

PDC 794

**TRAINING PROGRAMS FOR THE YEMENI HEALTH MANPOWER INSTITUTE  
IN BASIC CONCEPTS OF FAMILY WELFARE & FAMILY PLANNING**

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## SUMMARY & RECOMMENDATIONS

The PRAGMA Corporation under contract with the Agency for International Development has undertaken the task of offering technical services to implement two workshops to be offered for HMI's in Sana'a. The technical assistance is designed to (1) familiarize HMI's faculty members with basic concepts, teaching tools, and sample instructional materials concerning family welfare topics, and (2) provide senior HMI administrators with guidance and encouragement for initiating an integrated plan for curriculum development through observational tours to third world countries and the U.S.

The in-country duration of the consultancy lasted for a month. The consultant worked with HMI key faculty members and outside guest speakers to design and implement the two workshops. The first workshop was offered on September 14 through September 19, 1985. The second workshop ran from September 21 to September 25. A total of fifty two trainees attended the workshops. Participants came from Sana'a, Ibb, Taiz, and Hodeidah.

The workshops were well attended and participation in group discussions was high. Participants were eager to express their views and learn from each other as well as the lecturers. Various audio-visual tools were used including film, slides, posters, and over-head projection presentation. The competition between trainees to create a family planning poster for Yemen rendered many interesting and worthwhile creative works.

The HMI administration has been most cordial and cooperative with the consultant. Many faculty members worked diligently to make the program a success. Outside guest speakers enriched the program and brought new perspectives to HMI's faculty members.

As for the overseas training component of the project, Pragma has contacted various family planning officials in Indonesia, Malaysia, and Morocco to request cooperation in setting up the field visits. Only Malaysia has expressed an interest in hosting the Yemenis from HMI. Pragma will continue to telex the two countries that have not yet responded.

Air tickets have been purchased for all candidates of the overseas trips. The tickets will be hand delivered to Mrs.

Hamdani prior to the consultant's departure. Pragma has made payments to Marib Travel Agency's bank account in New York.

The per-diem checks for the Indonesia, Malaysia, and U.S. trips were mailed via DHL from Washington D.C. on September 19, 1985. Mrs. Hamdani will give each participant his/her check prior to the scheduled departure. Pragma issued the per-diem checks as follows:

Per diem for three participants to Indonesia and Kuala Lumpur for 21 days. The total amount is \$2,475.00 for each participant.

Advance to four participants to U.S. of \$200.00 each. Pragma will issue checks for trainees in Washington D.C. upon their arrival.

Per diem for Morocco trip will be given by Pragma's financial office in the U.S. as the trainees will leave from U.S. to Rabat.

#### Recommendations for Future AID Training Program for Yemen

Based on my experience in implementing this training program in Sana'a, I would make the following recommendations:

1. In a training program budget, there ought to be an allocation for tuition. Pragma is experiencing great difficulty in arranging the overseas training programs because there are no budget allocations for the host countries institutions.
2. The two in-country workshops proved successful, and the cost of conducting such programs was modest compared to the overseas training component of the project. AID might want to evaluate the cost, and the effectiveness of the in-country training approach versus a training abroad approach.
3. Secretarial services, especially Arabic ones are difficult to find by U.S. consultants who do not have any contacts in Yemen. AID could have an approved list of candidates available for consultants.
4. My discussions with Yemini trainees lead me to believe that there is a great deal of interest in learning about family planning methods in Yemen. However, a low-keyed approach based on community work via TBAs, or health workers . . . etc., seems more appropriate for the Yemini cultural environment than large media programs. Working at the

individual level in small communities might be far more effective, and less risky than using media campaigns on family planning.

5. A follow-up study should take place in the spring after the return of all trainees from their overseas training trips. The study would focus on the various ways HMI faculty members have utilized knowledge gained from the workshop or trips abroad in teaching family planning to their students.

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"A mother should not be made to suffer because of her child, nor should he to whom the child is born suffer because of the child.

. . The Holy Quran

"Many small groups have overcome and won large groups with God's blessings."

. . The Holy Quran

"The worst hardship is to possess plenty of children with inadequate means."

. . Prophet Mohammed



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TRAINING PROGRAMS FOR THE YEMENI HEALTH MANPOWER INSTITUTE  
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Introduction

This project is designed to provide technical assistance to the administrators and faculty members of the Health Manpower Institute (HMI), which is the primary source of training for nurses and auxiliary health workers in the Yemen Arab Republic. The technical assistance consists of (1) two workshops to be conducted in Sana'a where basic concepts of family planning will be explained, and (2) arranging the logistics for the observational tours to Morocco, Indonesia, Malaysia, and U.S. for ten faculty members of HMI. The overall goal of the project is to incorporate the basic concepts of family planning in the HMI's curricula and provide key faculty members with an opportunity to visit successful FP programs in the U.S. and three developing nations.

This report is divided into three parts--the first part discusses the educational and cultural context in which the workshops were implemented. A training manual that explains the philosophy of the training program and the teaching methodologies is included in the second section of this report. The last part of the report deals with the logistical arrangements made for the overseas training component. The appendices include the training schedules, instructional materials, group discussion dynamic exercises and all documents pertaining to the two workshops.

The Yemen Arab Republic & The Educational Sector.

The Yemen Arab Republic (North Yemen) is situated along the Red Sea between Saudi Arabia in the north and the People's Democratic Republic of Yemen, South Yemen to the south. (See Appendix A). The country's political system changed from an Imamya, a theocratic system headed by a monarch, to a republic in 1962. Although the country has a rich history that can be traced back to the biblical figures Solomon and the Queen of Sheba, institutional building efforts are quite young. Many years of isolation and suppression under the rules of Imams, and a devastating civil war that followed the formation of the republic system left the country weak and longing for reform in the economic, social and educational spheres. So, in the last twenty years, the Yemeni Government built many schools and colleges to meet the needs of young Yemenis who are interested in pursuing their formal education.

Remittances from Yemenis working in Arab oil-rich countries boosted the economy and provided the economic basis for improvements

in the educational sector. In 1978, remittances sent or brought back to Yemen were estimated to be as high as US \$1.34 billion <sup>1</sup>. Presently, remittances are still the single-most important source of capital formation in Yemen. Financial support to Yemeni education is also available through foreign donor agencies as well as Arab countries like Kuwait and Egypt. However, the recent discovery of oil in the country is expected to bring about basic socio-economic changes in the near future, and hopefully provide more revenues for education.

The formal Yemeni system of education has a young history that goes back only to the early sixties. In the last ten years, primary and secondary enrollments have increased at an annual rate of over 10 percent. However, literacy rates are only 20-25 percent in YAR compared to an average of 63 percent in other developing nations <sup>2</sup>.

Now many Yemenis recognize the importance of formal education for their children. This push for education is also reflected in the size of the national budget's allocation for education. In 1974-75 the budget for education rose from YR 31.9 million to YR 202-4 million in 79/80<sup>3</sup> (at the current exchange rate, a dollar is YR 7.32). However, with ever-increasing enrollment figures, and the relative modest resources of the country, the quality of education tends to suffer. Hence, there is a need for training at all educational levels.

#### The Health Manpower Institute in Yemen (HMI).

##### History and Objectives:

The first effort to train nurses, X-ray technicians, and medical assistants took place in Yemen in 1958 when the World Health Organization funded a number of short term training courses in Sana'a. But it was not until 1972 that the Health Manpower Institute (HMI) was established. The main objective of HMI is to provide technical training for nurses, midwives, X-ray technicians, medical and pharmacists' assistants, and sanitarians. Shortly after the institute opened its doors in Sana'a, three regional branches were inaugurated in Ibb, Taiz, and Hadeideh.

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1 Cynthis, Myntti. "Population Processes in Rural Yemen" Temporary Emigration, Breastfeeding, and Contraception, Studies in Family Planning Vol. 10, Oct. 1979, p. 282.

2 The Futures Group Rapid Booklet, Yemen Arab Republic: Population and Development, p. 13.

3 Ibid, p. 15.

Currently, HMI operates under the auspices of the Yemeni Ministry of Health. It offers two types of paramedical training programs; a three-year degree program and a one-year degree program. By 1984, the Institute completed the training of 1847 health auxiliary workers.

The Institute's three-year program graduates nurses, midwives, sanitarians, lab technicians, medical assistants, pharmacist technicians, X-ray technicians, and anesthetic technicians. The one-year program specialized in the training of assistant nurses, lab aids, X-ray aids, and sanitary aids. Moreover, since 1984 HMI has sponsored various workshops to train health workers in Yemeni governorates, primary health care workers, and local midwives. (See Appendix C).

In the academic year 1984 there were 75 faculty members in Sana'a, Taiz and Hadeidah, and courses were offered to 568 students. Many HMI faculty members work on a part-time basis, or are seconded from the governments of Egypt, Arabia, etc. to work as full-time faculty on yearly contracts.

Originally, the Institute accepted elementary school students for its technical programs, but in an effort to upgrade the quality of education, HMI now accepts only junior high school graduates. Students receive scholarships that include tuition, room and board, and personal allowances. After graduation, students are assigned to hospitals, and other medical facilities. Some ambitious students continue their education past their HMI degree to earn other college degrees in engineering, education, etc.

#### Faculty Training & Career Development

In the past few years, the Health Manpower Institute has been the recipient of foreign grants and scholarships. These funds are used for staff members. Grants from the Egyptian government enable lecturers to pursue graduate work in Egypt. The World Health Organization has been active in providing technical consultancy services to the Institute. Currently there are four HMI staff members enrolled in graduate training in the U.S., one staff member in Bahrain, and eight lecturers receiving nurse's graduate training in Egypt. In addition to the above mentioned grants, the German government is now offering technical laboratory and internship assistance to HMI's students. A West German nurse works closely with Yemeni student nurses completing the internship part of their training.

Some faculty members have attended conferences in India, Cyprus, Bahrain and Egypt. Funding is usually secured through cooperative agreements with the host countries or international health agencies.

Some HMI faculty members have received their degrees from Egyptian and east European universities. Many of HMI's staff look forward to opportunities to interact with professionals from western countries and the U.S.

Both Mr. Al Zindany, HMI Director, and Dr. Abdel Qahir, Deputy Director, recognize the importance of faculty in-service training programs. They maintain an open door policy to representatives from foreign countries who indicate an interest in offering long or short term training courses for HMI's faculty members.

