportunities, such as antenatal visits, labor and delivery, and post-partum visits.

Clients

- LAM appears to be a relatively easy method for women to adopt in communities where breastfeeding is widely practiced.
- More information is required to understand clients' ability to successfully transition to another method after using LAM.

Behavior Change Communication

- While door-to-door visits by community health workers are an effective way of raising awareness about LAM, BCC activities in the community such as street plays, posters, pamphlets, television broadcasts, and, where appropriate, separate meetings for men and women to discuss LAM would help to spread the word.
- There is a need to revise and field test LAM materials including the LAM Checklist and the Client Card to ensure they are appropriate and relevant for very low literacy populations and non-Hindi-speaking areas.

Policy and advocacy

- Organized advocacy efforts will be needed to ensure that LAM is included in local policies and guidelines and that a supportive environment for sustainable LAM services is created. LAM Champions need to be identified.

Sustainability

- Ensuring continued LAM services will require reinforcement through refresher trainings and supervisory visits from partner organizations and IRH/India, as well as continued BCC efforts.

These projects have demonstrated that LAM helps to fill the need for a birth spacing method for breastfeeding women. LAM appeals to many women because it is low cost, requires no commodity, has no side effects, and is good for their babies. Including LAM as an option in family planning programs helps expand options for women and enables

family planning programs to meet the needs of more women, particularly breastfeeding women.

There may be opportunities for future collaboration with these organizations by integrating LAM (and SDM) on a broad scale into their ongoing programs. Advocacy will be needed with partners in the government and other NGOs to include LAM in service delivery and incorporate it into their training curricula and BCC materials.

Now that LAM has been introduced, further research could be conducted to assess the potential of LAM to serve as a gateway to other family planning methods and to learn how it may best be offered. At the community level, it is only feasible to collect the most basic data as part of regular service delivery. For this reason, an operations research or pilot study may be needed to address some of these issues.

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- ftudk cPpk Ng eghus ls de vk;q dk gS A

**ySe fof/k dSls dke djrh gS **

tc ,d cPpk ek; ds Lruksa dks pwlrk gS rks L=h ds 'kjhj esa dbZ gkeksZuy ifjorZu gksrs gSa] ftlds dkj.k nw/k T+;knk curk gS] ij] chtnkuh laca/kh dkedkt nc tkrs gSa A bl dkj.k L=h dh chtnkuh esa fMac ugha idrk vkSj fMac&foltZu ugha gksrk A fMac foltZu u gksus ds dkj.k L=h xHkkZoLFkk ls lqj{kr jgrh gS A

blfy,] ySe fof/k ds vlnkj gksus ds fy, ;g cgqr t+:jh gS fd f'k'kq dks ek; dsoy Lruiku dj, ftlls fd og Lruksa ls fu;fer :i ls nw/k ihrk jgs] mUgSa pwlrk jgs A•

ySe fof/k ds Qk;ns

- lqj{kr vkSj cgqr vlnkj rjhdk gS
- rjar vj djrk gS
- lgokl esa dksbZ ck/kk ugha igq;prk
- bl fof/k ls LokLF; dks dksbZ uqdlku ugha igq;prk

izf'k{k.k ds rjhds

izf'k{kd ds uksV~I

vc igys ls rS;kj
pkVZ }kjk ySe
fof/k dh lhekvs
ij ppkZ djsa A

crk,a fd ySe fof/k
fdruh vljnkj gS

crk,a fd ySe fof/k
dk dksbZ lkbM
bQSDV ugha gS

pj.k 3 %
lgHkkfx;ksa ls
iwNsa fd os rhu
t+:jh loky dkSu ls
gSa tks ,d ekj ls
xHkZfujks/kd ds :i

- fdLh MkDVjh ns[kjs[k dh t+:jr ugha iM+rh
- ifjokj fu;kstu lkexzh dh t+:jr ugha iM+rh
- dqN [kjpuk ugha iM+rk
- tks fL=;kj ySe fof/k dks viukrh gSa os nwlls rjhds vklkuh ls viuk ysrh gSa A

ySe fof/k dh lhek,i

ySe fof/k dk lgh bLrseky DykbUV ij fuHkZj djrk gS vkSj mls dsoy nw/k fiykus dh vknr Mkyuh iM+rh gS A

- dqN vkSjrkSa ds fy, cjkckj nw/k fiyk ikuk dfBu gksrk gS] elyu dkedkth vkSjrkSa ds fy, tks ukSdjh djrh gSa ;k dke ds flyflys esa cPps ls nwj jgrh gSa A
- ySe fof/k dsoy Ng eghuksa rd bLrseky dh tk ldrh gS A
- ySe fof/k dsoy rHkh rd vlj djrh gS tc rd L=h dk ekfld /keZ izlo ds ckn 'kq: ugha gksrk A
- ySe fof/k ;kSu jksxksa ls cpko ugha djrh A

ySe fof/k fdruh vljnkj gS

ySe fof/k 98% vljnkj gS

**D;k ySe fof/k dk dksbZ lkbM bQSDV gS **

- ugha] ySe fof/k dk dksbZ lkbM bQSDV ugha gS A bls L=h ds LokLF; ij dksbZ Hkh cjkj vlj ugha iM+rk D;ksafd f'k'kq dks Lruiku djruk ,d izkd`frd izfØ;k gS A ySe fof/k Lruiku dks c<+kok nsrh gS] ftlls ekj vkSj f'k'kq dks dbZ ykHk gksrs gSa A

ySe fof/k dh pSdfyLV

;g tkuus ds fy, fd L=h ySe fof/k dks viuk ldrh gS ;k ugha] mlls fuEufyf[kr rhu iz'u iwNsa %

- 1- D;k izlo ds ckn rqEgkjk ekfld /keZ fQj ls 'kq: gks x;k gS\
- 2- D;k rqEgkjk cPpk 6 eghus ls cM+k gks x;k

izf'k{k.k ds rjhds

esa ySe fof/k dks
viukus Is igys
iwNs tkus pkfg,A

igys Is rS;kj pkVZ
}kjk ySe fof/k dh
pSdfyLV le>k,a
vkSj gS.Mcqd esa
ySe fof/k dh
pSdfyLV Hkh
[kqyok,aA

izf'k{kd ds uksV~I

gS \

3- D;k rqe cPps dks fu;fer :i Is dqN f[kykrh
fiykrh gks vkSj yacs le; rd viuk nw/k ugha
fiykrh \

vxj **rhuksa iz'uksa** ds mRrj **^^ugha**** gSa rks
L=h ds fy, ySe fof/k **mi;qDr jgsxh** A

vxj **,d Hkh iz'u** dk mRrj **^^gk; **** gS rks L=h ds fy,
ySe fof/k **mi;qDr ugha jgsxh** A

izf'k{k.k ds rjhds

ySe dh pSdfyLV iz;ksx djus dk vH;kl

nks izfrHkkfx;ksa dks lkeus cqyk;sa vkSj muesa

,d dks xk;jo dh efgyk cuus dks dgSaA mls igyk DykbUV dkMZ nsa o ml dkMZ dks /;ku ls i<+dj le>us dks dgSa

A mls ;g Hkh crk;sa fd os dsoy ogh tkudkjh nsa tks

muls LokLF; dk;ZdrkZ iwNsa nwljk izfrHkkxh LokLF;

dk;ZdrkZ dh Hkwfedk vnk djs vkSj **ySe psdfyLV dk iz;ksx**

djds r; djs fd L=h ySe fof/k viuk ldrh ;k ugha A

IHkh izfrHkkfx;ksa ls mudh jk; iwNsa vkSj vko';drkuqlkj

izf'k{k.kd lgh mRrj Lo;a crk;sa blhizdkj ,d ,d djds **pkjksa dsl**

dk vH;kl dj;saA

izf'k{k.k ds uksV~l

ySe dh pSdfyLV iz;ksx djus dk vH;kl

igyk dsl

vkidk uke eatq gSA vkidk NksVk cPpk 4 ekg dk gSA vki mls dsoy viuk nw/k gh fiykrh gSa vkSj vHkh vkidks ekfld /keZ vkuk 'kq: ugha gqv k gSA

nwljk dsl

vkidk uke :dlkuk gSA vkidh fcfV;k 3 ekg dh gqbZ gSA vki mls viuk nw/k fiykrh gSa ij jkst+ jkr dks cksry ls xk; dk nw/k Hkh fiykrh gSa rkfd cPph jkr dks jks, ughaA vkidk ekfld /keZ vkuk 'kq: ugha gqv k gS A

rhljk dsl

vkidk uke jek gS vkSj vkidk ,d csVk gS tks ik;pos eghus esa py jgk gSA 15 fnu igys vkidk ekfld /keZ vk;k Fkk blfy, vc vkidks fpark gS fd fQj xHkZ uk cSB tk,A

