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In association with

Boston University Center for International Health

Multinational Strategies, Inc.

Development Associates, Inc.

Family Health International

PROFIT

Promoting Financial Investments and Transfers

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**PHYSICIAN EDUCATION IN
REPRODUCTIVE MEDICINE/
FAMILY PLANNING**

By

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I. BACKGROUND

One of the PROFIT projects in the Philippines is the establishment of a loan fund for physicians in private practice who are committed to the provision of family planning (FP) services. To qualify for a loan, physicians must have adequate knowledge of reproductive health and family planning.

The FP basic-comprehensive course currently available in the Philippines for physicians lasts for four weeks. As for refresher courses, only an IUD training course is available, which is two weeks long. To prepare physicians for a successful private practice, there are several problems with the training courses as they now exist:

- i) *The duration is too long.* This results in a disruption of a private physician's practice and a corresponding loss of income. This may also cause some patients to look for another physician if such patients require medical services while their regular physician is in training.
- ii) *Participants have different background levels.* Frustration is felt among trainers and trainees, as it is impossible to address at the same time the scientific and technical needs from nurses, General Practitioners and Ob-Gyns.
- iii) *More in-depth knowledge is required,* especially in the areas of the mechanism of action of the contraceptives, management of side effects, and appropriate screening of clients without raising unnecessary medical barriers.
- iv) *Education in reproductive medicine/health is lacking.* To establish a successful private practice the physician has to be knowledgeable in areas other than FP technology, such as the physiology and endocrinology of reproduction, pharmacology of steroids, and other reproductive health issues like screening of high-risk pregnancies and treatment of sexually transmitted diseases (STDs). Familiarity with these topics will enhance the private provider's medical practice whether she/he is a Family Medicine Specialist in the provinces or an Ob-Gyn in Metro Manila. If the private provider is not comfortable in these areas, complete and adequate assistance to the client is not possible and a loss of patient load may ensue. In the private setting, if a physician is not successful in his/her practice as a whole, it will be impossible to generate FP clientele. In summary, the course should have a competency-based

orientation in order to have the minimum length needed to provide the trainee with enough information and skills to perform his/her job at a high-quality level.

- v) *Surgical procedures are an indivisible part of the FP basic comprehensive course.* In the Philippines, most FP private providers do not perform surgical procedures in the private setting. Most of the clients belong to the middle class and cannot afford the costs of surgery in a private hospital. Physicians usually refer them to a public setting or an NGO. Therefore, it is not cost-effective for both trainers and trainees to have surgical training as an indivisible part of a FP course.

- vi) *The courses rely on hands-on-training in vivo.* The completion of the course is very often delayed because there are not enough acceptors of a given method (e.g. IUDs) to develop adequate clinical skills. In contrast, clinical skills should be developed by hands-on-training in models prior to in vivo. This not only diminishes the time for achievement of good skills (as it does not rely on existing clients) but also decreases the chances for malpractice. Well-defined criteria should exist regarding the skills necessary for a given procedure. The evaluation of the skills should be on the performance of the procedure rather than on the number of times the procedure has been performed.

II. NEEDS FOR, INTEREST IN, AND ACCESS TO CONTINUING EDUCATION IN REPRODUCTIVE MEDICINE/FAMILY PLANNING

To determine the reproductive medicine and FP training needs of the private physicians who will potentially be involved in FP provision as well as to be able to outline a suitable course for private physicians, PROFIT had to derive a sense of these physician's training needs, their interests, and preferred training schedule.

A. Methodology

1. Self-assessment of needs in counseling, clinical and surgical skills improvement in reproductive medicine / family planning
 - *Survey Questionnaire and Focus Group Discussions*
2. Schedule for training - preferences
 - *Survey Questionnaire and Focus Group Discussions*
3. Objective assessment of reproductive medicine / clinical FP and counselling skills
 - *Focus Group Discussions*

B. Implementation

1. Focus Group Discussions (FGDs)

The FGDs were conducted by Dr. Fernanda Kaplan, Ob-Gyn Physician and FP Advisor for PROFIT.