### Family Planning Services in Yemen

In Yemen, the topic of family planning is a sensitive one-- proximity to Saudi Arabia, the source of Islam, and strong Islamic fundamental beliefs are important reasons behind suppressing FP efforts in the country. The recent increase in Yemeni incomes from remittances as well as the scarcity of skilled laborers in the country cause Yemenis to discount the need for FP services. At the individual level, Yemenis prefer large families and equate social prestige, marital stability, and economic prosperity with large numbers of children. At a national level, awareness of the consequences of unchecked population growth in relationship to limited resources is still low. Hence, the religious and cultural environment in Yemen allows only for a slow and low-keyed FP program.

A quick review of Yemeni demographics points out the importance of initiating FP efforts in the country. The Annual Statistics Report for 1984 projected a 1985 population of 8,100,000 Yemenis. Compared to a population of 2,893,000 in 1950, and 3,568,000 in 1960. Now Yemen has an average annual growth rate of 2.6. A Futures Group Study shows an average of seven children per family. Continued high fertility rates and declining mortality rates impose a serious drain on all public services in general, and health and educational services in particular. With the current high fertility rate it is expected the literacy rate will increase from approximately 20-22 percent in 1981 to 42 percent by the year 2000. However, if fertility is reduced to three children per family, a low fertility rate for Yemen, the literacy rate could be raised to 44 percent by the year 2000. In the area of maternal/child health, there is room for improving both the present infant mortality rate of 175 per 1000, births and the life expectancy figure of 44 years.<sup>4</sup>

Despite some of these evident socio-economic benefits that would accrue from launching a vigorous family planning effort in Yemen, the

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<sup>4</sup> Futures Group Rapid Booklet, Yemen Arab Republic Population and Development p. 29.

cultural and the religious factors call for a soft approach to population problems. So family planning is referred to as "family welfare" with a particular emphasis on maternal/child health. The Yemeni media, T.V., radio, and newspapers are not totally free to discuss FP issues. There is an absence of visible street posters that carry FP messages. Institutional capabilities are extremely young with few well-trained professionals that could speak about the technical aspects of family planning.

However, Yemen has a Family Planning Association office in Sana'a. A visit to the main office indicated that most of the services are rendered to the few women who seek FP counseling. The problem was quite evident, limited number of clients. During the last week of the consultancy, an advertisement for a lady doctor appeared in the local papers. It was not clear whether the advertisement is for a new position, which indicates an expansion of services, or a simple replacement of the present doctor. Audio-visual materials were available in the office of YFPA.

Recently, there have been a few pioneering efforts to introduce FP topics to health professionals in Yemen. In September 1985 a Ministry of Health Workshop was conducted outside Sana'a to discuss maternal/child health, and FP services were mentioned. Also, a FP conference was held in Sana'a in 1983 that attracted the media's attention.

However, it should be noted that there is a growing interest among young Yemeni women about health and beauty issues. Many women asked me questions about nutrition, health, and the benefits of exercise. Some favored using contraceptives in order to avoid repeated pregnancies and "losing one's shape." Customarily, in Yemen contraceptives are purchased from pharmacies and shops. The most common methods used are the pill and condoms. Withdrawal, IUDs, and vasectomies are known to a lesser extent. A study done by the Yemeni Family Planning Association shows that 18 women of a sampled 199 stated that withdrawal was the method used to avoid pregnancy. In the same study 74 women indicated that their husbands used condoms. While only three percent of women have undergone tubal ligation and they did it for health reasons.<sup>5</sup>

Depo provera injections used to be popular as contraceptives in the early 1980's. However, fear of side effects and a recent government ban led to a dramatic decrease in the number of depo provera users. Some Yemeni husbands, returning from Arab countries, continue to bring the injections to Yemen.

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5 A General Study About Contraceptives in Yemen, YFPA, in Arabic.

Traditional methods like douching with salted water or vinegar after intercourse, and using lemon juice prior to the sexual act are still practiced on a limited scale by some rural women. However, modern methods are known to most Yemeni women,<sup>6</sup> and contraceptives are often purchased from outside Yemen by returning husbands who do not want to have more children. At present, the most commonly sold contraceptives are Neogynon, Microgynon, Neogynon 30, and Sampooon condoms. Fear of health hazards and side effects are the main problems that face Yemeni women who use the pills or IUD. In a lecture entitled "Islam and Family Planning" Dr. Hamid Mahmoud of the Sharia College in Sana'a summarized the religious position by stating that only a "maternal/child health" argument is an acceptable reason for spacing birth. He made it clear that economic arguments both at the national and individual levels are not acceptable to the Ulama, religious scholars. "God will provide" philosophy is deeply rooted within Islamic tradition.

"Birth spacing" as opposed to limiting the number of children is the only door in Islam for those who opt to practice family planning. To space children to allow the mother to adequately care for the newborn, or to complete the two-year lactation period recommended by the Quran is acceptable to the Ulama. However, all irreversible contraceptives or surgical procedures that lead to limiting one's family are considered interference by man in God's domain and are thus forbidden. Only if a mother's health is threatened by a pregnancy would a tubal ligation be allowed.

Although Muslim scholars have differed on their position about abortion, Dr. Mahmoud indicated that an abortion should be performed only if a mother's life is threatened. Arguments about "preserving a woman's beauty" are seen as frivolous reasons that Muslims are encouraged to use to limit the number of children.

The socio-political context of fertility in Yemen dictates the use of a strategy based on intensive community efforts. In these grass roots efforts, the role of the auxiliary health workers is crucial in convincing the public and in providing correct FP counseling to clients. Auxiliary health workers could play an important part in the social marketing of FP services. Already people buy contraceptives from pharmacies, so a pharmacist-aid could promote FP ideas to clients. An auxiliary health worker could provide advice in the following areas:

- to slow the dangerous pace of overpopulation
- to promote good health for mother and child

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6 Ibid, p. 20.

- to help parents protect themselves against unwanted pregnancies, malnutrition, etc.

Nurses are often more accessible to patients than doctors. In certain environments a nurse or midwife could be more effective in promoting FP ideas than a doctor. It is important to focus our attention to the training the health auxiliary worker receives in Yemen. At present HMI's curriculum is devoid of any reference to FP services. A great deal of effort must be spent on creating an awareness of population problems and providing technical training in the area of contraceptives' use. The two workshops described in this report represent a pioneering effort to introduce FP topics to HMI's faculty members.

## PART II

### WORKSHOP TRAINING MANUAL

The Training Committee: The PRAGMA Corporation under contract with the Agency for International Development has undertaken the task of offering technical services to implement two workshops offered for HMI in Sana'a. The technical assistance is designed to (1) familiarize faculty members with basic concepts, teaching tools, and sample instructional materials concerning family welfare topics, and (2) provide senior HMI administrators with guidance and encouragement for initiating an integrated plan for curriculum development through observational tours to third world countries and the U.S.

PRAGMA's consultant, Dr. Soheir Sukkary-Stolba, who is fluent in Arabic, arrived in Sana'a on August 31, 1985. Contacts were made with both USAID Sana'a and HMI officials in order to arrange for the in-country training portion of the contract. An HMI workshop committee worked with the consultant to finalize the design of the workshop schedule and work on the logistic arrangements for the training program. The HMI committee consisted of four faculty members, Mr. Mahmud El-Zindany, Director of HMI, Mr. Ahmed Abdel Qahir, Deputy Director of HMI, Mrs. Tahira Ali Mohammed, Dean of Midwivory Section, and Mr. Ahmed Muhsin Al Qidda, faculty member in the Nursing section. The consultant met with the committee daily to discuss all details pertaining to the design and implementation aspects of the workshops. Dr. M. Rushan, Ministry of Health consultant joined the committee after his arrival from a U.S. trip and was extremely helpful to the overall efforts of the committee.

The Philosophy of the Training: A training program should be designed on the basis of a clearly defined set of ideas that constitute the basis for all the technical aspects of the program. The workshops were designed to reflect the following principles:

Participatory Training Approach: Learning best occurs in a participatory environment where trainers and trainees interact with one another and exchange views through active participation rather than passive observation. From the outset, HMI officials expressed a desire to take an active role in the lectures of the workshops. Hence, a schedule was designed to involve all key faculty, members of HMI and outside guest-lecturers in the workshop program. Outside lecturers were hired from the local universities, the Yemeni Women Association, and Ministry of Health. The consultant worked individually with each lecturer to prepare a summary/outline of the training materials and incorporate the family planning training component. The consultant offered technical assistance, references, and tips about the use of audio-visual materials.

In participatory training, the trainee acts at the two levels of learning, namely, recognition and production of materials. So the training provides an opportunity to internalize basic concepts learned in preparing the lecturers. Instead of the passivity involved in listening to a lecture on family planning, the trainees, key HMI faculty members, work with the consultant to integrate FP concepts in their lectures prior to the scheduled training program.

Individualized Instruction: Each lecturer met with the consultant to review his/her lecture and to ensure that basic concepts of FP are part of the lecture format. The chance to interact on a one to one basis created an amicable learning atmosphere where HMI lecturers and the consultant exchanged views, and reference books . . . etc. The long debates about the various aspects of family planning that took place in the individual sessions helped clear some of the misconceptions about the topics. Each participating lecturer was asked to write his/her lectures in a simple outline form. Also, a brief summary of each presentation was printed and distributed to the trainees. These prepared lectures represent the nucleus of a FP curricula that HMI staff would hopefully use in their classes in the future.

The philosophy of the program maximizes cooperation between the consultant and HMI officials. Moreover, the participatory approach ensures that the flow of knowledge is mutual between all professionals involved in the training. The frequency of face-to-face interactions between the consultant and HMI officials in preparing lectures guarantees that the basic concepts are operationalized and used in the proper context.

Workshops Training Objectives: One of the most important requirements for introducing family planning concepts within an already existing curricula is to have a core of trained lecturers who know how to impart FP knowledge and are clear about the linkage between their subject matter and FP knowledge. So the workshops were designed with the following objectives in mind:

Objectives:

- Discuss the economic, religious, social and psychological aspects of family planning within a scientific framework.
- Define basic concepts of family planning theories e.g., birth spacing, social marketing of contraceptives, etc.
- Discuss the various methods of family planning in relationship to maternal/child health.
- Examine the role of health auxiliaries in disseminating FP knowledge in Yemen.
- Compare the demographics of the Yemen Arab Republic with other developing nations.
- Discuss the dynamics of a successful FP communication message in Yemen.