pkSFkk dsl

ghjk nsOh dk cPpk bl oÔZ gksyh ds le; gqv k FkkA vc uoacj dk eghuk py jgk gSA mls izlo ds ckn ekfld /keZ 'kq: ugha gqv k gSA og cPps dks viuk nw/k gh fiykrh gSA cPpk dkQh det+ksj gSA

izf'k{k.k ds rjhds

pj.k 4 % ySe fof/k dh ijke'kZ
 % ppkZ djsa fd ftl izdkj ifjokj fu;kstu ds vU; rjhds dh ijke'kZ nsuk t+:jh gS mlh izdkj ySe fof/k dh Hkh ijke'kZ nh tkrh gS A

ppkZ djsa fd ySe fof/k ds ckjs esa **ijke'kZ** nsrs le; D;k D;k lans'k nsus pkfg,]

ppkZ djsa fd L=h dsoy Lruiku djkus dk vH;kl dSls djs \

izf'k{kd ds uksV~l

ySe fof/k dh ijke'kZ nsuk

L=h dks ySe fof/k dh ijke'kZ nsuk cgqr vko';d gS rkfd og bl izkd`frd rjhds dks lgh <ix ls le> ys o bldk iz;ksx dj ldsA

xHkkZoLFkk ds nkSjku L=h dks ySe fof/k ds ckjs esa lykg nsuk 'kq: djsa rkfd os izlo ds ckn ,d ?k.Vs ds Hkhrj cPps dks nw/k fiykuk vkjEHk djs A izlo ds ckn Hkh L=h dks le; le; ij ySe fof/k dh ijke'kZ nsuk cgqr t+:jh gS

ySe fof/k ds foÔ; esa L=h dks fuEufyf[kr tkudkj nsuh pkfg,%

- ySe fof/k D;k gS
- ySe fof/k dh rhu t+:jh 'krsZa dkSu lh gSa
- ySe fof/k ds ykHk vkSj lhek,i D;k gSa
- ySe fof/k fdruh vlnkj gS
- D;k ySe fof/k L=h ds fy, mi;qDr jgsxh ¼pSdfyLV ds iz;ksx }kjk½ ;fn gk; rks og dc rd mi;qDr jgsxh
- ifjokj fu;kstu dk dksbZ nwljk rjhdk dc 'kq: djsa vkSj dkSu dkSu ls rjhds iz;ksx fd, tk ldrs gSa
- cPps dks N eghus rd dsoy Lruiku dSls dj,i vkSj Lruiku laca/kh vke leL;kvksa ls dSls fuiVsa
- ;fn L=h dks Lruiku laca/kh dksbZ HkkzfUr gksa rks mldk fuokj.k djsa

**L=h dsoy Lruiku djkus dk vH;kl dSls djs **

- izlo ds rqjUr ckn Lruksa ls nw/k fiykuk 'kq: dj nsa A ;g cgqr t+:jh gS fd f'k'kq dks dksyksLV^ae ¼[khl½ fiyk;k tk,] [khl igys rhu fnuksa rd vkus okyk ihyk jax fy, gq, rjy inkFkZ gS ftlesa dkQh izksVhu] foVkfeu

izf'k{k.k ds rjhds

izf'k{k.k ds uksV~I

gksrs gSa vkSj tks 'kjhj dks lqj{k.k iznku djrk gS A

- jkr ;k fnu esa tc Hkh cPps dks Hkw[k yxs] nw/k fiykrh jgsa A
- nksuksa Lruksa dk nw/k fiyk,_i A
- Ng eghuksa rd dsoy Lruksa dk nw/k fiyk,_iA cPps dks Lruiku ds vykok vkSj dqN u fiyk,_i] ikuh Hkh ugha A ek_i dks Lo;a ikuh ihuk pkfg,] bls mlesa T+;knk nw/k cusxk
- de ls de gj pkj ?kaVs ij nw/k t+;j fiyk,_i] 'kq: ds g¶rksa esa vkSj fu;fer :i ls rFkk vf/kd ckj
- ek_i cPps dks rc Hkh viuk nw/k fiyk,_i tc og Lo;a ;k cPpk chekj gks
- Lo;a vPNh ikSf"Vd [kqjkd ysa vkSj viuh Hkw[k&l;kl feVkrh jgsa ¼;g igpkusa fd vius bykds ds fdl vkgkj esa ikSf"Vd rRo gSa½
- pqluh] cksry dk bLrseky u djsa

tc cPpk Ng ekg dk gks tk, rc Lruiku dSls dj*k*,_i

- tc v/kZ&Bksl inkFkZ nsuk 'kq: gks rks cPps dks igys nw/k fiyk,_i vkSj fQj v/kZ&Bksl inkFkZ f[kyk,_i
- tc rd laHko gks Lruksa dk nw/k fiykrh jgsa ¼nks oÔZ½

pj.k 5 %
lgHkkfx;ksa ls iwNsa fd ,d ek_i dks ySe fof/k dk bLrseky dc can dj nsuk pkfg, vkSj ifjokj fu;kstu dk dksbZ nwljk rjhdk viukuk pkfg,A

ySe fof/k ds DykbUV dks nwljk rjhdk dc viukuk pkfg, %

- tc mldk ekfld /keZ okil 'kq: gks tk, ;k
- tc og dsoy Lruiku u dj*k* jgh gks ;kfu nw/k fiykus dh ek=k ?kV jgh gks ;k
- tc cPpk Ng eghus dk gks tk,

,slh fLFkfr esa /;ku nsa fd %

- L=h cPps ds LokLF; ds fy, mls cPps dks i

izf'k{k.k ds rjhds

ppkZ djsa fd
Lruiku djkus okyh
ekj xHkZfujks/k
ds dkSu ls rjhds
ys ldrh gS A

pj.k 6 % dqN
ifpZ;ksa ij ySe
fof/k ls lacaf/kr
Hkz kfUr;kj fy[kdj
lgHkkfx;ksa dks
ckjVsaA mugs ;g
u crk;sa fd buesa
Hkz kfUr;kj fy[kh
gqbZ gSa A

gj lgHkkxh ls dgsa
fd og iphZ i<+dj
lquk, vkSj vius
fopkj ml ij j[ks A
lewg bu ij ppkZ
djs vkSj izf'k{k.k ;g
crk, fd bu
Hkz kfUr;ksa dks
yksxksa ds eu ls
dSls nwj fd;k tk
ldrk gSA

izf'k{k.k ds uksV~l

fiykuk tkjh j[kuk pkfg, A

- og ifjokj fu;kstu dk dksbZ ,slk rjhdk pqus ftlls i fiykus esa ck/kk u igq;prh gks tSls daM dkWij&Vh] efgyk ulcUnh ;k iq:"k ulcUnh
- xHkZfujks/kd xksyh ls nw/k dh ek=k de gks gS
- ,l-Mh-,e- fof/k viukus ds fy, ;g vko';d gS fd izlo ds ckn L=h ds rhu ekfld pØ iwjs gks x, gksa ;kfu fd L=h dks 4 ckj ekgokjh vk xbZ gksA

ySe fof/k ds ckjs esa Hkz kfUr vkSj Ip

Hkz kfUr % ySe fof/k ifjokj fu;kstu dk Hkjkslsean rjhdk ugha gSA

Ip % vxj ySe fof/k ls tqM+h rhu 'krsZa iwjh dh tk,; rks ;g 98 izfr'kr rd vli djrk gS A

Hkz kfUr % f'k'kq dks dsoy ekj dk nw/k fiykuk O;ogkfjd ugha gSA

Ip % ,d ckj ekj ;g ckr vPNh rjg le> ys fd bls cPps dks vkSj Lo;a mls fdrus Qk;ns gSa rks ,slk djuk eqf'dy ugha gSA

Hkz kfUr % vxj ekj cPps dks dsoy viuk nw/k fiykrh gS] ;k T+;knkrj le; viuk gh nw/k fiykrh gS rks og cgqr det+ksj vkSj dqiksf"kr gks tk,xh A

Ip % vxj ekj bl lans'k dks Li"V :i ls le> ysrh gS fd ^ekj [kk,xh rks cPpk Hkw[kk ugha jgsxk** vkSj og larqfyr Hkkstu djrh gS rks og LoLFk jgsxh vkSj cPps dks iwjh rjg nw/k fiyk ldsxh A

Hkz kfUr % T+;knkrj ekvksa esa bruk nw/k gh ugha curk fd os iwjh rjg ls cPpksa dks

izf'k{k.k ds rjhds

izf'k{k.k ds uksV~I

nw/k fiyk ldsa A
Ip % cPpk ekj ds Lruksa ls nw/k ftruk
 T+;knk fi,xk] ekj esa nw/k Hkh mruk
 T+;knk mrjsxk A ekj dks fgEer ugha
 gkjuh pkfg, A cfYd Lruksa ls nw/k fiykr
 jguk pkfg, ftlls fd T+;knk ls T+;knk nw/k
 curk jgs A mls vPNh rjg Hkkstu djuk
 pkfg,] og lc tks mlds bykds esa feyrk
 gS vkSj [kk;k tkrk gS A