- a. FGD held with 11 third (and last) year Family Medicine residents of UP-PGH/Metro Manila
- b. FGD held with 12 Ob-Gyn consultants of Jose Fabella Hospital/Metro Manila

- c. FGD held with 10 Ob-Gyn residents (of the fourth and last year) of Jose Fabella Hospital/ Metro Manila
- d. FGD held with 8 Ob-Gyn residents (of the fourth and last year) of Cebu Community Hospital/ Cebu
- e. FGD held with 7 Family Medicine residents (of the fourth and last year) of Cebu Community Hospital/ Cebu

2. Questionnaire on training needs, interests, and preferred training schedule

The questionnaires were personally distributed by Dr. Kaplan and Mr. John Dioquino, PROFIT's Country Representative for the Philippines.

- a. Questionnaire distributed to 40 GP members of PMWA/ Metro Manila during a meeting; nine responded (24%).
- b. Questionnaire distributed to 20 Ob-Gyn/GP residents of UP-PGH/Metro Manila during regular duty hours; 20 responded (100%).
- c. Questionnaire distributed to 25 other Ob-Gyn residents and consultants of UP-PGH/Metro Manila during a scientific meeting at the hospital; 25 responded (100%). [Note: Several consultants did not accept the questionnaire.]
- d. Questionnaire distributed to 30 Ob-Gyn residents and consultants of Jose Fabella Hospital/Metro Manila; 30 responded (100%).
- e. Questionnaire distributed to 20 Ob-Gyn residents and consultants at Mary Johnston Hospital/Metro Manila through the Fertility Care Center; 11 responded (55%).
- f. Questionnaire distributed to 20 Ob-Gyn/Family Medicine residents and consultants from Cebu Community Hospital/Cebu; 18 responded (90%).

- g. Questionnaire distributed to 20 Ob-Gyn/Family Medicine residents of Sacred Heart Hospital/Cebu; 17 responded (85%).

C. Results

1. Focus Group Discussions (FGDs)

The FGDs were conducted by Dr. Fernanda Kaplan in the physicians' workplace. An informal and pleasant atmosphere was developed, and this contributed to the lively discussion among all participants. A summary of the FGDs follows:

- Most of the residents will go back to their home town after finishing their graduation, where they plan to start a private practice.
- All of them believe it is easier to establish a private practice in Luzon's provinces and in rural and urban Cebu than in Metro Manila.
- All the residents, with exception of the Family Medicine undergraduates who would stay in Metro Manila, expected to have clientele for family planning services in their private practice.
- The clientele that the majority of private physicians have, belong mainly to the middle class. The upper class goes to well-known MDs, and the lower classes cannot afford private services.
- For the middle class, buying contraceptives at market price is not a problem.
- From the Ob-Gyns in our sample, (with two to twenty years of practice) all provided family planning services. One did not insert IUDs for religious reasons.
- For the Ob-Gyns mentioned above, pharmaceutical companies were the main source for updating information on contraceptives followed by professional seminars.

- For the residents, the consultants were the main source of updating information on contraceptives followed by pharmaceutical companies.
- Consultants and residents believed that their professional associations should organize more continuing education courses on reproductive health.
- The perceived knowledge of consultants and residents on family planning technology was insufficient. Their assessed knowledge was minimal.
- All residents and most consultants in our sample would undergo a comprehensive refresher course in reproductive health if given the opportunity.

2. Questionnaire on training needs, interests, and preferred training schedule

The results and tabulation of the questionnaire responses are shown in the tables attached to this document. The analysis of the data show:

- In this sample, 85% of the respondents provided FP services.
- In this sample, *only about 8% did not provide family planning due to religious reasons*. About 6% did not provide family planning services due to lack of technical information.
- In this sample, 70% were Ob-Gyn and 20% Family Medicine residents or post-graduates.
- In this sample, 70% of the respondents were under 35 years old.
- In this sample, 76% of the physicians' clientele were women.
- In this sample, *76% of the respondents were interested or very interested in attending a course in Reproductive Health*. Only 3% had no interest at all in attending such a course.