- Provide examples of modules that could be used in developing FP curricula.
- Operationalize FP concepts and test their suitability for Yemeni culture.
- Identify the cultural constraints that might hinder family planning communication messages in Yemen and address them.
- Develop specific guidelines for incorporating FP concepts in HMI's curriculum.

Lecture Topics Trainees: Two workshops were conducted for 54 Yemenis from Sana'a, Ibb, Taiz and Hodeidah. The participants included HMI's staff, faculty members, representatives of the Ministry of Health, and members of the Yemeni Family Planning Association.

The workshops were also attended by a German nurse consultant, AID's representative Mrs. Rashida Hamdani, and Dr. Paul Hartenberger AID Washington project officer. The first workshop started on September 14, 1985. The second workshop began on September 21. (See Appendix F & G for schedules). Each workshop lasted for five days because of two national holidays interrupting the program.

Each five-day workshop consisted of a series of integrated lectures and discussion groups about family planning. The lecture topics are all designed to explore the various aspects of FP in Yemen. Each workshop day consisted of two-core-lectures and a brain-storming technique in the discussion group.

The lecture topics included the following:

- Demographics of the Yemen Arab Republic - A Comparative Study with Other Countries. By: Dr. Soheir Sukkary-Stolba
- The Economic Aspects of FP. By: Ahmed Qahir, HMI Deputy Director
- Maternal/Child Health and FP. By: Mrs. T. Mohammad and Mrs. Al Tahwitt of HMI.
- Human Lactation/Nutrition and FP. By: Dr. Kalid Gilan, Ministry of Health
- Family Planning and Communication Methods. By: Dr. Soheir Sukkary-Stolba
- Contraceptives. By: Dr. Soheir Sukkary-Stolba
- The Role of Health Auxiliaries in Promoting FP. By: Dr. Hassan Al Mutawakil, HMI Lecturer
- The Dynamics of FP in Yemen. By: Dr. Naguiba Abdel Ganny, Ministry of Health
- Manifestation of Population Growth in Yemen. By: Dr. M. Rushan, Ministry of Health Consultant
- The Role of Women in FP. By: Ms. Ahlam Mutawakil, Director of Yemeni Women Association
- Islam and Family Planning. By: Dr. Hamid Mahmoud, the Sharia College in Sana'a.

Lecturers: The majority of lecturers are key faculty members of HMI. However, outside lecturers were invited from the Ministry of Health, the Yemeni Women Association. A university professor who has expertise on the religious aspects of FP also lectured. In selecting lecturers, the consultant tried to bring the most knowledgeable and credible professionals in Yemen. Hence, an expert from the Sharia College gave the lecture on Islam and FP, and medical doctors gave the human lactation lecture.

The consultant played a key role in lecturing in every training day. Also participated actively in preparing all lectures and discussion group exercises.

Audio-Visual Materials: A number of different audio-visual materials were used in conducting the workshop.

1. A slide presentation on Yemeni Women and FP was given by Miss Ahlam Mutawakil, Director of the Yemeni Women Association.
2. A film on contraceptives was borrowed from YFPA and shown to trainees.
3. Charts on population growth and posters from the Family of the Future, Egypt.
4. Handouts for each lecture consisted of a summary (outline format) and supporting statistical charts.
5. Examples of contraceptives e.g., sponges, pills, condoms, etc.
6. The Rapid Video on Yemeni Women was shown in a private home to four women from HMI and YWA. The women were bored due to the lack of action and the English narration. They advised against showing the video in the workshops. So, the consultant used the Rapid information in the lecture on demographics and cancelled plans to use the video.
7. The Rapid computerized version on population growth was not shown in the workshop because when the program was tested at AID's office with Mr. Mansour, it was discovered that an important part of the hardware was missing which made it impossible to use the program. Again, the consultant used the information written in the Rapid booklet in the lectures given on Yemeni demographics.

The Workshops' Budget: The total approved budget for the two workshops is \$11,715 or 86,000 YR (see Appendix D). A subcontract was signed by PRAGMA's consultant and Mr. Zindany, HMI Director. According to the contract, HMI is obligated to submit a financial report indicating expenditures on the workshops. A final accounting report was filed with the AID Controller's Office of Sana'a.

Discussion Group Dynamics: Each lecturer prepared an exercise sheet for the participants. Trainees split into small groups and worked individually and collectively on solving the problems of the exercise sheets. At the end of each workshop, the discussion group leaders summarized the main points that should be included in the answers.

A question and answer period followed each lecture. It should be noted that there was a great deal of diversity in the styles of each group discussion leader. Some tended to be more flexible and realistic in their attitudes towards issues, others were normative and rigid. However, the exchange of opinions was always useful and informative.

Some of the group exercises included the following activities:

1. Observations outside the institute's building in the streets for manifestations of population problems.
2. Drawing a FP poster for Yemen.
3. Creating an effective FP slogan for Yemen.

Each session consisted of 27 participants. Trainees were divided into 4 groups. Participants were encouraged to maintain a balance of male and female members in each group as each sex tended to cluster in one area.

Each group of four worked on presenting answers to the worksheets of the various lecturers. There were times where groups competed in producing the best written statement on the problems presented. Groups were extremely enthusiastic in participation, debate, and expressing their views to the lecturers.

Moreover, the competition for the best FP poster/slogan for Yemen rendered many worthwhile artistic creations. If Yemeni officials decided to move forward with FP posters, some of the designed posters could be used in the FP campaign.

Participants were eager to ask questions and make comments about each lecture. They welcomed the opportunity to exchange opinions. But at times, one could sense a normative attitude toward answers which is expected in beginning efforts of this nature. In other words, participants tended to see "only one right answer to questions," or search for a monolithic explanation to issues.

Pre and Post-Testing: A short test consisting of 19 questions was administered before and after the workshop. Results of the pre-test showed a mean of 13 points, while results of the post-test indicated a mean of 17 points. (See Appendix I for Tests.)

Evaluation: Evaluation questionnaires were distributed at the end of each session to all participants. (See Appendix for questionnaire format.) The workshops were rated as "excellent" by 80 percent of the participants, the other 20 percent rated the workshops as "good." All participants mentioned that they benefited and learned a great deal from attending the workshops. All participants stated that FP can be incorporated into the present HMI curricula.

Some of the suggestions for future sessions involved the following:

1. A special session for women, so they can ask questions freely and without embarrassment in the presence of men.
2. Devote more time to discussion.
3. More time for the workshop e.g., a two-week workshop as opposed to the 5-day workshop.
4. A booklet based on the lectures to be given to each participant.
5. More colored pens for writing on the board.
6. Use more audio-visual aids.
7. More training sessions of similar nature to a wider base of health professionals.
8. To time the workshops in the summer vacation rather than the beginning of the school year.
9. To provide clearer copies of handouts. Due to printing and xeroxing problems, sometimes copies were not very good.

Overall, participants indicated that they found the training program extremely informative and enjoyable. The only major complaint was related to the duration of the training. Many participants felt that the program should be implemented in a two-week period rather than five days, to allow for thorough discussion of the topics.

Part III

OVERSEAS TRAINING FOR HMI

This project includes an overseas training component for ten HMI faculty members. Initially trips were scheduled for U.S., Morocco, Indonesia, and Malaysia. The Moroccan trip is to precede the U.S. one. PRAGMA's contacts with Morocco have not been confirmed yet. So because of the logistical difficulties experienced in firming up the arrangement for the Moroccan trip, a recommendation is made to have the trainees spend 7 days in Morocco after their training in the U.S.

Mr. Zindany, HMI Director, promised to select new candidates for the Indonesian trip to replace the two ladies who withdrew. There is concern that if all the trips are scheduled for the same period of time, HMI's programs will suffer in the absence of large numbers of faculty members from the class-rooms. The trips are scheduled as follows:

Participants	Destination	Dates	Total Days
1. Mr. Mohmmad Salah El Barda	Morocco	12/16/85	7
2. Mr. Ahmed Muhsen Al Quda	Morocco	to	
3. Mr. Ali Abdel Aziz Tarish	Morocco	12/24/85	
4. Mr. Mahmud Abdou Al Zindany	Indonesia	10/20/85	11
Two new candidates to be nominated soon by HMI.			
1. Mr. Mahmud Abdou	U.S.A.*	11/14/85	*
2. Mr. Mohammad Salah El Barda	U.S.A.	11/14/85	*
3. Mr. Ahmed Muhsen Al Quda	U.S.A.	11/14/85	*
4. Mr. Ali Abdel Aziz Tarish	U.S.A.	11/14/85	*

\*Arranged through partners for International Education and Training

## Overseas trip for HMI Faculty Members

### Morocco Observational Tour

Dates: Beginning Dec. 16, 1985 - Ending Dec. 24, 1985

Duration: 7 days (one day travel to Morocco and one to Yemen)

Participants: Mohammad Salah El Barda  
Ahmed Muhsen Al Quhda, Lecturer, Nursing Dept., HMI  
Ali Abdel Aziz Tarish, Deputy Director of HMI at Taiz

Activities: - visit FP Urban and Rural Clinics  
- visit Training Institute of Health Auxiliaries

Purpose: - observe training activities for health workers in Moroccan educational institutions  
- update knowledge about family planning activities in Morocco  
- observe operations of auxiliary health workers in Morocco  
- exchange views about incorporating family planning in health curriculum  
- visit the Family of the Future at Dukki, and review their publication on FP.

### Indonesia and Kuala Lumpur

Dates: Beginning Oct. 20, 1985 - ending Oct. 31, 1985 for Indonesia

October 31, 1985 to Nov. 11, 1985 for Kuala Lumpur

Duration: 11 days in Jakarta, Indonesia  
11 days in Kuala Lumpur, Malaysia

Participants: Mr. Mahmud Abdou El Zindany, Director of HMI  
(Two new candidates to be confirmed soon)

Activities: - meeting with Director and faculty of NIPA,  
- visit to training facilities at NIPA,  
- meeting with Director of Family Planning Association  
- visit to Maternal Child Care Clinic, Health Center,  
- visit senior staff of NFPCB in Indonesia,  
- visit to Rural Family Planning Clinic,  
- exchange views about formal and informal communications networks.