HkzkfUr % 'kq: ds 6 eghus esa dsoy ekj ds
 nw/k ls cPps dk fodkl ugha gks ldrk]
 vkSj mls vU; pht+sa Hkh f[kykuh fiykuh
 pkfg, A

Ip % 'kq: ds 6 eghuksa esa vxj cPpk dsoy
 ekj dk nw/k ihrk gS rks mls i;kZIr ek=k
 esa ikSf"Vd rRo feyrs gSa vkSj mu 6
 eghuksa esa blh ls f'k'kq dh lHkh
 t+:jrsa iwjh gks tkrh gSa A bls f'k'kq
 dh dksey nsg esa jksxksa ls
 yM+us&fHkM+us dh rkdr Hkh vkrh gS
 A

**pj.k 7 % ySe
 fof/k dh ijke'kZ
 dk vH;kl%**

V^asuj ,d izfrHkkxh
 ds lkFk feydj ,d
jksy lys fn[kk,
 ftlesa og L=h dks
 ySe dh ijke'kZ
 nsA $\frac{1}{4}$ ySe
 psdfyLV dk iz;ksx
 Hkh djs $\frac{1}{2}$
 fQj izfrHkkfx;ksa
 ds tksM+s cukdj
 mUgsa vkil esa

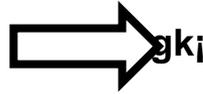
izf'k{k.k ds rjhds
ySe fof/k dh
ijke'kZ dk vH;kl
djus dks dgsa
ftlesa ,d lgHkkxh
LokLF; dk;ZdrkZ]
,d DykbUV dh
Hkwfedk vnk djs
A

izf'k{k.k ds uksV~I

ySe fof/k dh pSdfyLV

L=h ls ySe fof/k dh pSdfyLV ds rhu iz'u iwNdj r; djsa fd og ySe fof/k iz;ksx dj ldrh gS ;k ughaA

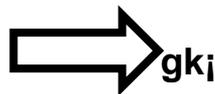
D;k vkidks izlo ds ckn ekfld /keZ fQj
ls
kq: gks x;k gS \



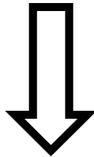
ugha



D;k vki cPps dks nw/k ds
vykok fu;fer :i ls vkgkj Hkh ns
jgh gSa ;k nsj ls Lruiku dj
jgh gSa\ ¼6 ?kaVs ls vf/kd



ugha



D;k vkidk cPpk 6 eghus dk gks
x;k gS\



ugha



vxj rhuksa iz'u ds mRrj
^ugha* esa gSa rks L=h ySe
fof/k iz;ksx dj ldrh gS

vxj ,d Hkh iz'u dk
mRrj ^gki* gS rks
L=h ySe fof/k
iz;ksx ugha dj
ldrh gS

mls crk,i fd %

- og
xHkZfujks/kd
dk dksbZ
nwIjk rjhdk
'kq: dj nsa
- f'k'kq ds
LokLF; ds fy,
mls viuk nw/k
fiykuk t+kjh
j[ksa

lekflr l=

le; % 30 feuV

mn~ns'; %

l= ds var esa izfrHkkxh %

- ySe fof/k ls lacaf/kr izeq[k iz'uksa ds mRrj ns ldsaxsA
- izf{k{k.k ds ckjs esa viuh jk; ns ldsaxsA

Ø-la-	l= ds foÖ;	izf{k{k.k dh fof/k	le;
1	iksLV&VSLV	izR;sd izfrHkkxh }kjk ,d iz'ukoyh ds mRrj fy[kuk	20 feuV
2	izf{k{k.k ds ckjs esa izfrHkkfx;ksa dh jk;	QhMcSd QkWeZ Hkjuk	10 feuV

lkexzh %

- gj izfrHkkxh ds fy, iksLV&VSLV QkWeZ
- gj izfrHkkxh ds fy, QhMcSd QkWeZ

lekflr l=

le; % 30 feuV

izf'k{k.k ds rjhds

pj.k 1

gj izfrHkkxh dks
iksLV VSLV QkWeZ
nsaA mu ls bls iwjh
rjg Hkjus ds fy,
dgsaA mUgsa 20
feuV dk le; nsaA

IHkh izfrHkkxh tc
VSLV iwjk dj ysa rc
iz'ukoyh ls iz'u i<+sa
vkSj lgh mRrj crk,A
bl rjg IHkh izfrHkkxh
lgh mRrj tku ldsaxs]
pkgs mUgksaus
iksLV VSLV esa dqN
iz'uksa dk tcko lgh
ugha fn;k gSA

izf'k{k.k ds uksV~l

iksLV VSLV QkWeZ vkjafHkd l= ds vUr
esa layXu gSA

izh@iksLV VSLV ds mRrj bl l= ds vUr
esa layXu gSA

pj.k 2

izfrHkkfx;ksa dks
izf'k{k.k dk;ZØe leklr
djus ds fy, c/kkbZ
nsaa A

gj izfrHkkxh dks ,d
QhMcSd QkWeZ nsa
vkSj mls Hkjus dks
dgsa A

izfrHkkfx;ksa dks
xeZtks'kh ls lfØ;
Hkkxhmkjh ds fy,
/kU;okn nsrs gq, l=
leklr djsaA

QhMcSd QkWeZ bl l= ds vUr esa layXu
gSA

ySe fof/k fof/k izh@iksLV VSLV ds lgh mRrj

uhps fy[kh gj ckr dks /;ku ls i<+dj fy[ksa fd ckr **lp** gS ;k **xyrA**

01-	ySe fof/k ,d izkd`frd rjhdk gS tks 98% vlnkj gSA	lp
02-	ySe fof/k ;kSu jksxksa ls cpko djrh gSA	xyr
03-	cPps dks tUe ds ,d ?kaVs ds Hkhrj ekj dk nw/k fiykuk 'kq: dj nsuk pkfg,A	lp
04-	vxj ekj dks cq[kkj gks fQj Hkh mls cPps dks viuk nw/k fiykuk pkfg,A	lp
05-	cPps dks jkr dks Lruiku ugha djuk pkfg,A	Xkyr
06-	;fn Lruiku djkus okyh L=h xHkZfujks/kd xksfy;ksa dk iz;ksx djsxh rks nw/k dh ek=k de gks tk,xhA	lp
07-	tc cPpk 4 ekg dk gks tk, rc mls Åijh vkgkj nsuk 'kq: djuk pkfg,A	Xkyr
08-	L=h dks ySe fof/k dh ijke'kZ nsuk mldh xHkkZoLFkk esa gh 'kq: djuk pkfg,A	lp

uhps fy[ks okD; i<+dj muds **lgh mRrj ij xksyk** cuk,a

09-	ySe fof/k dsoy ml L=h ds fy, mi;qDr gS % ?k^{1/2} tks Åij fy[kh rhuksa 'krSaZ iwjh djrh gks
10-	ySe fof/k iz;ksx djus ls % d^{1/2} ekj&cPpk nksuksa LoLFk jgrs gSa

ySe fof/k izfrHkfx;ksa }kjk izf'k{k.k dk ewY;kidu

frfFk _____ izfrHkkxh dk uke@uacj

d`lk;k bl dk;ZØe ds ckjs esa lksp dj viuk fopkj O;Dr djsaA bls ge Hkfo"; ds dk;ZØeksa esa lq/kkj yk ldsaxsaA ¼vkids Li"V lq>koksa dh vko';drk gS vr% d`i;k fcuk f>>d ds fy[ksa½

d`i;k uhps fy[kh ckr i<+sa] fQj lkspsa fd vki mlls fdruk lger gSa vkSj ml LFkku ij ✓ dk fpUg yxk,iA

Ø0 la0		vki fdrus gn rd lger gSa		
		cgqr	Fkks M+k	fcydqy ugha
		3	2	1
1	izf'k{k.k ds mn~ns'; iwjs gq,			
2	izf'k{k.k dk ekgkSy mi;qDr Fkk			
3	izf'k{k.k dk le; i;kZlr Fkk			
4	gj fo"k; ij ppkZ vkSj iz'u&mRrj ds fy, le; i;kZlr Fkk			
5	ySe iqfLrdk vkids fy, mi;ksxh gS			
6	lgk;d lkexzh ¼pSdfyLV½ mi;ksxh gSa			
7	fuEufyf[kr ckrsa Bhd <ix ls le>kbZ xbZa			
	<ul style="list-style-type: none"> ySe fof/k D;k gS] mlds ykHk vkSj lhek,i 			
	<ul style="list-style-type: none"> pj.kokj <ix ls bl fof/k ij ijke'kZ nsuk 			
	<ul style="list-style-type: none"> LØhfuax pSdfyLV iz;ksx djds r; djuk fd ySe fof/k fdu 			