- In this sample, an overwhelmingly 78% *indicated that the preferred schedule for the course would be 4 hours per day over a 10-week period.* Saturday was the preferred day. Only 12% preferred courses of 8 hours per day for 2 weeks, and a small minority of 4% preferred the 4-week 8 hour a day course.
- The most relevant or important topics to the respondents were: Induction of Ovulation, STD Screening and Treatment, and Screening of High Risk Pregnancies. Among contraceptives, the pill raised the highest interest.
- Factor analysis was performed on the items relating to training. Among all items and all respondents community scores ranged from 0.43 to 0.68. *This indicates a high-degree of concordance regarding the need and appropriateness of all the topics proposed.*
- The factor analysis also showed a marked difference between OB-Gyns and Family Medicine doctors regarding their main interest. The main interest for Ob-Gyns was advanced family planning technology. For Family Physicians it was basic information in reproductive health issues.

III. DESIGN OF THE REPRODUCTIVE MEDICINE/FAMILY PLANNING COURSE FOR O/B-GYNS AND GENERAL PRACTITIONERS/FAMILY MEDICINE SPECIALISTS

A. Course Title: *"Course on Reproductive Medicine for Physicians"*

B. Objectives:

Upon completion of the course, the private physician should:

- possess a sound and solid knowledge of the fundamentals of reproductive medicine, endocrinology of the menstrual cycle, pharmacology of steroids, FP technology, screening of high-risk pregnancies, and screening and treatment of STDs;
- be able to build up a successful private practice based on the acquired knowledge;

In addition, the course should:

- develop research and scientific curiosity among the trainees so that the probability of providing reproductive health services in a continuous, updated fashion is increased;
- create the conditions to build up camaraderie among the trainees which will lead to the establishment of an informal network. This network will enable the physicians to refer patients to each other and discuss clinical cases. In addition, the constant updating among the trainees will contribute to the provision of high-quality reproductive health/FP services.

Note: This course does not intend to provide skills in surgical procedures. The rationale for this was mentioned above (Section I.iv).

C. Design of the Course

- The course will consist of 12 workshops of 4 hours each.
- The workshops should be held once a week or every two weeks, according to the participant's availability. (Though the course will take longer to be completed, the length is useful for the participants to internalize the family planning concepts. It will more likely improve their knowledge by allowing them to bring to the course the clinical cases with which they had difficulties during the time between workshops.)
- Two courses will be preferably held on Saturdays, one in the morning and one in the afternoon.
- Each workshop will include a social lunch in a setting outside the teaching facility. (This lunch will help the assimilation of information gathered during the workshop. It will also help foster friendships among participants and therefore enhance the potential for initiating a scientific network.)
- Each course will have about 15 physicians participating. (More participants would jeopardize the possibilities of useful discussion and learning.)
- As much as possible, each group of 15 physicians should be homogenous (i.e. should have physicians from the same specialty -- Ob-Gyns or GPs/Family Medicine Specialists; same age group). This will enable the educator to make the workshop more interesting and challenging for both the trainees and her/himself.
- The course has a competency-based orientation.
- The workshop should be as participatory as possible. The topic for each session should be presented by the educator or one of the trainees who had been assigned during a previous session. The mode of presentation can be in various forms: discussion, clinical case presentation, or any dynamic process which is deemed appropriate for the group.

- Visual materials should be used whenever appropriate. Trainees should be encouraged to do presentations and prepare their own visual materials.
- The educator should adapt the workshop content to the scientific level of the trainees. (Family medicine specialists or GP versus Ob-Gyn.)
- All the workshops should be conducted with the end view of contributing to first class quality service by the private providers.
- The order of the workshop topics as well as its schedule will be flexible and left to the decision of the educator and the group.
- For implants and IUD insertions, a hands-on training with models, should be done prior to the training *in vivo*. This will shorten the time needed for practice with clients and decrease risk of incorrect and harmful procedures.
- The *in vivo* sessions for the IUD insertion/Norplant implant should be performed only after correct performance of the procedure with the model. These clinical sessions will have to be organized separately, though synergistically, with the corresponding workshops. The scheduling of these sessions will not interfere with the completion of the course.