Purpose: - observe training activities for auxiliary health workers,  
- update knowledge about family planning activities in Indonesia,  
- observe operations of auxiliary health workers in Indonesia,  
- exchange views about incorporating family planning in health curriculum.

The U.S. training program starts on November 16 in Washington, D.C. Partners for International Education & Training will handle the U.S. travel and other arrangements for the candidates.

#### Logisitic Arrangements for Overseas Training

##### Confirmation by Host Countries:

AID Sana'a and HMI officials have sent numerous telexes, letters and cable to various FP institutions in order to set up a time-schedule for all field visits and to confirm the host institutions willingness to receive the trainees. HMI has sent letters to officials of the following institutions:

Dr. Slamet Sudaraman  
Chief of Education & Training  
Center for Program Personnel  
National Family Planning Board  
Jakarta, Indonesia

A tentative schedule of activities was proposed in the letter that included visits to successful FP clinics in rural and urban Indonesia. Also meetings with Indonesian health workers and FP officials were requested. As of this date there has been no answer to the above mentioned letter.

Recognizing the importance of confirmations from host countries, PRAGMA's project coordinator, Mrs. Maggie Chadwick, has undertaken the task of communicating with officials of the host countries. She has sent telexes to the following:

Dr. Hamid Arshat  
Director General  
National Population & Family Development Board  
Malaysia

Dr. Slamet Sudarman  
Director  
National Family Planning Board  
Indonesia

Mr. Carl Rahmaan  
USAID  
Rabat, Morocco

Mr. M.A. Sattai  
Director  
International Committee on Management of Population  
Malaysia

(see Appendix E for Telex text)

From Malaysia, the National Family Planning Board has welcomed HMI's visit to Malaysia, and expressed willingness to cooperate in setting up appointment for observational visits.

HMI is currently corresponding with three officials that work in the area of Indonesian FP and are positive that these officials will facilitate the Indonesian observational visits.

The Moroccan response to PRAGMA indicates the U.S. AID Rabat is willing to coordinate the visit contingent upon transfer of funds to AID, Rabat. As there are no monies in the contract allocated for this purpose, it is recommended that the trainees spend only 7 days in Morocco and left over money from the per-diems originally allocated for 17 days be used to fund the program.

## Air Tickets

Mareb Travel in Sana'a has been in contact with PRAGMA to arrange for issuing air tickets to HMI candidates. A tentative booking schedule for the Indonesia, Kuala Lumpur, and the U.S. trips is as follows:

### 3 Passenger from Sana'a to Jakarta/Kula Lumpur ABC

<u>Date</u>	<u>Flight#</u>	<u>Leave</u>	<u>Arrive</u>	<u>From</u>	<u>To</u>
20 Oct.	IY 754	1800	0130	Sana'a	Malaysia
21 Oct.	TG 508	0305	0945	Karachi	Bngkok
21 Oct.	TG 413	1100	1540	Bngkok	Jkarta
31 Oct.	JL 722	1905	2155	Jkarta	Malaysia
31 Oct.	MH 026*	1710	2010	Jkarta	Malaysia

\*(alternate flight)

### 2 Passengers from Kuala Lumpur to Sana'a AB

11 Nov.	AI 432	1705	2340	Malaysia	Bombay
11 Nov.	OK 511	2330	0150	Malaysia	Bombay
15 Nov.	IY 751	0300	0700	Bombay	Sana'a

\*(alternate flight)

### 1 Passenger from Kuala Lumpur to the U.S.A. & to Sana'a C

11 Nov.	SQ 111	1930	2020	Malays	Singapore
11 Nov.	PA 006	0710	2015	Singapore	N.Y.
11 Nov.	DL 1839	2230	2340	N.Y. JFK	DCA

### 3 Passengers Sana'a-U.S.A. & return to Sana'a via Morocco

13 Nov.	AF 125	0815	1610	Sana'a	Paris
14 Nov.	PA 115	1115	1310	Paris	N.Y.
14 Nov.	PA 599	1500	1550	N.Y. JFK	DCA

All air tickets, including the Moroccan trip have been paid for by PRAGMA. Mrs. Hamdani, of AID Sana'a received the tickets from Dr. Sukkary-Stolba, Pragma's consultant.

### Trip Reports:

Each participant in the overseas training is expected to write a trip report that includes the following:

- Daily participant activities indicating areas, projects and names of officials visited.

- An extensive section on the relevance of observed programs to the Yemeni environment. In this section, a discussion of the methods HMI faculty members would utilize in incorporating their observations in the curricula. These reports should be sent to AID Sana'a no later than 30 days after arrival in Yemen.

Observational Tours and Their Benefits: For future training programs, it is recommended that AID allocates a budget for "tuition" to host institutions in Third World countries. Even on an observational tour, host institutions expect some form of payment for their cooperation. A well-structured observational tour requires a great deal of coordination in order for it to be effective. When host institutions are reluctant to cooperate, the value of an observational tour is tremendously minimized.

**APPENDICES**



Appendix B

Governorates	Sana'a	Taiz	Hodeidah	Damar	Sada'a	TOTAL
<u>Three Year Studies</u>						
Qualified Nurses	32	10	28	-	-	70
Qualified Midwives	11	-	-	-	-	11
Sanitarians	7	-	-	-	-	7
Lab Technicians	12	-	-	-	-	12
Medical Assts.	16	-	-	-	-	16
Pharmacist Tech.	10	-	-	-	-	10
X-Ray Tech.	6	-	-	-	-	6
Anaesthetic Tech.	6	-	-	-	-	6
<u>One Year Studies</u>						
Asst. Nurses	42	38	14	5	20	129
Lab. Aid	5	-	9	-	-	14
X-Ray Aid	-	17	6	-	-	23
Sanitary Aid	14	-	-	-	-	14

(Table 1) Health Manpower Institute Activities, Year: 1984

Graduates by Field of Study\*

Source: Annual Statistics Report for 1984, Ministry of Health, Yemen Arab Republic.

Appendix C

<u>Program</u>	<u>No. of Trainees</u>
Training of the trainees programs	61
Primary Health Care Workers	36
Local Midwives	45
Total No. of Trainees	142

(Table 2) Number of Trainees attending HMI Programs for 1984\*

Source: Annual Statistics Report for 1984  
Ministry of Health, Yemen Arab Republic

## Appendix D

### SUBCONTRACT AGREEMENT

This is a subcontract by and between the PRAGMA Corporation, a Virginia Corporation, hereinafter referred to as the Corporation, and Health Manpower Institute (HMI), hereinafter referred to as subcontractor for service under Agency for International Development Contract Number NEB-0048-C-00-5143-00.

#### A. SCOPE OF WORK

The subcontractor will:

1. Plan and present two workshops for faculty from Sana'a, Ibb, Taiz, and Hodeidah. Each Workshop is intended to be about one week in duration, and will be presented to a group of 24 faculty members. The workshops will focus on training methodologies for incorporating (1) population awareness concepts, and (2) the health consequences of frequent, closely spaced births, into a general student curriculum which will be called "Family Welfare".
2. Prepare lectures with Dr. Sukkary, PRAGMA Consultant, and be responsible for procuring commodities (locally) as required.
3. Be responsible for overseeing logistical arrangements for the workshops and for direct allowable payment for all in-country expenditures associated with the workshops as indicated in HMI proposed budget.
4. Be responsible for scheduling and presentation of the workshops. All presentations will be delivered in Arabic, unless otherwise requested.

#### A. MODE OF REIMBURSEMENT

USAID will provide HMI with requested advance in Rials up to the equivalent of 11,715 US dollars for the preparation of the workshops and related expenses as per the following HMI budget:

HMI PROPOSED SUBCONTRACT BUDGET

<u>Budget Line Items</u>	<u>Budget in Rials</u>	<u>Budget in \$US</u>
<u>Per Diem for Participants</u>		
58,800 Rials based on 80.00 dollars x 10 days x 10 participants	58,800 YR	8.010 US
<u>Lecturers</u>		
1,500 Rials x 9 lecturers	13,500 YR	1,840 US
<u>Secretary</u>	2,000 YR	272 US
<u>Training Materials</u>		
pens, papers, chalk, flip charts	5,000 YR	681 US
<u>Transportation</u>		
for those from outside Sana'a	1,800 YR	245 US
<u>Financial Manager</u>	1,000 YR	136 US
<u>Miscellaneous Expenses</u>	<u>4,000 YR</u>	<u>531 US</u>
<b>Total</b>	<b>86,000 YR</b>	<b>11,715 US*</b>

Upon completion of the two workshops, HMI will be responsible for the accounting of the advanced funds. HMI will provide PRAGMA's Consultant and USAID with all supporting documents justifying the allowable incurred costs for the workshops and applicable adjustments will be made accordingly. Financial records should be submitted to PRAGMA's Consultant before her departure to the U.S. on September 27, 1985.

HMI will work all details of the workshops in cooperation with USAID/Sana'a and PRAGMA Consultant, Soheir El Sukkary.

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Jacques DeFay  
 President  
 PRAGMA Corporation  
 Telex Number 203507  
 PRAGMA FSCH UR  
 Signing for Mr. DeFay  
 Consultant Dr. Soheir Sukkary

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Mr. Mahmoud Abdou Zindany  
 Director  
 Health Manpower  
 Institutee

Exchange Rate 7.34 Rials to \$1.00 US<sub>28</sub>

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Appendix E

Texts of Telexes For Overseas Training

Sept 09 1704 569170  
POP MAL MA31911  
Attn: Dr. Hamid Arshat, Director General  
National Population and Family Development Board

On behalf of the Health Manpower Institute of the Ministry of Health of the Government of Yemen and the U.S. Agency for International Development I am requesting your cooperation in planning an observational tour of Family Planning Clinics in Maylasia for three Yemeni HMI faculty members, the participants would like to observe family planning at all levels from national policy and decision making to clinics in urban and rural settings.

The tour would commence November 7, 1985 and end November 13, 1985, the participants would be arriving from Indonesia where they have been making a similar visit. All participant expenses and travel costs will be paid by USAID/Sana'a.

Please confirm at your earliest convenience. Thank you for your help, I can be contacted at Telex #203507 PRAGMA FSCH UR in the United States.

Telex No. Two

Attn. Flamet Fudarman

This is a follow up on request from Yemen Health Manpower Institute regarding visits by three HMI staff to Indonesia Family Planning clinics. Thank you for agreeing to facilitate the site visits. They will have nine days for meetings and visits beginning late October or early November. All their travel costs and expenses will be paid by USAID/Sana'a.