Ø0 la0		vki fdrus gn rd lger gSa		
		cgqr	Fkks M+k	fcydqy ugha
		3	2	1
	efgykvksa ds fy, Bhd jgsxh			
	<ul style="list-style-type: none"> ySe pSdfyLV dk lgh iz;ksx le>kuk 			
8	izf'k{k.k nsus ds rjhds ¼pkVZ ls le>kuk] NksVs xzqi esa vH;kl] jksy lys vkfn½ lh[kus ds fy, mi;ksxh Fks			

9- ;g izf'k{k.k vkidks dSIk yxk \

10- dksbZ vU; lq>ko

ySe fof/k dh iqfLrdk

ISMik@bafM;k
lh&1] gkSt+ [kkl
ubZ fnYyh
¼2006½

fo"k; lwph

**i`"B
la[;k**

ySe fof/k D;k gS \	02 - 03
ySe fof/k dh ijke'kZ nsuk	04 - 05
ySe fof/k ds ckjs esa Hkz kfUr;ka vkSj lp	06
ySe pSdfyLV	07

ySe fof/k

ySe fof/k Lruiku djkus okyh mu efgykvksa ds fy, ,d vlnkj] lqjf{kr vkSj izkd`frd rjhdk gS tks fuEufyf[kr rhu 'krsZa iwjk djrh gSa %

- cPps dks dsoy Lruiku djkrh gSa ;kfu iwjh rjg ls fnu vkSj jkr esa] dHkh Hkh] cPps ds pkgus ij mls viuk nw/k gh fiykrh gSa A
- ftudk ekfld /keZ izlo ds ckn 'kq: ugha gqv k gS A
- ftudk cPpk Ng eghus ls de vk;q dk gS A

ySe fof/k dSls dke djrh gS \

tc ,d cPpk ekj ds Lruksa dks pwlrk gS rks L=h ds 'kjhj esa dbZ gkeksZuy ifjorZu gksrs gSa] ftlds dkj.k nw/k T+;knk curk gS] ij] chtnkuh laca/kh dkedkt nc tkrs gSa A bl dkj.k L=h dh chtnkuh esa fMac ugha idrk vkSj fMac&foltZu ugha gksrk A fMac foltZu u gksus ds dkj.k L=h xHkkZoLFkk ls lqjf{kr jgrh gS A

blfy,] ySe fof/k ds vlnkj gksus ds fy, ;g cgqr t+:jh gS fd f'k'kq dks ekj dsoy Lruiku dj, ftlls fd og Lruksa ls fu;fer :i ls nw/k ihrk jgs] mUgsa pwlrk jgs A●

ySe fof/k ds Qk;ns

- lqjf{kr vkSj cgqr vlnkj rjhdk gS
- rqjar vj djrk gS
- lgokl esa dksbZ ck/kk ugha igq;pkrh
- bl fof/k ls LokLF; dks dksbZ uqdlku ugha igq;prk
- fdlh MkDVjh ns[kjs[k dh t+:jr ugha iM+rh
- ifjokj fu;kstu lkexzh dh t+:jr ugha iM+rh
- dqN [kjpkuk ugha iM+rk

- tks fL=;kj ySe fof/k dks viukrh gSa os nwIjs rjhds vklkuh ls viuk ysrh gSa A

ySe fof/k dh lhek,j

ySe fof/k dk lgh bLrseky DykbUV ij fuHkZj djrk gS vkSj mls dsoy nw/k fiykus dh vknr Mkyuh iM+rh gS A

- dqN vkSjrkSa ds fy, cjkckj nw/k fiyk ikuk dfBu gksrk gS] elyu dkedkth vkSjrkSa ds fy, tks ukSdjh djrh gSa ;k dke ds flyflys esa cPps ls nwj jgrh gSa A
- ySe fof/k dsoy Ng eghuksa rd bLrseky dh tk ldrh gS A
- ySe fof/k dsoy rHkh rd vIj djrh gS tc rd L=h dk ekfld /keZ izlo ds ckn 'kq: ugha gksrk A
- ySe fof/k ;kSu jksxksa ls cpko ugha djrh A

ySe fof/k fdruh vIjnkj gS

ySe fof/k 98% vIjnkj gS

**D;k ySe fof/k dk dksbZ lkbM bQSDV gS **

- ugha] ySe fof/k dk dksbZ lkbM bQSDV ugha gS A bls L=h ds LokLF; ij dksbZ Hkh cqjk vIj ugha iM+rk D;kSa fd f'k'kq dks Lruiku djruk ,d izkd`frd izfØ;k gS A ySe fof/k Lruiku dks c<+kok nsrh gS] ftlls ekj vkSj f'k'kq dks dbZ ykHk gksrs gSa A

ySe fof/k dh pSdfyLV

;g tkuus ds fy, fd L=h ySe fof/k dks viuk ldrh gS ;k ugha] mlls fuEufyf[kr rhu iz'u iwNsa %

- 1-D;k izlo ds ckn rqEgkjk ekfld /keZ fQj ls 'kq: gks x;k gS\
- 2-D;k rqEgkjk cPpk 6 eghus ls cM+k gks x;k gS \
- 3-D;k rqe cPps dks fu;fer :i ls dqN f[kykrh fiykrh gks vkSj yacs le; rd viuk nw/k ugha fiykrh \

vxj rhuksa iz'uksa ds mRrj ^^ugha** gSa rks L=h ds fy,
ySe fof/k mi;qDr jgsxhA

vxj ,d Hkh iz'u dk mRrj ^^gk; ** gS rks L=h ds fy, ySe
fof/k mi;qDr ugha jgsxh A

ySe fof/k dh ijke'kZ nsuk

L=h dks ySe fof/k dh ijke'kZ nsuk cgqr vko';d gS rkfd og bl
izkd`frd rjhds dks lgh <ix ls le> ys o bldk iz;ksx dj lds A

xHkkZoLFkk ds nkSjku L=h dks ySe fof/k ds ckjs esa lykg
nsuk 'kq: djsa rkfd os izlo ds ckn ,d ?k.Vs ds Hkhrj cPps dks
nw/k fiykuk vkjEHk djs A

izlo ds ckn Hkh L=h dks le; le; ij ySe fof/k dh ijke'kZ nsuk
cgqr t+:jh gS

ySe fof/k ds fo"k; esa L=h dks fuEufyf[kr tkudkjh nsuh pkfg, %

- ySe fof/k D;k gS
- ySe fof/k dh rhu t+:jh 'krsZa dkSu lh gSa
- ySe fof/k ds ykHk vkSj lhek,j D;k gSa
- ySe fof/k fdruh vljnkj gS
- D;k ySe fof/k L=h ds fy, mi;qDr jgsxh $\frac{1}{4}$ pSdfyLV ds
iz;ksx }kjk $\frac{1}{2}$;fn gk; rks og dc rd mi;qDr jgsxh
- ifjokj fu;kstu dk dksbZ nwljk rjhdk dc 'kq: djsa vkSj
dkSu dkSu ls rjhds iz;ksx fd, tk ldrs gSa
- cPps dks N eghus rd dsoy Lruiku dSls dj,j vkSj
Lruiku laca/kh vke leL;kvksa ls dSls fuiVsa
- ;fn L=h dks Lruiku laca/kh dksbZ HkkzfUr gksa rks
mldk fuokj.k djsa

dsoy Lruiku djkus dk vH;kl dSIs djsa \

- izlo ds rqjUr ckn Lruksa ls nw/k fiykuk 'kq: dj nsa A ;g cgqr t+:jh gS fd f'k'kq dks dksyksLV^ae ¼[khl½ fiyk;k tk,] [khl igys rhu fnuksa rd vkus okyk ihyk jax fy, gq, rjy inkFkZ gS ftlesa dkQh izksVhu] foVkfue gksrs gSa vkSj tks 'kjhj dks lqj{kk iznku djrk gS A
- jkr ;k fnu esa tc Hkh cPps dks Hkw[k yxs] nw/k fiykrh jgsa A
- nksuksa Lruksa dk nw/k fiyk,_i A
- Ng eghuksa rd dsoy Lruksa dk nw/k fiyk,_iA cPps dks Lruiku ds vykok vkSj dqN u fiyk,_i] ikuh Hkh ugha A ekj dks Lo;a ikuh ihuk pkfg,] bls mlesa T+;knk nw/k cusxk
- de ls de gj pkj ?kaVs ij nw/k t+:j fiyk,_i] 'kq: ds g¶rksa esa vkSj fu;fer :i ls rFkk vf/kd ckj
- ekj cPps dks rc Hkh viuk nw/k fiyk,_i tc og Lo;a ;k cPpk chekj gks
- Lo;a vPNh ikSf"Vd [kqjkd ysa vkSj viuh Hkw[k&l;kl feVkrh jgsa ¼;g igpkusa fd vius bykds ds fdl vkgkj esa ikSf"Vd rRo gSa½
- pqLUh] cksry dk bLrseky u djsa

tc cPpk Ng ekg dk gks tk, rc Lruiku dSIs djk,sa

- tc v/kZ&Bksl inkFkZ nsuk 'kq: gks rks cPps dks igys nw/k fiyk,_i vkSj fQj v/kZ&Bksl inkFkZ f[kyk,_i
- tc rd laHko gks Lruksa dk nw/k fiykrh jgsa $\frac{1}{4}$ nks o"KZ $\frac{1}{2}$

ySe fof/k ds DykbUV dks nwljk rjhdk dc viukuk pkfg, %

- tc mldk ekfld /keZ okil 'kq: gks tk,] ;k
- tc og dsoy Lruiku u djk jgh gks ;kfu nw/k fiykus dh ek=k ?kV jgh gks] ;k
- tc cPpk Ng eghus dk gks tk,