D. Topics of the Workshops - A Summary

1. ***Contraception and Health***
 - Impact of FP on the Individual and on Public Health
2. ***Endocrinology of Reproduction***
 - the menstrual cycle
 - the effect of estrogens, progesterone, and androgens on the target organs
3. ***Pharmacology of Steroids***
 - estrogens
 - progestagens

- androgens
 - comparative effects of different molecules and administration routes on the target organs
4. ***Counseling and Client/Patient Information***
- Impact on a FP Program
 - Impact on treatment compliance
 - Quality of care in family planning
 - Development of communication skills
5. a) ***Natural Family Planning / Barrier Methods***
- Indications
 - Efficacy
 - Common Problems Encountered
- b) ***STD Screening & Treatment***
- Clinical Diagnosis
 - Laboratory Diagnosis
 - Treatment
6. ***Oral Contraceptives***
- History of Oral Contraceptives
 - The 3rd and 4th Generation O.C.s
 - Risks vs. Benefits on the Cardio-vascular system
 - Impact on the Reproductive System
 - Indications, Contra-indications, Precautions
7. ***IUDs***
- Mechanisms of Action
 - IUDs in the Marketplace
 - Which IUD and for how long?
 - IUDs and Sexually Transmitted Diseases (STDs)
 - IUDs and Pelvic Inflammatory Disease (PID)
 - Hands-on training in the pelvic model

(There should be four pelvic models available and one preceptor/trainer per model. The trainees are distributed between the models for the hands-on-training.)

8. ***Post-partum and Post-abortion contraception***
 - the IUD
 - Lactational - Amenorrhea
 - Other Natural Methods
 - the mini-pill
 - DMPA

9. ***Long-Acting Steroids: Injectables and Implants***
 - Mechanism of Action
 - Indications, Contra-indications, Precautions

10. a) ***Contraception in Different Periods of Life***
 - Teenagers
 - The Forties
 - Premenopause
b) ***IUD Hands-on-Training (Model)***
(Continuation)

11. a) ***Female and Male Sterilization***
 - Spacing vs. Limiting Methods
 - Techniques available: Pros and Cons

[Note: The coverage of this session will be strictly clinical. Surgical training will be provided to those interested in a separate training course.]

b) ***IUD Hands-on-Training (Model)***
(Continuation)

12. *Dysfunctional Uterine Bleeding: Diagnosis and Management*

- Puberty
- Pre-Menopause
- Chronic Anovulatory Syndrome
 - diagnose
 - endocrine balance
 - induction of ovulation

E. Qualification

A "certificate" will be given to those who attended all twelve workshops. If a participant misses one workshop session, she/he may attend that particular session during the next course in order to qualify for the "certificate". Other mechanisms for compensating for the missed session may be arranged with the educator. Though the qualification mechanisms should follow the pattern used by the training institution, special citations should be given to those who actively participate during discussions, present well-documented clinical cases, and give well-prepared presentations on subjects assigned beforehand.

F. Course Evaluation

After each workshop, a small survey questionnaire will be distributed to the participants in order to assess whether: (i) the interests of the physicians/trainees have been fulfilled through the course, and (ii) the course was conducted in the best manner possible to maximize learning during the time spent. The responses to this survey will allow the trainers to adapt the course as needed.

Pre-test and post-test courses will be conducted. These tests will include questions that assess the FP technical knowledge as well as the counseling techniques, attitudes and behavior regarding family planning.

Between 6-12 months after the course, PROFIT will conduct an in-service assessment of the quality of care provided by the trainees.

PHYSICIANS CONTINUING EDUCATION INTEREST SURVEY

The purpose of this survey is to determine your interest in various aspects of Reproductive Health Continuing Education activities. Please be so kind as to fill up the questionnaire and return to:

JOHN DIOQUINO
PROFIT PROJECT
3/F Filipino Merchants Building,
135 Dela Rosa Street, Legaspi Village
Makati

Thank you very much for your time.

Please Circle Your Replies

1. What is your Medical Specialty?

- 1) General Practitioner/Family Medicine Specialist
- 2) Ob/Gyn
- 3) Other specialty

2. Are you:

- 1) Resident
- 2) Fellow
- 3) Consultant
- 4) Other

3. Please state your age: _____ years

4. Are your patients:

- 1) Mainly Men
- 2) Mainly Women
- 3) About equal men and women

5. Do you work principally in

- 1) The Public Sector**
- 2) The Private Sector**
- 3) Both Public and Private Sectors**