We recommend one day in the capital for discussing policy decisions, overall structure of Indonesian Family Planning, and logistics for delivery of FP. Following those discussions it would be helpful for the visitors to see a program on one of the smaller outer islands before a few days at one of the larger programs on Java wherever you suggest. The Yemeni's are all professionals and would like to see FP at all levels from National to Province to village.

Please confirm at your earliest convenience. Thank you for your help in this matter. We can be reached by our Telex-Number 203507 PRAGMA FSCH UR in the United States.

Telex No. Three

Attn: Carl Rahman

Is it possible for USAID RABAT to facilitate the visit of 3 Yemeni Health Workers mid to late October for 15 days? Some work has already been done on this mission. The visitors will need to see urban and rural family planning clinics, and training institutes for auxiliary health workers. There is no training involved only a site visit. Visitors expenses are paid by Yemeni Health Manpower Institute. Consultant Soheir El Sukkary is in Sana'a now awaiting confirmation.

They expect not to be alot of trouble but will need appointments made for them and travel arrangements made.

Telex No. Four

Attn. M. A. Sattar, Director

International Committee on Management of Population

On the advice of Terry Jezowski of the association for voluntary sterilization, I am requesting your assistance in facilitating an

observational tour to Family Planning Organizations in Malaysia by three Yemeni Ministry of Health Manpower Institute faculty members. The participants would like to observe family planning at all levels from National Policy and decision making to clinics in urban and rural settings.

The tour would begin November 7, 1985 and end November 13, 1985. The participants would arrive from Indonesia where they have been on a similar visit. All participant expenses will be paid by USAID/Sana'a.

Please confirm at your earliest convenience. The Ministry of Health of the Government of Yemen and the U.S. Agency for International Development join me in thanking you for your cooperation. I can be contacted at Telex #203507 PRAGMA FSCH UR in the USA.

Appendix F  
 "Family Welfare" and Basic Concepts of Family Planning  
 Workshop #1

Day	8:30-9:30am	9:30-10:30a.m.	10:30-11:00am	11:00-12:00pm	12:00-1:00pm
Saturday Sept. 14, 1985	Opening Speech & Workshop Objectives Dr. Zindany	Demographics of the Yemen Arab Republic-A Comparative Study with other Countries Dr. Sukkary-Stolba	Coffee Break	The Economic & Social Aspects of Family Planning Dr. Ahmed Abdel Kahir	Group Discussion Mrs. Ahlam Mutawakil of the Yemeni Womens Association
Sunday Sept. 15, 1985	N A T I O N A L   H O L I D A Y				
Monday Sept. 16, 1985	Islam & Family Planning Dr. Hamid Mahmoud	Maternal/Child Care Health & Family Planning Mrs. Tahira Mohammad  Mrs. S. Al Mahwitt	Coffee Break	Group Discussion on Islam & Family Planning	Group Discussion Maternal/Child Care Health & Family Planning Moderator: Dr. Sukkary-Stolba
Tuesday Sept. 17, 1985	Contraceptives & Cultural Acceptability Dr. Sukkary-Stolba	Contraceptives Cultural Acceptability Dr. Sukkary-Stolba	Coffee Break	Manifestations of Population Problems Dr. M. Rushan and Dr. Sukkary-Stolba	Group Discussions Dr. Sukkary-Stolba Mrs. Tahira Mohammed
Wednesday Sept. 18, 1985	Communications Methods & Family Planning Dr. Sukkary-Stolba	The Role of Health Auxiliaries in Promoting Family Planning. Dr. Hassan Al Mutawakil	Coffee Break	Group Discussion Moderator: Dr. Sukkary-Stolba Dr. Mutawakil	Group Discussion
Thursday Sept. 19, 1985	The Dynamics of Family Planning in Yemen Dr. Nagiba Adbel Ganny	Human Lactation/Nutrition & Family Welfare Dr. Kalid Gilan	Evaluation	Certificate Distribution	

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Appendix G  
 "Family Welfare" and Basic Concepts of Family Planning  
 Workshop #2

Day	8:30-9:30am	9:30-10:30am	10:30-11:30am	11:30-12:00pm	12:00-1:00pm
Saturday Sept. 21, 1985	Opening Speech - Seminar Objectives Dr. Mahamoud Al Zindany	Demographics of the Yemen Arab Republic-A Comparative Study with Other Countries Dr. Sukkary-Stolba	Coffee break	The Economic & Social Aspects of Family Planning Dr. Abdel Kahir	Group Discussions Moderator: Dr. Sukkary-Stolba Dr. Abdel Kahir
Sunday Sept. 22, 1985	Islam & Family Planning Dr. Hamid Mahmoud	The Role of Women in Family Planning Mrs. Ahlam Mutawakil	Coffee Break	Group Discussions (Dynamics of Social Aspects of Family Planning)	Group Discussions Dr. Sukkary-Stolba Mrs. Ahlam Mutawakil
Monday Sept. 23, 1985	Maternal/Child Health Family Planning Miss Tahira Ali Mohammed Miss Al Mahwitt	Human Lactation/Nurtition & Family Planning Dr. Kalid Gilan	Coffee Break	The Dynamics of Family Planning in Yemen Dr. M. Rushan	Group Discussions
Tuesday Sept. 24, 1985	Contraceptives & Cultural Acceptability Dr. Sukkary-Stolba	Family Planning Methods Dr. Sukkary-Stolba	Coffee Break	Communications Methods Dr. Sukkary-Stolba	Group Discussions
Wednesday Sept. 25, 1985	The Role of Health Auxiliaries in Promoting Family Dr. Hassan Al Mutawakil	Post Test & Evaluation	Coffee Break	Certificate Distribution Dr. Zindany	
Thursday Sept. 26, 1985	NATIONAL HOLIDAY				

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PARTICIPANTS IN 1st SESSION TRAINING SESSION

September 14 - September 19, 1985

<u>Name</u>	<u>Job</u>
1. Amira Ahmad Al Hady	Nurse/Lecturer, HMI, Sana'a
2. Bilgiss Mohamed Naggy	Midwife/Lecturer, HMI, Sana'a
3. Fayza Fadil	Midwife/Lecturer, HMI, Sana'a
4. Fatima Ali Alshinma	Midwife Family Planning Ass.
5. Ahmed Mohammed Osman	Sanitarian, HMI, Lecturer
6. Mohammed Yehiya Algissm	Lecturer, HMI
7. Adam Abdel Shukry	Lecturer, HMI, Hodeidah
8. Abdulla Sahn Alsimawy	Lecturer, HMI, Sana'a
9. Ahmed Suidau Yehia	Lecturer, HMI, Sana'a
10. Hanan Fakoury	Lecturer, HMI, Taiz
11. Ahmed Nassei Sirori	Lecturer, HMI, Hodeidah
12. Ali Oman Ali Kurush	Lecturer, HMI, Hodeidah
13. Adnan Mohamed Ahmed	Lecturer, HMI, Hodeidah
14. Abdel Karem Al Sharky	Lecturer, HMI, Sana'a
15. Abdel Hafiz Dahim Sanan	Lecturer, HMI, Sana'a
16. Abdellah Osman Alshihab	Lecturer, HMI, Sana'a
17. Ahmed Mohsen Al Qadda	Lecturer, HMI, Sana'a
18. Hamdy Saleh Al Maaful	Lecturer, HMI, Sana'a
19. Mohamed Abdel Aziz Saleh	Lecturer, HMI, Taiz
20. Abdel Aziz Osman Ali	Lecturer, HMI, Taiz
21. Ali Mohammed Al Kadiry	Lecturer, HMI, Sana'a
22. Tawfik Abdel Rakib Numan	Lecturer, HMI, Sana'a
23. Salih Ali Ahmed Althulatha	Lecturer, HMI, Sana'a
24. Abdulla Salih Mohammed	Lecturer, HMI, Sana'a

## Appendix I

### Pre-test Questionnaire:

Check the right answer

- (1) According to the latest census, the Yemen Arab Republic's population is estimated at
  1. 4.0 million Yemeni
  2. 8.0 million Yemeni
  3. 5.3 million Yemeni
- (2) The first census ever conducted in (YAR) was in the year
  1. 1960
  2. 1975
  3. 1980
- (3) The preferred contraceptive method in (YAR) is
  1. The Pill
  2. IUDs
  3. Diaphragm
- (4) What is the best time for inserting an IUD
  1. Before the monthly period
  2. Immediately after or during the monthly period
  3. Two weeks before the monthly period
- (5) Lactation
  1. Guards against pregnancy
  2. Might guard against pregnancy in some women
  3. Does not guard against pregnancy at all
- (6) The average life expectancy for a Yemeni is
  1. 80 years of age
  2. 42 years of age
  3. 33 years of age
- (7) The health hazards for a pregnant woman increase
  1. If she is past her early thirties
  2. If she is in her twenties
  3. There is no relationship between a pregnant women's age and mother/fatal health risks.
- (8) "Birth spacing" means
  1. Having a child every year
  2. Having a child every few years
  3. Planning a family with adequate time to allow a mother to recover from a delivery, and care for the child

(9) Forty-five per cent of the population of the Yemen Arab Republic is

1. less than 15 years of age
2. above twenty-five years of age
3. less than five years of age

(10) Family planning means:

1. Having no children
2. Planning each child, so the family consists of desired number of children
3. A woman should have a child every year

Circle the correct answer:

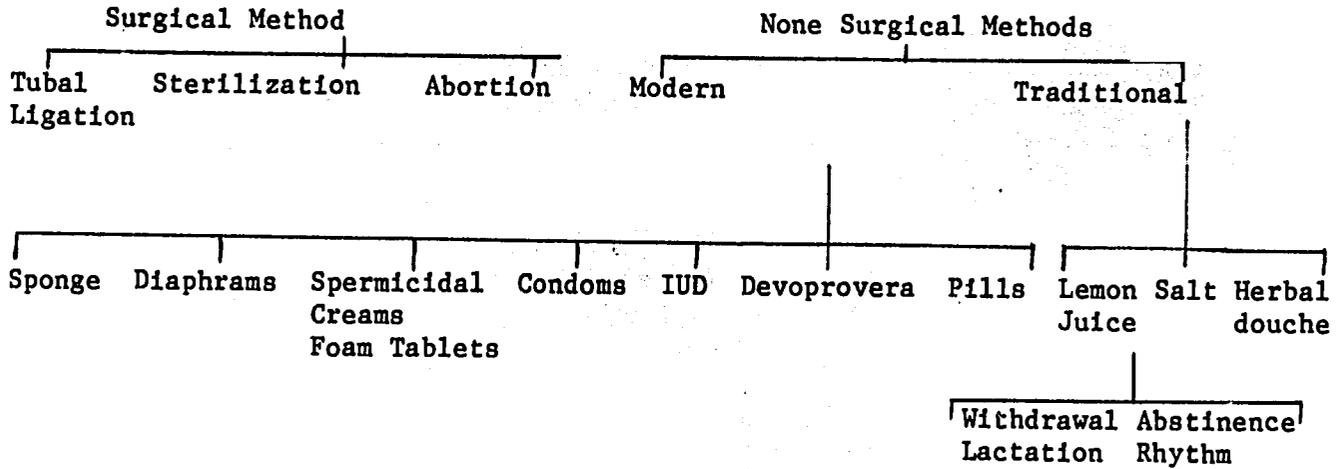
- (11) T F Birth control pills cause cancer of the uterus
- (12) T F Birth control pills are associated with breast cancer
- (13) T F One of the benefits of using an IUD is it does not affect human lactation
- (14) T F A woman who suffers from severe cramps and heavy periods should not use an IUD
- (15) T F Depo-Provera is the name of the contraceptive injections used by women
- (16) T F It is recommended that another contraceptive method should be used with condoms
- (17) T F The birth control pills are the most effective form of contraceptives
- (18) T F The more choices of available contraceptive methods, the better the chances of acceptability
- (19) T F Scientific research indicates that women who use birth control pills are less likely to suffer from breast cancer

Appendix No. J

Outline of the

CONTRACEPTIVES & HEALTH ISSUES LECTURE

By: Dr. Soheir Sukkary-Stolba



Requirements for contraceptives' selection:

- Reliability
- Acceptability (personal & cultural)
- Effect on enjoyment of sex
- Health effects
- Easy to use
- Economical
- Reversibility
- Availability in market

Appendix No. K

CONTRACEPTIVES & HEALTH ISSUES

Dr. Soheir Sukkary-Stolba

These are meant to be points to initiate discussion and not an exhaustive list of all pros and cons.

1. WITHDRAWAL (coitus interruptus)

Pros

1. No medical procedures
2. Good for areas where modern contraceptives are not available
3. Acceptable by some men
4. Does not interfere with lactation
5. Does not threaten mother's health
6. No cost

Cons

1. Not reliable
2. Timing is difficult for some men
3. Not acceptable by some men
4. Interferes with the total enjoyment of sex

2. RHYTHM

1. Does not require medical procedures
2. Not costly
3. No religious objections

1. Not acceptable to some husbands who object to abstinence for 10 days per month.
2. Proper application requires taking body temperatures or observing increase in mucus production which is difficult
3. Not very reliable.
4. Interferes with the spontaneity of the sex act.

3. LACTATION

1. Good for infants
2. Encouragement by religion
3. Effective in some women
4. No cost
5. No health problems

1. Not reliable in all women
2. Prolonging lactation leads to child malnutrition

#### 4. ABSTINENCE

1. Self-control - not always possible.
2. Interferes in married life.

#### 5. CONDOMS

1. Not too costly
2. Easily available in most communities
3. Relatively easy to use
4. No side effects known

1. Not totally reliable.
2. Some men do not like them, because they interfere with enjoyment of the sex act.
3. Leads to vaginal sensitivity in some women.

#### 6. DIAPHRAGM

1. No known health problems
2. Not too costly
3. Effective if used properly

1. Some men do not like the sensation of feeling the diaphragm.
2. Not effective in some women who have lax vaginal muscles.
3. Requires initial medical fitting.
4. Washing and powdering the diaphragm is important - not always possible in some environments

#### 7. "THE PILLS"

1. Most reliable method
2. Available in most countries
3. Does not interfere with the same sex
4. Allows for spontaneity

1. Improper use leads to negative health problems e.g., bleeding anemia, etc.
2. Requires remembering to take the pill which is not always easy.
3. Not all women should use the pills. Heart disease, diabetes, hypertension, varicose veins, kidney problems, jaundice, etc.
4. Possibility of weight problems

## 8. INJECTABLES

- |                                          |                                                                |
|------------------------------------------|----------------------------------------------------------------|
| 1. Regulate fertility for a known period | 1. Health impact not fully known,                              |
| 2. Reversibility                         | 2. Not medically accepted in many countries.                   |
|                                          | 3. Negative impact on lactation.                               |
|                                          | 4. Not available in most communities.                          |
|                                          | 5. No menstruation is not acceptable culturally to many women. |

## 9. IUDs

- |                                |                                                      |
|--------------------------------|------------------------------------------------------|
| 1. Great degree of reliability | 1. Physician's service required.                     |
| 2. Allows for spontaneity      | 2. Improper insertion leads to health complications. |
|                                | 3. not recommended for all women.                    |
|                                | 4. Side effects.                                     |

## 10. TUBAL LIGATION & STERILIZATION

- |                                      |                                                  |
|--------------------------------------|--------------------------------------------------|
| 1. Relatively easy medical procedure | 1. Difficult to reverse.                         |
| 2. Does not affect sexual drive      | 2. Not for all families.                         |
| 3. Reliable as a FP method           | 3. Misconception about virility & sterilization. |
|                                      | 4. Requires medical help.                        |
|                                      | 5. Costly.                                       |

## 11. CREAMS & JELLIES

- |                             |                                                                          |
|-----------------------------|--------------------------------------------------------------------------|
| 1. Available in many places | 1. Messy.                                                                |
| 2. Relatively inexpensive   | 2. Reliable only when used with other contraceptives, like condoms, etc. |
|                             | 3. Proper instructions are not always followed by women.                 |

SLC

OUTLINE: For the CONTRACEPTIVES LECTURE

Main concern in extending guidance for use of contraceptives:

1. Mother's age
2. Father's age
3. Desired number of children versus number of living children
4. Age of mother/father at marriage
5. Economic conditions of the family
6. Birth spacing between children
7. Literacy
8. Other social considerations like stability of the marriage, in-laws pressure ... etc.

H7

Booklet Distributed: A General Study of Contraceptives in Yemen  
by the Yemeni FPA

Main topics: A survey conducted among 911 women in four Yemeni governates. Women were asked questions about lactation, contraceptives, desired number of children, perceived side effects of contraceptives ... etc.

Major findings are the following:

1. Majority of women breast fed for a year.
2. Majority of women stop lactation upon pregnancy.
3. 13% of the sample used contraceptives.
4. Majority knew about one or more methods of contraceptives but were afraid to use because of religions, social or health issues.
5. Majority of users preferred birth control pills.
6. Withdrawal is used as a birth control method.
7. An assessment on the negative health effects of excision that is widely practiced in Tahama.
8. Ideal number of children is.
9. Major sources of contraceptives in Yemen are pharmacies, shops, and brought by returning husbands from other Arab countries.

Appendix No. N

(Handout No. 2)

The Yemeni Demographics Lecture

By: Dr. Soheir Sukkary-Stolba

- Difficulty in procuring accurate statistical figures
- In 1980, Yemen's population was estimated to be 5.9 million + 1.2 million migrants
- Annual population increase averaging %2.6 - %3.1
- Average life expectancy 42 years
- more than 45% of population less than 17 years old.
- Birth per 1000 is ... 54-55
- Infant mortality per 1000 is ... 154-171
- Comparisons with Egypt's population
  - 48 million
  - Annual increase 2.7%
  - Life expectancy 55 years

Jordan:

- Role of migration in tripling population
- Population estimated to be 3.7 million
- Average number of children per family - 8

Arab World Population:

	<u>Millions</u>
1950	72.2
1965	106.2
1975	137.1
2000	328

- Compare population size with natural resources

DEMOGRAPHICS OF YEMEN LECTUREDEMOGRAPHICS OF YEMEN- A COMPARATIVE

Handout No. 1

STUDY WITH OTHER COUNTRIES

Dr. Soheir Sukkary-Stolba

1. Enumerated population, census of <u>January 31-February 1, 1975</u>	<u>4,540,249</u>
2. Adjusted population, census of <u>January 31-February 1, 1975</u>	<u>4,727,000</u>
3. Births per 1,000 population <u>1975-79</u>	<u>54' - 55'</u>
4. Deaths per 1,000 population <u>1975-79</u>	<u>21' - 23'</u>
5. Annual rate of growth <u>1975-79</u> (per cent)	<u>2.5 - 2.8</u>
6. Life expectancy at birth, <u>1976-77</u>	<u>42' - 45'</u>
a) Male, b) Female	NA , NA
7. Infant deaths per 1,000 live births, <u>1976-77</u>	<u>154' - 171'</u>
8. Percent urban, 1975	<u>11'</u>
9. Percent of labor force in agriculture, <u>1975</u>	<u>34'</u>
a) Male, b) Female,	<u>30' , 62'</u>
10. Percent literate, 1975	<u>12'</u>
a) Male, b) Female,	<u>24' , 2'</u>

## PROJECTED ESTIMATES

11. Population, July 1, 1985	<u>6,159,000</u>
12. Births per 1,000 population, 1985	<u>53'</u>
13. Deaths per 1,000 population, 1985	<u>18' - 19'</u>
14. Annual rate of growth, 1985 (per cent)	<u>2.8' - 3.1'</u>
For internal use only:	
Net migration rate per 1,000 population, 1985	<u>-4.22 to -5.92</u>

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Appendix No. P

Midyear Population Estimates and Average Annual Period Growth Rates: 1950 to 2000  
(Population in thousands, rate in percent)