,slh fLFkfr esa /;ku nsa fd %

- L=h cPps ds LokLF; ds fy, mls cPps dks nw/k fiyuk tkjh j[kuk pkfg, A
- og ifjokj fu;kstu dk dksbZ ,slk rjhdk pqus ftlls nw/k fiykus esa ck/kk u igqjprh gks tSIs daMkse] dkWij&Vh] efgyk ulcUnh ;k iq:"k ulcUnh
- xHkZfujks/kd xksyh ls nw/k dh ek=k de gks ldrh gS
- ,l-Mh-,e- fof/k viukus ds fy, ;g vko';d gS fd izlo ds ckn L=h ds rhu ekfld pØ iwjs gks x, gksa ;kfu fd L=h dks 4 ckj ekgokjh vk xbZ gksA

ySe fof/k ds ckjs esa Hkz kfUr vkSj Ip

Hkz kfUr % ySe fof/k ifjokj fu;kstu dk Hkjkslsean rjhdk ugha gS A

Ip % vxj ySe fof/k ls tqM+h rhu 'krsZa iwjh dh tk,; rks ;g 98 izfr'kr rd vli djrk gS A

Hkz kfUr % f'k'kq dks dsoy ek; dk nw/k fiykuk O;ogkfjd ugha gS A

Ip % ,d ckj ek; ;g ckr vPNh rjg le> ys fd bls cPps dks vkSj Lo;a mls fdrus Qk;ns gSa rks ,slk djuk eqf'dy ugha gSA

Hkz kfUr % vxj ek; cPps dks dsoy viuk nw/k fiykrh gS] ;k T+;knkrj le; viuk gh nw/k fiykrh gS rks og cgqr det+ksj vkSj dqiksf"kr gks tk,xh A

Ip % vxj ek; bl lans'k dks Li"V :i ls le> ysrh gS fd ^ek; [kk,xh rks cPpk Hkw[kk ugha jgsxk** vkSj og larqfyr Hkkstu djrh gS rks og LoLFk jgsxh vkSj cPps dks iwjh rjg nw/k fiyk ldsxh A

Hkz kfUr % T+;knkrj ekvksa esa bruk nw/k gh ugha curk fd os iwjh rjg ls cPpksa dks nw/k fiyk ldsa A

Ip % cPpk ek; ds Lruksa ls nw/k ftruk T+;knk fi,xk] ek; esa nw/k Hkh mruk T+;knk mrjsxk A ek; dks fgEer ugha gkjuh pkfg, A cfYd Lruksa ls nw/k fiykrs jguk pkfg, ftlls fd dsoy nw/k curk jgsA mls vPNh rjg Hkkstu djuk pkfg,] og lc tks mlds bykds esa feyrk gS vkSj [kk;k tkrk gS A

Hkz kfUr % 'kq: ds 6 eghus esa dsoy ek; ds nw/k ls cPps dk fodkl ugha gks ldrk] vkSj mls vU; pht+sa Hkh f[kykuh fiykuh pkfg, A

lp % 'kq: ds 6 eghuksa esa vxj cPpk dsoy ekj dk
nw/k ihrk gS rks mls i;kZlr ek=k esa ikSf"Vd
rRo feyrs gSa vkSj mu 6 eghuksa esa blh ls
f'k'kq dh IHkh t+:jrsa iwjh gks tkrh gSa A bls
f'k'kq dh dksey nsg esa jksxksa ls
yM+us&fHkM+us dh rkdr Hkh vkrh gS A

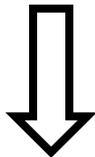
ySe fof/k dh pSdfyLV

L=h Is ySe fof/k dh pSdfyLV ds rhu iz'u iwNdj r;
djsa fd og ySe fof/k iz;ksx dj ldrh gS ;k ughaA

D;k vkidks izlo ds ckn
ekfld
/keZ fQj Is 'kq: gks x;k
gS \

⇒ gki

ugha



D;k vki cPps dks nw/k
ds vykok fu;fer :i Is
vkgkj Hkh ns jgh gSa ;k
nsj Is Lruiku dj jgh

⇒ gki

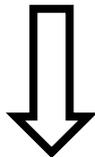
ugha



D;k vkidk cPpk 6 eghus
gks

⇒ gki

ugha



vxj rhuksa iz'u ds
mRrj ^ugha* esa gSa
rks L=h ySe fof/k
.

vxj ,d Hkh
iz'u dk mRrj
^gki* gS rks
L=h ySe fof/k
iz;ksx ugha
dj ldrh gS

mls crk,i fd %

- og
xHkZfujks/
kd dk
dksbZ
nwli j rjhd
'kq: dj nsa
- f'k'kq ds
LokLF; ds
fv. mls viuk



**ySDVs'ku ,esuksjh;k
esFkM $\frac{1}{4}$ ySe $\frac{1}{2}$**

**Lruiku djkus okyh efgykvksa ds
fy, ,d vljnkj] lqjf{kr vkSj izkd`frd
rjhdk**



ySe dh 'krsZa

iw.kZ Lruiku

**izlo ds ckn ekgokjh vkuk 'kq: ugh
gqvk gS**

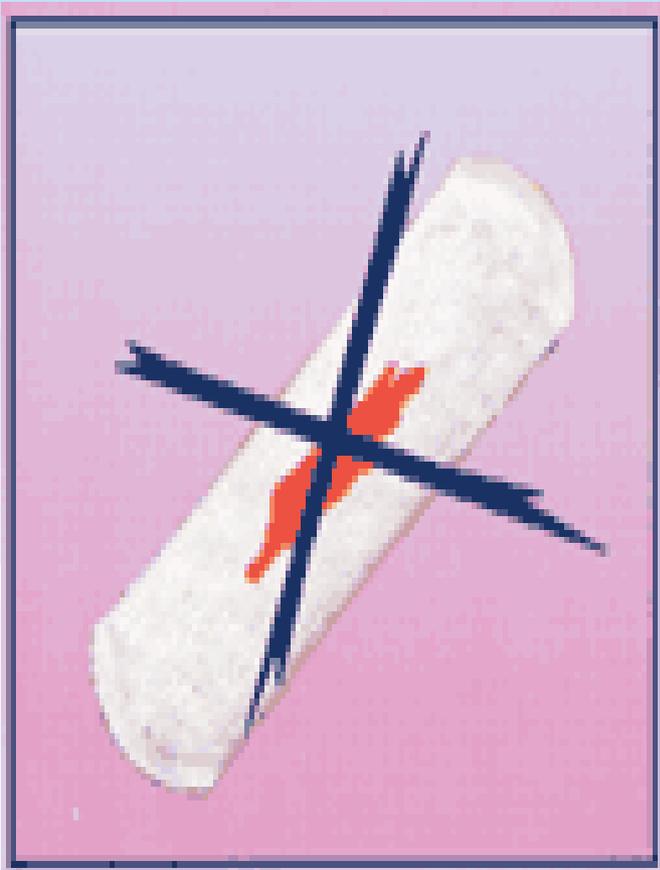
**cPps dk mez 6 eghus ls de gS
Rkhuksa 'krSaZ iwjs gksus ij gh
efgyk ySe fof/k dk iz;ksx dj ldrh
gS**

ySe dh 'krsZa



vki cPps dks iw.kZ
Lruiku djK jgh gSa

ySe dh 'krsZa



vki dks izlo ds
ckn ekgokjh
vkuk 'kq: ugh
gqvk gS

ySe dh 'krsZa



vkids cPps dk
mez 6 eghus ls
de gS

ySe fdruk vljnkj gS

ySe 98% vljnkj gS

$\frac{1}{4}$ vxj rhu 'krsZa iwjs gks $\frac{1}{2}$

Source: Labbok et al. Contraception 1997

ySe fof/k ds Qk;ns

- xHkZ /kkj.k ls cpko djrk gS
- Lruiku dks c<+kok nsrk gS
- Ikfjokj fu;kstu dk 'kq:vkr djus esa enn djrk gS
- Ekka vkSj cPps & nksuksa ds LokLF; ds fy;s ykHknk;d gS
- Lkh[kkuk vkSj iz;ksx djuk vklku gS
- fdlh Hkh Lrj ds dk;ZdrkZ }kjk fn;k tk ldrk gS