6. Location of your principal place of practice (neighborhood): _____

7. What socio-economic group are most of your patients from?

- 1) Very wealthy**
- 2) Upper class**
- 3) Middle class**
- 4) Poorer class**
- 5) Don't know**

8. Are you interested in attending a professional continuing education course on "New Concepts in Reproductive Health"?

- 0) Not at all**
- 1) Somewhat interested**
- 2) Interested**
- 3) Very Interested**

9. In any case, what is your scheduling preference for Continuing Education Courses? (please mark only one choice):

- 1) 4 Weeks, 8 Hours per day**
- 2) 2 Weeks, 8 Hours per day**
- 3) 10 Workshops of 4 hours each**
- 9) Not interested**

10. If you marked 10 Workshops of 4 hours each, which schedule would be best for you?

1) Saturday mornings

2) Friday evenings

3) Some other day or schedule. Please write in your option:

Day: _____

Time: _____

9) Not interested

11. Which do you consider to be the most relevant or important topics for continuing education in Reproductive Health? Please circle all that apply!

- 1) Physiology of reproduction**
- 2) Mechanism of action of the Pill (Oral Contraceptives)**
- 3) Different kinds of Pills (Oral Contraceptives) In the market place**
- 4) IUD - Indications and Problems**
- 5) IUD - Hands-on Learning**
- 6) Injectable contraceptives**
- 7) Implants**
- 7a) Implants - Hands-on Learning**
- 8) Pharmacology of steroids**
- 9) Barrier methods of contraception**
- 10) Induction of Ovulation**
- 11) STD screening and treatment**
- 12) Screening of high risk pregnancies**
- 13) Importance of FP Counselling**
- 14) Outpatient female sterilization and problems**
- 15) Outpatient female sterilization - Hands on learning**

12. Do you provide Family Planning Services?

0) No

1) Yes

13. If NO to #10, above, could you please indicate if the reason for not providing Family Planning Services is due to:

1) Lack of technical information

2) Religious reasons

3) No clientele/demand for Family Planning

4) Other reason (ex: not in family practice, specialty in other field, etc)

9) No response

Please make any additional comments regarding your opinions on Continuing Education in Reproductive Health:

Thank very much again for participating in this survey!

**flsurvy.4th
2 June 94**

PRELIMINARY RESULTS
PHYSICIAN CONTINUING EDUCATION ASSESSMENT

Particular	METRO MANILA INSTITUTIONS					CEBU INSTITUTIONS			Total Metro Manila and Cebu
	PMWA	Mary Johnston Hospital	UP-PGH	Fabella Hospital	Sub-Total	Sacred Heart Hospital	Community Hospital	Sub-Total	
1. What is your medical specialty?									
a. General Practitioner/Family Medicine	6	0	14	0	20	3	9	12	32
b. Ob/Gyn	2	10	31	30	73	11	7	18	91
c. Other Specialty	2	1	0	0	3	1	2	3	6
2. Are you:									
a. Resident	1	6	35	21	63	9	10	19	82
b. Fellow	1	1	1	0	3	0	0	0	3
c. Consultant	2	5	5	9	21	3	4	7	28
d. Other	5	0	3	0	8	3	4	7	15
3. Please state your age:									
a. 24-29	1	1	33	5	40	6	8	14	54
b. 30-35	3	7	0	18	28	3	5	8	36
c. 36-40	0	0	0	5	5	1	1	2	7
d. 41-45	0	1	0	1	2	1	2	3	5
e. 46 and above	5	2	2	0	9	4	1	5	14
4. Are your patients:									
a. Mainly Men	0	0	0	0	0	0	0	0	0
b. Mainly Women	4	10	30	30	74	11	11	22	96
c. About Equal Men and Women	4	1	14	0	19	4	7	11	30
5. Do you work principally in:									
a. Public Sector	1	1	26	26	54	0	0	0	54
b. Private Sector	4	8	3	1	16	11	15	26	42
c. Both Public and Private Sectors	4	2	11	4	21	4	1	5	26
6. Location of your principal place of practice (Neighborhood):									
7. What socio-economic group are most of your patients from?									
a. Very Wealthy	0	0	0	0	0	0	1	1	1
b. Upper Class	2	0	3	0	5	1	1	2	7
c. Middle Class	7	10	11	7	35	10	16	26	61
d. Lower Class	5	2	35	27	69	8	3	11	80
e. Don't Know	0	0	0	0	0	0	0	0	0
f. No Answer	0	0	1	0	1	0	0	0	1