<u>Year</u>	<u>Population</u>	<u>Period</u>	<u>Average Annual Growth rate</u>
1950	<u>2,893</u>	<u>1950-55</u>	<u>2.0</u>
1955	<u>3,195</u>	<u>1955-60</u>	<u>2.2</u>
1960	<u>3,568</u>	<u>1960-65</u>	<u>2.0</u>
1965	<u>3,944</u>	<u>1965-70</u>	<u>1.6'</u>
1970	<u>4,276</u>	<u>1970-75</u>	<u>2.1'</u>
1971	<u>4,371</u>	<u>1975-80</u>	<u>2.5'</u>
1972	<u>4,469</u>	<u>1980-85</u>	<u>2.6'</u>
1973	<u>4,569</u>	<u>1985-90</u>	<u>3.0'</u>
1974	<u>4,671</u>	<u>1990-95</u>	<u>3.2'</u>
Projected Estimates			
1975	<u>4,776</u>	<u>1995-2000</u>	<u>3.3'</u>
1976	<u>4,899</u>		
1977	<u>5,019</u>		
1978	<u>5,142</u>		
1979	<u>5,268</u>		
1980	<u>5,399</u>		
1981	<u>5,535</u>		
1982	<u>5,679</u>		
1983	<u>5,830</u>		
1984	<u>5,989</u>		
1985	<u>6,159</u>		
1986	<u>6,339</u>		
1987	<u>6,528</u>		
1988	<u>6,727</u>		
1989	<u>6,937</u>		
1990	<u>7,156</u>		
1995	<u>8,409</u>		
2000	<u>9,907</u>		

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Appendix No. Q

OUTLINE: MATERNAL HEALTH & FP LECTURE

Mrs. Tahira Ali Mahammed

- Introduction
- Maternal health concepts
- Repeated pregnancies and maternal health
- Health problems associated with pregnancies
- Best age for conception
- Maternal health hazards and late pregnancies
- For the welfare of the family
- Proper dietary practices for a pregnant women
- Health benefits of small sized families
- Lactation and child survival rates
- Psychological state of the mother and bonding

MATERNAL HEALTH & FP

Group Discussion Work Sheet

Divide into groups of five people and discuss this problem for 15 minutes. Answer the questions stated on the sheet and present your answer to the moderator.

Exercise:

A thirty-seven year old woman who normally weighs about 60 klgms has two healthy children. The history of her pregnancies reveals a miscarriage, 2 healthy babies, and a still birth.

The woman is suffering from high blood pressure, obesity, and urine analysis shows diabetes. Would this woman want to have more children?

Yes

No

Why not?

- 1.
- 2.
- 3.
- 4.

What contraceptive methods would you advise the woman to use?

- 1.
- 2.
- 3.

What factors influence your judgement?

Appendix No. S

OUTLINE: CHILD HEALTH & FP LECTURE

Mrs. Saleh Hassan Al Muhwiti

1. Introduction
2. Relationship between family size and child health
3. Consequences of early pregnancies
4. Consequences of late pregnancies
5. Premature babies
6. C Section & health hazards for infants
7. Infant mortality rates in Yemen
8. Human lactation
9. Psychological impact of a large family on a child
10. Common misbeliefs about child rearing in Yemen
11. Child spacing and a healthy child

Appendix No. T

LECTURE OUTLINE

THE ROLE OF WOMEN IN FP

By Ahlam Mukawakil

- Mix between FP and birth control
- Health considerations for the mother and child
- Benefits from planning a family
- Traditional role of women in Yemen versus the modern role.
- Male preference
- Polygamy
- Requirements for raising healthy children, and a happy marriage in Yemen.
- Examination of Quranic statements about parental responsibilities.
- Slide presentation

A comparative look at the problems of a large family versus a happy small family using services of the FP clinic.

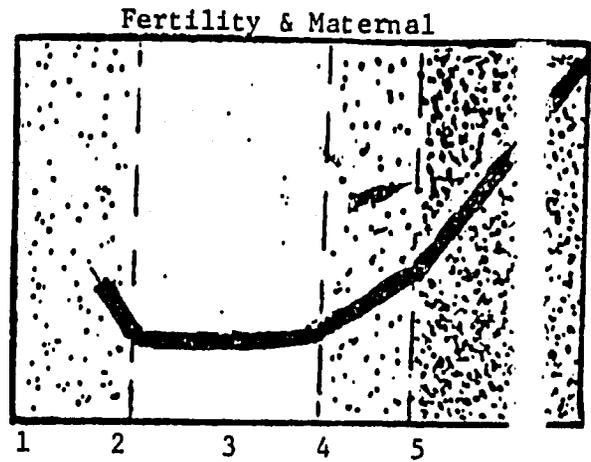
Appendix No. U

THE ROLE OF WOMEN IN FP

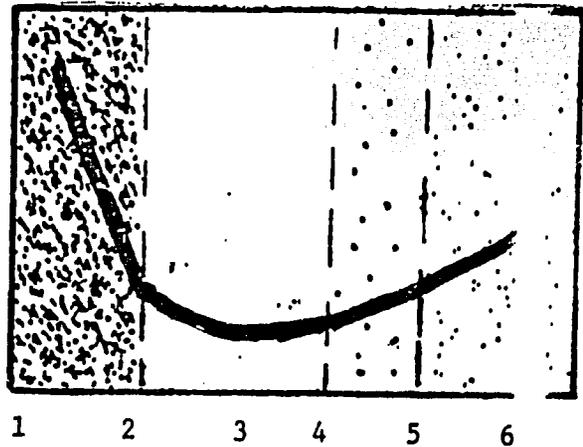
Workshop Exercise Sheet

1. Some people prefer large families, other prefer a small one.  
How do you feel about family size?
2. Do you think there are benefits to having a large family?  
Yes                      No
3. What are the benefits of having a large family?
  - 1.
  - 2.
  - 3.
4. What are the benefits of having a small family?
  - 1.
  - 2.
  - 3.
5. Do you think that a family consisting of parents and two children  
would have a problem in the Yemeni environment?  
Yes                      No
6. What is the nature of the problem?
7. Did you enjoy the slide presentation?  
Yes                      No
8. What do you think is the main "message" behind the presentation?

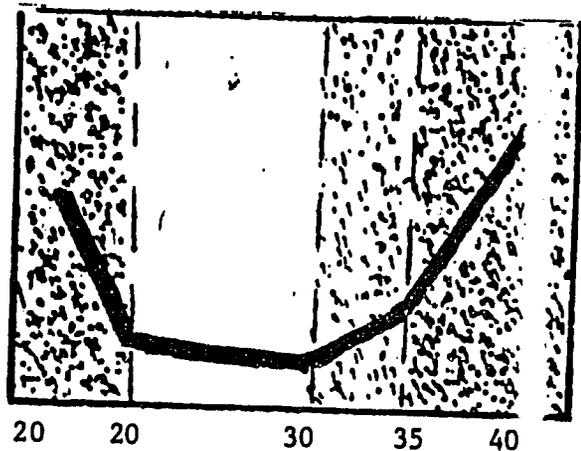
"Ideal" No. of children 2.3



"Ideal" Spacing of children 3-4 years



Ideal age for pregnancies 20-34 years



Source: Omran, Population in the Arab World, 1974

Appendix No. W

BASIC INFORMATION ON CONTRACEPTIVE METHODS  
AND INSTRUCTIONS FOR CENTER PERSONNEL

Source: M. Assaad, Training Manual for  
FP Personnel, August, 1977

The family planning center presents and makes available a variety of contraceptive methods that can be used by any woman in the childbearing age.

The following percentages refer to the extent of the reliability and success of each contraceptive method, provided that the woman using any of these methods follows carefully the given instructions:

Oral Pill			prevents conception 100%
Intra Uterine Device (IUD)	"	"	98%
Diaphragm	"	"	65%
Creams	"	"	60%
Foam tablets	"	"	60%
Condom	"	"	72%

A. Oral Pills

The oral pills are the most reliable method of birth control and the most widely used at present. The reliability is 100% provided that one follows precisely the instructions for taking them. The pills contain hormones that stop the usual monthly release of an egg cell.

In the family planning centers there are various kinds of pills. The physician can help the woman wishing to use them choose one which is most suitable for her.

Directions for the Use of Oral Pills

When the woman decides to use the pills for the first time, she takes a pill on the fifth day of her menstrual cycle, preferably after the main meal.

She continues taking one pill each day at the same time for 21 days (i.e., three weeks). She stops for 7 days (i.e., one week), then starts taking them whether bleeding has ceased or not. She repeats this process of taking one pill a day at the same time for 21 days and stops for 7 days, etc. No pregnancy will occur if the pills are taken regularly.

- Once the 21 pills are all taken, the woman should only stop taking them for 7 days; otherwise, the pills lose their effectiveness in preventing conception.
- If no bleeding occurs after the completion of the packet of pills, the woman is asked to continue taking them, i.e., she starts a new series of pills 8 days after the termination of the first packet. In the meantime she must consult the physician.

What happens if the woman forgets to take the pills?

A woman who misses the pill or has not taken them regularly is susceptible to pregnancy unless she follows these instructions:

- If she misses one pill, she must take it as soon as she remembers, as well as taking the following one at its regular time.
- If she misses two or more pills, she loses immunity against pregnancy. Therefore, it is necessary to use another method of contraception during that month.

The following are two possibilities which are likely to occur if a woman forgets to take 2 or more pills:

1. Some women bleed heavily (the same as menstrual bleeding). If this happens, she must stop taking the pills and should start a new course of pills on the fifth day of bleeding.
2. Some women may not bleed or may only have slight spotting. In this case, the woman continues with the same packet of pills.

If a woman has forgotten to take 3 pills she should take the forgotten pills along with the usual ones. This process is repeated each day until all the missed pills are taken. Remember the necessity of using another method of contraception along with the pills until that series is finished.

When the husband is away:

There exists no relation between the husband's absence for short periods and the woman's discontinuing the pills. In other words, the woman should know that in spite of her husband's being away, she has to continue taking the pills regularly.

These pills should be taken regularly even if the absence of the husband lasts for three months. Stopping the pills may lead to a disturbance of the menstrual cycle, and may even cause the same symptoms that accompany the use of the pill for the first time.

Who can use the pill?

1. Newlywed: A bride-to-be or a newlywed may use the pill without any effect on her ability to conceive. She can start taking the pill at least 2 months prior to marriage, allowing her sufficient time to get used to them before marriage. The pills will ensure the prevention of conception. The oral pill does not cause sterility.
2. Mothers who have given birth recently & non-lactating mothers: These women should start the pill 2 weeks prior to the renewal of sexual relations in order to insure the effectiveness of the pills.
3. Lactating Mothers: These women can start taking the pill 3 months after childbirth. This insures that the pill will not affect the quantity of breast milk. During the first 3 months after childbirth, women can use any other method of birth control.
4. After abortion of still-births: The woman can start taking the pill immediately and should not wait for the start of the menstrual cycle. Her menstrual cycle will be regulated with the use of the pills.