ySe dh 'krsZa

Ekfgyk Is uhps fy[ks rhu iz'u iwNsaA

1	D;k vkidks izlo ds ckn ekgokjh@eghuk vkuk 'kq: gks x;k gS \
2	D;k vki cPps dks Lruiku ds vykok fu;fer :i Is dqN f[kyk ;k fiyk jgs gSa \
3	D;k vki cPps dks Lruiku djkus ds chp esa 4 ?kaVs Is T;knk nsj dj jgs gSa \
4	D;k vkidk cPpk 6 eghus dk gks x;k gS \

vxj IHkh iz'u ds mUkj * ugha ^ gS rks efgyk ySe fof/k iz;ksx dj ldrh gSA

vxj fdlh Hkh ,d iz'u dk mUkj * gka ^ gS rks efgyk ySe fof/k iz;ksx ugh dj ldrh gSA

mls ifjokj fu;kstu dk dksbZ vU; rjhdk pwyuk akexkA

ySe dh 'krsZa iw.kZ Lruiku



If the woman gives her baby any other food or liquids:

- Her baby will become full and not want to drink breast milk as often
- She will not produce as much breast milk
- Infrequent stimulation of the breast will make her fertility return

• cPps dks dqN
f[kykus ;k fiykus
Is cPpk Lruiku de
djrK gS

• de Lruiku Is
xHkZ/kkj.k gksus
dh laHkkouk c<+
tkrh gS

ySe dh 'krsZa % iw.kZ Lruiku



- cPpk ftruk pkggrk gS mruk Lruiku djksa

cPps dks Lruiku djkus ds chp esa 4
?kaVs Is T;knk nsj u djsa

vki ;k cPpk fcekj gksus ij Hkh Lruiku
tkjh j[ksa

cPps dks cksry esa nw/k ;k vU; dqN u

ySe dh 'krsZa %

izlo ds ckn ekgokjh vkuk 'kq: g

ugh gqvk gS



2

If the woman's period returns:

- She is fertile again and can get pregnant

Post-partum bleeding is not a period. Bleeding in the first 2 months after delivery is not counted

- Tkc cPpk ckj ckj eka ds Lruksa dks pwlrk gS rks efgyk dh chtnkuh esa fMac ugha idrk gS vkSj xHkZ/kkj.k ugh gksrk gSA

- cPps dks Lruiku ds vykok fu;fer :i ls dqN f[kyk;k ;k fiyk;k ugh tk jgk gSa

- cPpk tc pkgS 

ySe dh 'krsZa %

cPPks dk mez 6 ekg ls de gS



3

If the woman's baby is six months or older:

- Her fertility will return and LAM will no longer prevent pregnancy.

She should continue to breastfeed even though it will no longer prevent pregnancy.

- cPps dks 6 ekg rd Lruiku ds vykok mij ls dqN f[kyk;s ;k fiyk;s ugh

- 6 ekg dh mez rd cPps dks Lruiku ls cPps dh IHkh t:jrsa iwjs gks tkrs

ySe ds ckn ifjokj fu;kstu

**;fn ySe fof/k dh rhu 'krksZa esa ls
dksbZ ,d 'krZ Hkh iwjk u gks rks
efgyk dks dksbZ vU; fof/k viukuk
pkfg,**

**Ekfgyk pkgs rks dHkh Hkh dksbZ
vU; fof/k viuk ldrh gS tks Lruiku dks
izHkkfor ugh djrk gks**

Lruiku djkus okyh efgyk ds fy;s ifjokj fu;kstu

- ySe
- daMkse
- dkWij Vh
- Izkkd` frd rjhdk & 'krZsa iqjs gksus ij
- Efgyk ulcanh
- Ikq:"k ulcanh

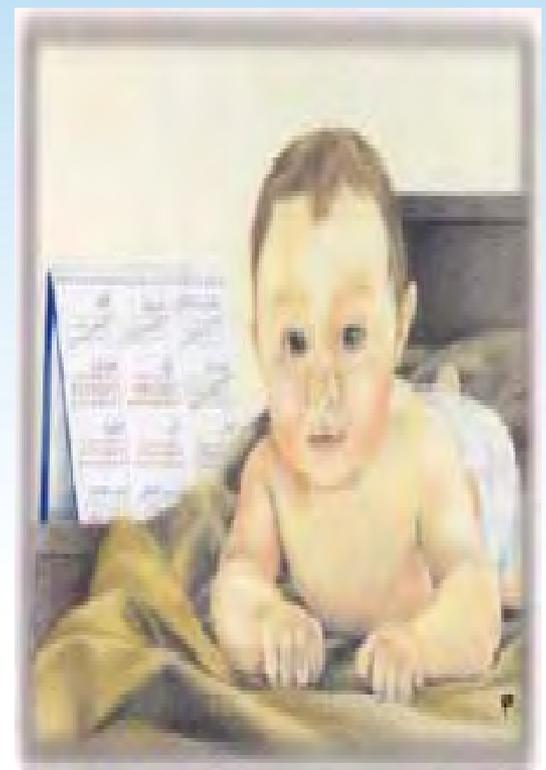
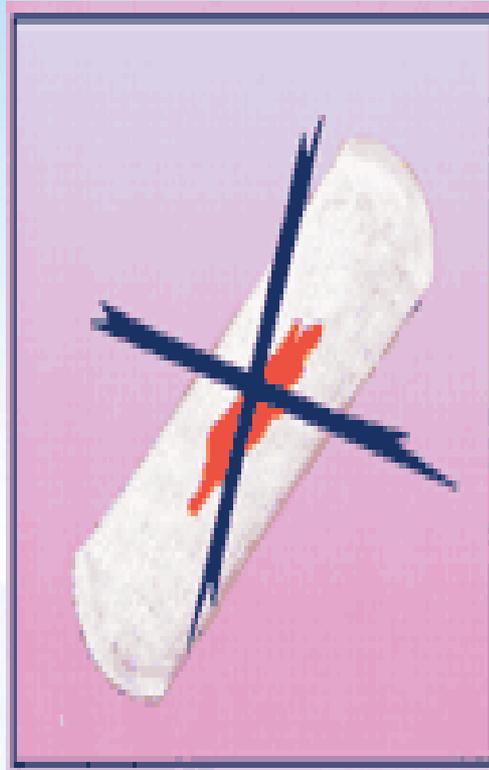
ySe dh ijke'kZ dc nsa

- xHkZoLFkk ds nkSjku
- Izklo ds rqjar ckn
- Izklo ds ckn tkap ds nkSjku
- cPps ds Vhdkdj.k ds nkSjku
- vU;

ySe dSls nsaxs

- DykbZUV dks IHkh fof/k ds ckjs esa crk,sa
- ySe ds 'krksZa ds ckjs esa irk djsa
- ySe le>k,sa
- ySe ds ckn dkSu lh fof/k ysuk gS mlds fy;s rS;kj djsa

Teaching LAM



Lruiku rjhdk

1. izlo ds ckn ftruh tYnh gks lds cPps dks Lruiku djK,saA izlo ds ckn cPps dks yEcs le; rd eka ds lkFk j[ksa
2. jkr vkSj fnu nksuks le; cPpk ftruk pkgS mruk Lruiku djK,sa
3. 6 ekg rd cPps dks Lruiku ds vykok dqN f[kyk;s ;k fiyk;s ugh
4. 6 ekg ds ckn tc cPps dks dqN f[kykuss ;k fiykus yxs rks gj ckj [kkuk f[kykus ds igys Lruiku djK,sa

Lruiku rjhdk

5. CkPps dks 2 lky rd Lruiku djkrj jgsa
6. Ekka ;k cPpk chekj gksus ij Hkh Lruiku tkjh j[ksa
7. cPps dks cksry ;k pwluh u nsa
8. Ekka viuh t:jrsa iqjs djus ds fy;s vPNh rjg ls [kkuk [kk;sa

ySe lh[kkuk

- ySe ds ckn vU; fof/k viukus dh t:jr
le>k,sa
- ,sls fof/k pwuus es enn djsa tks Lruiku
dks izHkkfor ugh djrk gS
- Lruiku tkjh j[kus dh lykg nsa

HkzkfUr;ka

- Ekfgyk;sa ftudk Lru NksVk gS os
Lruiku ugh djc ldrh
- vxj efgyk T;knk Lruiku djkrh gS rks
Lru lw[k tkrk gS
- cPps dks LoLF; j[kus ds fy;s Lruiku
ds vykok mij dk [kkuk nsuk t:jh gS

APPENDIX B

LACTATION AMENORRHEA METHOD KNOWLEDGE IMPROVEMENT TOOL (KIT)

Site: _____

Date: _____

Provider Name: _____

Provider Training Date : _____ Person applying KIT: _____

Instructions: Tell the provider to pretend you recently gave birth and ask the provider to give you counseling. If her/his counseling includes the following (bulleted) concepts, mark "1" in the corresponding box. If s/he does not include the concept, mark "0" and explain the concept. For concepts that were explained incorrectly, please reinforce the knowledge and ask for those concepts again during your next visit.