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Particular	METRO MANILA INSTITUTIONS					CEBU INSTITUTIONS			Total Metro Manila and Cebu
	PMWA	Mary Johnston Hospital	UP-PGH	Fabella Hospital	Sub-Total	Sacred Heart Hospital	Community Hospital	Sub-Total	
8. Are you interested in attending a professional continuing education course on "New Concepts in Reproductive Health"?									
a. Not At All	0	0	1	1	2	1	1	2	4
b. Somewhat Interested	1	2	4	3	10	6	3	9	19
c. Interested	5	7	26	19	57	8	8	16	73
d. Very Interested	3	2	7	18	30	0	6	6	36
e. No Answer	0	0	1	0	1	0	0	0	1
9. In any case, what is your scheduling preference for continuing education course?									
a. 4 weeks, 8 hours per day	0	0	1	2	3	0	2	2	5
b. 2 weeks, 8 hours per day	1	1	2	8	12	1	1	2	14
c. 10 workshops of 4 hours each	8	10	37	19	74	11	14	25	99
d. Not Interested	0	0	4	1	5	0	2	2	7
e. No Answer	0	0	1	1	2	0	0	0	2
10. If you marked 10 Workshops of 4 hours each, which schedule would be best for you?									
a. Saturday Mornings	5	4	18	10	37	7	8	15	52
b. Friday Evenings	2	4	10	6	22	3	2	5	27
c. Some Other Day or Schedule	4	3	11	5	23	0	4	4	27
d. Not Interested	2	0	0	0	2	0	1	1	3
e. No Answer	0	0	5	10	15	0	3	3	18
11. Which do you consider to be the most relevant or important topics for continuing education in Reproductive Health?									
a. Physiology of reproduction	2	6	15	15	38	8	5	13	51
b. Mechanism of Action of the Pill (Oral Contraceptives)	4	6	20	13	43	7	8	15	58
c. Different Kinds of Pills (Oral Contraceptives) in the Market Place	3	5	23	13	44	5	8	13	57
d. IUD - Indications & Problems	4	5	9	10	28	5	5	10	38

Particular	METRO MANILA INSTITUTIONS					CEBU INSTITUTIONS			Total Metro Manila and Cebu
	PMWA	Mary Johnston Hospital	UP-PGH	Fabella Hospital	Sub-Total	Sacred Heart Hospital	Community Hospital	Sub-Total	
e. IUD - Hands-on Learning	3	5	11	4	23	6	9	15	38
f. Injectable Contraceptives	2	6	16	12	36	6	11	17	53
g. Implants	3	7	11	7	28	3	9	12	40
h. Implants - Hands-on Learning	4	9	15	13	41	4	10	14	55
i. Pharmacology of Steroids	1	3	12	10	26	4	7	11	37
j. Barrier Methods of Contraceptives	3	4	8	4	19	2	5	7	26
k. Induction of Ovulation	7	6	27	28	68	10	14	24	92
l. STD Screening and Treatment	6	9	24	16	55	10	13	23	78
m. Screening of High Risk Pregnancies	7	8	21	18	54	10	9	19	73
n. Importance of FP Counseling	5	5	19	9	38	6	8	14	52
o. Outpatient Female Sterilization and Problems	7	7	11	11	36	6	6	12	48
p. Outpatient Female Sterilization - Hands-on Learning	4	6	17	9	36	8	9	17	53
q. No Answer	0	0	1	0	1	0	0	0	1
12. Do you provide family planning services?									
a. No	2	0	5	2	9	4	6	10	19
b. Yes	7	11	38	30	86	11	12	23	109
c. No Answer	0	0	1	0	1	0	0	0	1
13. If "No" to #10, above, could you please indicate if the reason for not providing family planning services is due to:									
a. Lack of Technical Information	1	0	2	1	4	0	1	1	5
b. Religious Reasons	0	0	1	3	4	3	2	5	9
c. No Clientele/Demand for Family Planning	0	0	0	2	2	1	1	2	4
d. Other Reasons	0	0	4	0	4	1	2	3	7

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