Cases which contraindicate the Use of the Pill:

<u>The Case</u>	<u>The Symptoms</u>
Heart Disease	Severe chest pains, abnormal feeling of strain after effort
Breast tumors	Presence of tumors or discharge from nipples
Hypertension	Severe and constant headaches
Diabetes	Increased frequency of urination, sensation of thirst

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<u>The Case</u>	<u>The Symptoms</u>
History of Jaundice	Yellowish color of skin and eyes
Albumin	Swelling of eyes and legs
Tumors or growth of uterus	Irregular bleeding, bleeding after sexual intercourse or between menstrual cycles
Kidney or liver disease	Yellowish color of skin and eyes
Varicose veins	The appearance of varicose veins in the legs
History of thrombosis in any part of the body, such as legs, chest, heart, veins	Swelling and severe pains in legs or chest
Bilharziasis	Blood in the urine or in the stools

Side Effects:

During the first three months, women taking the pill may feel minor side effects, i.e., irregular spotting or other symptoms similar to those experienced in the first few months of pregnancy, such as nausea, headaches, fatigue, tenderness or discomfort in body weight, or skin pigmentation. Most of these side effects disappear after the first three months. However, if they continue a physician should be consulted.

Menstrual flow may increase or decrease with the use of the pill. This should be considered normal and should neither be regarded as harmful to the woman's health nor a cause for worry.

B. Intra Uterine Devices:

"The Loop" (see Fig. 2)

There exists a variety of IUDs of different shapes and sizes. The most widely used are those made of plastic. The IUD is not a 100% reliable method.

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It is 98% safe; i.e., risk of pregnancy is 2%. Its effectiveness starts as soon as it is inserted in the womb by the physician. A woman can have sexual intercourse at any time after the insertion of the IUD unless she feels exhaustion, fatigue, or starts bleeding.

#### Instructions to the Woman who has inserted the IUD

- The woman must be told to check and feel for the thread of the IUD at weekly intervals, especially after the first menstrual cycle, to make sure that the IUD is in place. If she cannot feel the thread she must immediately contact the physician.
- The client should never try to remove the device herself. This should be done only by the doctor.

The woman should have regular vaginal douches to prevent infection or vaginal discharge.

#### Side Effects

- The woman may have colic, backache or a little bleeding. The attendant should advise the client to take aspirin or Novalgine for the pain.
- The IUD may cause excessive menstrual flow especially during the first three months. This is usually regulated after that time.
- A physician should be consulted immediately if any of the following symptoms occur: hemorrhaging, persistent colic, excessive vaginal discharge, partial or total expulsion from the uterus, or if there is a sensation of the existence of a foreign body in the vagina. He may remove the loop if necessary.

#### Contraindications of the IUD

- The presence of any cervical growth, severe or chronic infection, or pregnancy.

#### Follow-up

- The client must be examined one week after the insertion. The examination must be repeated 4 weeks later or after menstruation. A third check-up is necessary after three months since most of the complications occur during that period.
- A woman should go to the family planning center if she notices the disappearance of the thread, if bleeding occurs, or if there is fever accompanied by abnormal discharge (change in color and smell).

- The loop need not be changed before three years.

#### The most appropriate time to insert the loop

The physician inserts the loop in the woman who has previously given birth. This is done after or during menstruation, 40 days after childbirth, or soon after an abortion. This is done to insure that there is no possible pregnancy.

#### Diaphragm

The diaphragm is made from soft rubber that is fixed to a circular frame or cap.

The diaphragm comes in different sizes and is 65% reliable in preventing conception.

When used for the first time, the doctor fits the woman with the proper size (according to the size of her vagina) and he shows the woman how to wear and remove it.

#### Instructions to the woman using the Diaphragm

- Before using the diaphragm one must rub a little cream or jelly. (spermicide) on both sides of the cap in order to prevent any sperm from getting into the womb. (see fig. 3)
- The diaphragm is placed into the vagina so that it covers the opening of the uterus and prevents the sperm from meeting the egg. (see. fig. 4)
- The diaphragm is inserted before intercourse and should be removed not less than eight hours after intercourse. The woman should not use any vaginal douche.
- After removal, the diaphragm should be washed, rinsed and dried, and coated with talcum powder until it is used again.

### Creams and Jellie

The creams and jellies (spermicidal preparations) are 60% reliable and are made from chemical substances that kill the sperm before they can meet the egg cell. The cream is placed in a tube and is inserted with a special applicator. (see fig. 5)

#### Instructions for use

- Fill the applicator with the cream and push it up into the vagina.
- Press the applicator to release the cream and allow it to spread into the vagina then remove it.
- Apply cream once more if sexual intercourse is to be repeated during the same period of time.
- The woman who has had 2 or 3 childbirths should be advised to use 2 applications of cream or jelly.
- Creams and jellies are effective for six hours providing the woman does not douche within 8 hours after intercourse.

### Rhythm Method

Normally, a woman produces one egg cell each month and she cannot become pregnant unless sperms are present at that time.

The egg cell is usually present midway between one menstrual cycle and another and remains ready for fertilization for several days. The woman is not susceptible to pregnancy for a few days before and after menstruation and it is during this period that she can have intercourse with less risk of becoming pregnant.

This method is unreliable because there are wide variations in the length of the menstrual cycle. The time of ovulation varies from one woman to another and may even vary for the same woman.

### Coitus Interruptus

This is an ancient technique that a man uses to prevent pregnancy. The man withdraws just before ejaculation so that the sperm does not enter the vagina. This method is considered unreliable because it is probable that there could be sperms in the male fluid which become discharged before the final act of ejaculation. Moreover, the sperm have the power to penetrate the vagina if they are near the opening.

### Foam Tablets

Foam tablets are 60% reliable.

#### Instructions:

- Place the tablets as far up into the vagina as possible about 10-15 minutes before intercourse so that the foam starts to spread.
- If the tablets do not produce foam then they are not effective at all. New tablets must be used.
- The effect of the foam tablets lasts for six hours. A woman can have sexual intercourse within that period without being exposed to pregnancy under the condition that she does not douche.
- The woman should not douche before 8 hours.

### Condom

The condom is 72% reliable in preventing pregnancy. It is made from a very fine rubber and prevents the sperm from entering the vagina.

#### Instructions:

- The condom can only be put on after the penis has become hard and erect so that it totally covers it and prevents the male fluid from entering the vagina.

#### Instructions:

- The condom can only be put on after the penis becomes hard and erect so that it totally covers it and prevents the male fluid from entering the vagina.
- The woman may use a contraceptive cream or jelly for added protection.

- After ejaculation, the man must hold the tip of the condom to prevent the spilling of any fluid into the vagina.
- The disadvantage of the condom is that it may accidentally break during intercourse, or that it might have holes that will allow the sperms to enter the vagina. Therefore, it is very important to make sure that it does not have any defect.
- The condom should be used only once and a new one should be used for each act of intercourse.

### Sterilization

Sterilization is a permanent and irreversible method of preventing pregnancy. It is necessary for the couple who are considering sterilization to be satisfied with the actual size of their family because of the nature of this method of contraception. This is a very difficult decision to make, especially in the culture of the developing nations. Medical research is continuing in its search for a reversible form of sterilization, in case a couple should later want more children.

#### Sterilization of the female:

The principle underlying this operation for the woman is the following: The gynecologist ties the tubes to prevent the meeting of the sperm with the ovum. This operation does not affect the hormonal production and the woman continues to menstruate. In the past, the only existing method of sterilizing the female was to tie the tubes by opening the abdominal cavity. The procedure requires hospitalization for several days.

There are at present, other simplified ways of performing sterilization. The following two methods have been tried in some hospitals in Egypt:

1. Colposcopy: This is performed through the vagina or through a small surgical incision so the gynecologist can tie the tubes. The woman needs hospitalization only for a short period of time.
2. Laparoscopy: The gynecologist, with the aid of the laparoscope, ties the tubes, either through the vaginal opening or by making an incision in the abdomen. The patient remains in the hospital for a few hours only.

### The effect of female sterilization

- Sterilization does not affect the sexual drive, or libido of the woman
- It does not affect the menstrual cycle
- The tying of the tubes prevents the ovum from passing through the tubes to meet the sperms
- A woman who has undergone an operation for sterilization need not use any other method of contraception. Sterilization is 100% successful in preventing pregnancy.

### Sterilization of the male (Vasectomy)

After using local anesthesia the doctor ties the tubes by making a small opening on each side of the man's scrotum. The tubes are located under the skin and the operation is simple and can be performed in less than half an hour. It requires no hospitalization.

### The effect of male sterilization

- Sterilization does not affect the man's virility
- The tying of the tubes prevents the sperms from passing into the fluid which is ejaculated during sexual intercourse. Of course no pregnancy occurs because the sperm never reaches the female ovum.
- Sterilization is 100% successful in preventing pregnancy after a lapse of 6 weeks from the time of the operation. It requires periodical analysis of the male fluid to insure the absence of sperms from the male fluid. During the six-weeks period, the couple should use another method of contraception.

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"The Basic Information on Contraceptive Methods and the Instructions for Center Personnel" was compiled by Samiha El Katsha and revised by Drs. Khalil Mazhar, Ibrahim Kamal and K. Laurence during January, 1974.

Appendix No. X

Outline: THE ECONOMIC ASPECT OF FP LECTURE

Dr. Abdel Kahir

- Definition of GNP
- Annual income per capita (1984) for Yemen is Rial 1760
- Population Growth
- Cost of services
- Unchecked population growth & services
- Unemployment & population size
- Crowding & inflation
- Economic impact on the family
  1. Cost of raising children - psychological & social cost
  2. Educational & medical cost
- Pyramidal distribution of population
- "Birth Spacing" and economic indicators of growth



Appendix No. Z

LECTURE OUTLINE

THE ROLE OF WOMEN IN FP

By Ahlam Mukawakil

- Difference between FP and birth control
- Health considerations for the mother and child
- Benefits from planning a family
- Traditional role of women in Yemen versus the modern role.
- Male preference and constraints to FP.
- Polygyny in Yemen.
- Requirements for raising healthy children, and a happy marriage in Yemen.
- Examination of Quranic statements about parental responsibilities.
- Slide presentation

A comparative look at the problems of a large family versus a happy small family using services of the FP clinic.