Instructions		VISIT No.	
		1	2
1.	Preliminary		
1.a.	<ul style="list-style-type: none"> Determine the client's family planning options after birth (spacing or limiting) 		
1.b.	<ul style="list-style-type: none"> Ask what method the client has used in the past 		
1.c.	<ul style="list-style-type: none"> Discuss family planning options 		
1.d.	<ul style="list-style-type: none"> If family planning needs are spacing, discuss need to wait at least two years before attempting to get pregnant again 		
2.	If client chooses LAM, check if she meets all criteria		
2.a.	<ul style="list-style-type: none"> The client's period have not returned since the birth of her baby 		
2.b.	<ul style="list-style-type: none"> The client exclusively breastfeeds her baby 		
2.c.	<ul style="list-style-type: none"> The baby is less than six months old 		
3.	Explain the LAM criteria to the client		
3.a.	<ul style="list-style-type: none"> Explain to the client that if she <u>breastfeeds exclusively</u> and her <u>period has not yet returned</u>, she will be protected against a pregnancy until the <u>baby turns six months old</u>. 		
3.b.	<ul style="list-style-type: none"> Inform the client that as long as these 3 conditions are present (met) she is using LAM 		
3.c.	<ul style="list-style-type: none"> Explain that LAM is a temporary method. If one of the conditions is not met, she is no longer using LAM. 		
4.	Give the client advice to help her maintain exclusive breastfeeding		
4.a.	<ul style="list-style-type: none"> Breastfeed frequently, whenever the infant is hungry, both day and night. 		
4.b.	<ul style="list-style-type: none"> Breastfeed exclusively for the six months, do not give the baby water, other food, or other liquids. 		
4.c.	<ul style="list-style-type: none"> Continue breastfeeding even if the mother or the baby becomes ill. 		
4.d.	<ul style="list-style-type: none"> Avoid using bottles, pacifiers, or other artificial nipples. 		
5.	Discuss how to prevent pregnancy after LAM		
5.a.	<ul style="list-style-type: none"> Reiterate (repeat) that LAM is a temporary method. After six months she is at risk of pregnancy. 		
5.b.	<ul style="list-style-type: none"> Ask the client if she has already thought about the method she would like to use after LAM no longer protects her from pregnancy. 		
5.c.	<ul style="list-style-type: none"> Ask the client how she is going to contact you to start using another method immediately after LAM. 		
5.d.	<ul style="list-style-type: none"> Offer counseling on appropriate methods during postpartum and according to her breastfeeding status. 		
5.e.	<ul style="list-style-type: none"> Explain that she can continue to breastfeed and use a method compatible with breastfeeding. 		



लैम विधि

स्वास्थ्य कार्यकर्ता के लिये चैकलिस्ट

आपकी क्लाइंट के लिए लैम विधि उपयुक्त होगी या नहीं जानने के लिए इस चैकलिस्ट का प्रयोग करें



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यदि महिला गर्भवती है:

1. महिला को लैम विधि एवं प्रसव के बाद प्रयोग किये जाने वाले अन्य परिवार नियोजन के तरीकों के बारे में बताएं।
2. यदि महिला लैम विधि का प्रयोग करना चाहती है तो उसे लैम विधि प्रयोग करने का तरीका बताएं।
3. महिला को अपने साथ ले जाने के लिये लैम क्लाइंट कार्ड दें और पुनः भेंट की योजना बनाएं।
4. यदि वह परिवार नियोजन का अन्य तरीका अपनाना चाहती है तो उसे अन्य तरीके समझाएं या स्वास्थ्य कार्यकर्ता को रेफर करें।



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यदि महिला का प्रसव हो गया है, तो उसे ये तीन प्रश्न पूछें:

1. क्या वह बच्चे को स्तनपान के अलावा कोई उपरी आहार, दूध या पानी पिला रही है? या
क्या वह बच्चे को स्तनपान कराने में दिन में 4 घंटे और रात में 6 घंटे से ज्यादा देर कर रही हैं?
2. क्या महिला को प्रसव के बाद माहवारी आनी शुरू हो गई है?
3. क्या उसका बच्चा 6 महीने का हो गया है?

नहीं

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यदि सभी प्रश्नों का उत्तर **नहीं** है तो लैम विधि महिला को गर्भधारण से बचा सकती है।

यदि एक भी प्रश्न का उत्तर **हाँ** है तो लैम विधि महिला को गर्भधारण से नहीं बचा सकती है। उसे परिवार नियोजन के कोई दूसरे तरीके के बारे में बताएं या उसे स्वास्थ्य कार्यकर्ता को रेफर करें।



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नहीं

हाँ

यदि सभी प्रश्नों का उत्तर **नहीं** है तो लैम विधि महिला को गर्भधारण से बचा सकती है।

यदि एक भी प्रश्न का उत्तर **हाँ** है तो लैम विधि महिला को गर्भधारण से नहीं बचा सकती है। उसे परिवार नियोजन के कोई दूसरे तरीके के बारे में बताएं या उसे स्वास्थ्य कार्यकर्ता को रेफर करें।



ये तीन शर्तें जरूरी क्यों हैं?

1

यदि महिला बच्चे को स्तनपान के अलावा कोई उपरी आहार, दूध या पानी पिला रही है :

- बच्चे का पेट भर जाने से वह दूध कम पिएगा।
- बच्चा के दूध कम पीने से मां को दूध कम बनेगा।
- दूध कम बनने के कारण महिला के शरीर में अण्डा बनने की प्रक्रिया शुरू हो जाएगी।
- अण्डा बनने की प्रक्रिया शुरू होने से महिला के उपजाऊ दिन लौट आएंगे।

2

यदि महिला को माहवारी आनी शुरू हो गई है :

- महिला के उपजाऊ दिन लौट आएंगे हैं और वह गर्भधारण कर सकती है।
- प्रसव के बाद 2 महीने तक योनि से आने वाले खून को माहवारी नहीं माना जाता है।

3

यदि महिला का बच्चा 6 माह का हो गया है:

- महिला के उपजाऊ दिन लौट आएंगे हैं और लैम विधि अब गर्भधारण को नहीं रोक सकती है।
- उसे बच्चे को स्तनपान कराते रहना चाहिए।



ये तीन शर्तें जरूरी क्यों हैं?

1

यदि महिला बच्चे को स्तनपान के अलावा कोई उपरी आहार, दूध या पानी पिला रही है :

- बच्चे का पेट भर जाने से वह दूध कम पिएगा।
- बच्चा के दूध कम पीने से मां को दूध कम बनेगा।
- दूध कम बनने के कारण महिला के शरीर में अण्डा बनने की प्रक्रिया शुरू हो जाएगी।
- अण्डा बनने की प्रक्रिया शुरू होने से महिला के उपजाऊ दिन लौट आएंगे।

2

यदि महिला को माहवारी आनी शुरू हो गई है :

- महिला के उपजाऊ दिन लौट आएंगे हैं और वह गर्भधारण कर सकती है।
- प्रसव के बाद 2 महीने तक योनि से आने वाले खून को माहवारी नहीं माना जाता है।

3

यदि महिला का बच्चा 6 माह का हो गया है:

- महिला के उपजाऊ दिन लौट आएंगे हैं और लैम विधि अब गर्भधारण को नहीं रोक सकती है।
- उसे बच्चे को स्तनपान कराते रहना चाहिए।

लैम विधि प्रयोग के बाद अपनाए जाने वाले परिवार नियोजन के अन्य तरीके



कंडोम



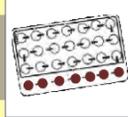
काँपर टी



पुरुष या महिला नसबंदी



माला चक्र विधि (प्रसव के बाद चार माहवारी आने पर)



गर्भनिरोधक गोली (बच्चा 6 माह का हो जाने पर)

लैम विधि प्रयोग के बाद अपनाए जाने वाले परिवार नियोजन के अन्य तरीके



कंडोम



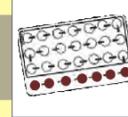
काँपर टी



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माला चक्र विधि (प्रसव के बाद चार माहवारी आने पर)



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लैम विधि प्रयोग के लिए शर्तों की चैकलिस्ट

पुनः भेंट के दौरान महिला से नीचे लिखे प्रश्न पूछें

1. क्या वह बच्चे को स्तनपान के अलावा नियमित रूप से कुछ खिला या पिला रही है ? या
क्या वह बच्चे को स्तनपान कराने में दिन में 4 घंटे और रात में 6 घंटे से ज्यादा देर कर रही है ?
2. क्या महिला को प्रसव के बाद माहवारी आनी शुरू हो गई है ?
3. क्या उसका बच्चा 6 महीने का हो गया है ?

नहीं

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यदि सभी प्रश्नों का उत्तर **नहीं** है तो लैम विधि महिला को गर्भधारण से बचा सकती है।

यदि एक भी प्रश्न का उत्तर **हाँ** है तो लैम विधि महिला को गर्भधारण से नहीं बचा सकती है।
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नहीं

हाँ

यदि सभी प्रश्नों का उत्तर **नहीं** है तो लैम विधि महिला को गर्भधारण से बचा सकती है।

यदि एक भी प्रश्न का उत्तर **हाँ** है तो लैम विधि महिला को गर्भधारण से नहीं बचा सकती है।
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लैम विधि गर्भधारण को रोकने में असरदार होती है यदि तीनों शर्तें पूरी होती हैं:

1

आप बच्चे को केवल स्तनपान कराती हैं।

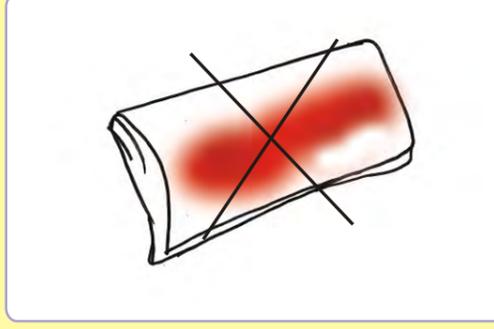


नीचे लिखी तीन शर्तें लैम विधि को असरदार होने में आपकी पूरी मदद करेगी:

- बच्चा जब भी चाहे उसे स्तनपान कराएँ।
- बच्चे को स्तनपान कराने में दिन में 4 घंटे और रात में 6 घंटे से ज्यादा देर न करें।
- बच्चे को बोतल या चूसनी न दें।

2

प्रसव के बाद आपको माहवारी आनी शुरू नहीं हुई है।



- रात या दिन, बच्चा जब चाहे तब स्तनपान कराने से माहवारी देर से शुरू होती है।
- बच्चा या आप बीमार होने पर भी स्तनपान जारी रखें।

3

आपके बच्चे की उम्र 6 माह से कम है।



- बच्चे को 6 माह से पहले ऊपरि आहार, दूध या पानी न दें।
- 6 माह तक बच्चे की स्वास्थ्य के लिए जरूरी सभी तत्व स्तनपान से पूरी होती हैं।

यदि आप 1, 2 या 3 में से कोई भी एक शर्त पूरा नहीं करती हैं तो आपको परिवार नियोजन का कोई अन्य तरीका अपनाना चाहिए। अधिक जानकारी के लिए स्वास्थ्य कार्यकर्ता से संपर्क करें।

लैम विधि गर्भधारण को रोकने में असरदार होती है यदि तीनों शर्तें पूरी होती हैं:

1

आप बच्चे को केवल स्तनपान कराती हैं।

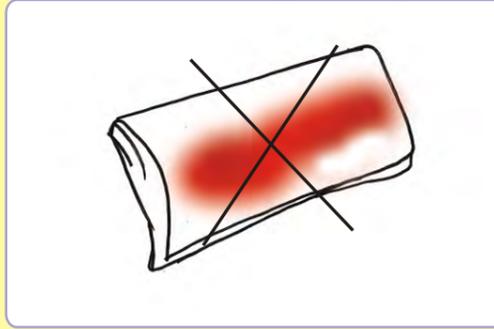


नीचे लिखी तीन शर्तें लैम विधि को असरदार होने में आपकी पूरी मदद करेगी:

- बच्चा जब भी चाहे उसे स्तनपान कराएँ।
- बच्चे को स्तनपान कराने में दिन में 4 घंटे और रात में 6 घंटे से ज्यादा देर न करें।
- बच्चे को बोतल या चूसनी न दें।

2

प्रसव के बाद आपको माहवारी आनी शुरू नहीं हुई है।



- रात या दिन, बच्चा जब चाहे तब स्तनपान कराने से माहवारी देर से शुरू होती है।
- बच्चा या आप बीमार होने पर भी स्तनपान जारी रखें।

3

आपके बच्चे की उम्र 6 माह से कम है।



- बच्चे को 6 माह से पहले ऊपरि आहार, दूध या पानी न दें।
- 6 माह तक बच्चे की स्वास्थ्य के लिए जरूरी सभी तत्व स्तनपान से पूरी होती हैं।

यदि आप 1, 2 या 3 में से कोई भी एक शर्त पूरा नहीं करती हैं तो आपको परिवार नियोजन का कोई अन्य तरीका अपनाना चाहिए। अधिक जानकारी के लिए स्वास्थ्य कार्यकर्ता से संपर्क करें।

लैम विधि स्तनपान पर आधारित परिवार नियोजन का एक प्राकृतिक तरीका है।

लैम विधि गर्भधारण को रोकने में असरदार होती है, यदि :

1. आप बच्चे को केवल स्तनपान कराती हैं।
2. प्रसव के आद आपको माहवारी आनी शुरु नहीं हुई हो।
3. आपके बच्चे का उम्र 6 माह से कम है।

लैम विधि के फायदे:

- स्तनपान आपके बच्चे को स्वस्थ और तंदरुस्त रखने में मदद करता है।
- स्तनपान आपके बच्चे को बीमारियों से बचाता है।
- स्तनपान से बच्चे को सभी पोषक तत्व मिलते हैं।

नीचे लिखी एक भी परिस्थिति में लैम विधि गर्भधारण को रोकने में असरदार नहीं होगी:

- आप बच्चे को स्तनपान के अलावा नियमित रूप से कुछ खिलाते या पिलाते हैं।
या
- प्रसव के बाद आपकी माहवारी आनी शुरु हो गई है।
या
- आपका बच्चा 6 माह का हो गया है।

जब लैम विधि आपके लिए असरदार नहीं रहती है तब:

- स्वास्थ्य कार्यकर्ता से संपर्क करें।
- परिवार नियोजन का कोई अन्य तरीका प्रयोग करना शुरु करें।
- बच्चे के स्वास्थ्य के लिए स्तनपान कराती रहें।

लैम विधि के बाद परिवार नियोजन के कौन से तरीके अपनाएं:

लैम विधि के प्रयोग के बाद परिवार नियोजन का कौन सा तरीका आपके लिये उपयुक्त होगा यह जानने के लिए स्वास्थ्य कार्यकर्ता से संपर्क करें।

लैम विधि स्तनपान पर आधारित परिवार नियोजन का एक प्राकृतिक तरीका है।

लैम विधि गर्भधारण को रोकने में असरदार होती है, यदि :

1. आप बच्चे को केवल स्तनपान कराती हैं।
2. प्रसव के आद आपको माहवारी आनी शुरु नहीं हुई हो।
3. आपके बच्चे का उम्र 6 माह से कम है।

लैम विधि के फायदे:

- स्तनपान आपके बच्चे को स्वस्थ और तंदरुस्त रखने में मदद करता है।
- स्तनपान आपके बच्चे को बीमारियों से बचाता है।
- स्तनपान से बच्चे को सभी पोषक तत्व मिलते हैं।

नीचे लिखी एक भी परिस्थिति में लैम विधि गर्भधारण को रोकने में असरदार नहीं होगी:

- आप बच्चे को स्तनपान के अलावा नियमित रूप से कुछ खिलाते या पिलाते हैं।
या
- प्रसव के बाद आपकी माहवारी आनी शुरु हो गई है।
या
- आपका बच्चा 6 माह का हो गया है।

जब लैम विधि आपके लिए असरदार नहीं रहती है तब:

- स्वास्थ्य कार्यकर्ता से संपर्क करें।
- परिवार नियोजन का कोई अन्य तरीका प्रयोग करना शुरु करें।
- बच्चे के स्वास्थ्य के लिए स्तनपान कराती रहें।

लैम विधि के बाद परिवार नियोजन के कौन से तरीके अपनाएं:

लैम विधि के प्रयोग के बाद परिवार नियोजन का कौन सा तरीका आपके लिये उपयुक्त होगा यह जानने के लिए स्वास्थ्य कार्यकर्ता से संपर्क करें।

लैम क्लाइंट कार्ड



स्तनपान कराने वाली महिलाओं
के लिए परिवार नियोजन का
एक प्राकृतिक तरीका



लैम क्लाइंट कार्ड



स्तनपान कराने वाली महिलाओं
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