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This research has been conducted by  
**SIAR RESEARCH INTERNATIONAL CO.**  
for  
**THE FUTURES GROUP**

**FAMILY HEALTH SERVICE PROVIDERS'  
CONTRACEPTIVE KAP SURVEY  
(PHYSICIANS)  
UZBEKISTAN 1993**

**DECEMBER 1993**

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## INTRODUCTION

The "Principal Family Health Providers Contraceptive Knowledge, Attitudes and Practices" baseline study was conducted in Uzbekistan in December 1993 with main service providers that are physicians and pharmacists specifically. The project was structured to collect data to determine the present attitudes and practices toward contraceptives in general and toward oral contraceptives, IUDs, condoms and injectables in particular of service providers who currently offer family planning services. (eg. physicians and pharmacists)

The information gathered as a result of this survey aims at developing family planning training programs, educational and practical strategies which in return will help improve the knowledge level, practices and attitudes of such service providers toward contraceptives.

### I. OBJECTIVE AND CONTENTS OF THE RESEARCH

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The research covers the headlines listed below:

- Common practices of family planning and contraception
  1. Attitudes toward family planning and contraception among service providers
  2. Tendency to prefer or to offer services concerning contraceptives as opposed to abortion
  
- Knowledge levels and current image of contraceptives
  1. oral contraceptives
  2. IUDs
  3. condoms
  4. injectables
  
- Frequency of current contraceptive practices being recommended by service providers
  1. knowledge of correct use of different types of contraceptives
  2. type and quality of information supplied to customers
  
- Current practices regarding abortion
  1. frequency of the abortion cases (official and unofficial)
  2. prices charged and reliability
  3. methods used

- Motivation to replace the use of abortion with contraceptives among the service providers
  
- Sales of current contraceptives in use
  1. source of contraceptives being sold/dispensed
  2. place and volume of sales

## II METHODOLOGY OF THE RESEARCH

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A total of two hundred "In depth" interviews were conducted with the contraceptive service providers - i.e. obstetric gynecologists, physicians and pharmacists- in Tashkent, the capital city of the Uzbekistan Republic.

The aim of the in-depth interviews were to provide and to formulate a basic profile of the current applications and attitudes toward family planning and contraceptives in Uzbekistan. The "In-depth" interviews were directed around a structured questionnaire which was approved by the Futures Group, prepared and utilized according to the identified aims of the research. The interviews conducted during the research were performed by local interviewers previously trained by the experts of Siar Research International Co. To verify and improve the questionnaires before the launching of the actual field work, ten pilot in-depth interviews were conducted with different service providers mentioned above.

According to the results of the pilot work, number of changes were implemented into the questionnaire which were also approved by the Future's Group. The pilot work enabled an understanding of the efficiency of the instrument and an idea of actual processing of the survey. **(See Appendix 4 for the pilot report)**

Fifteen percent of each interviewers' questionnaires were back checked after all the interviews were finalized to determine any possible error.

The answers to the open-ended and semi open-ended questions in the questionnaire were organized by the "coding" team of SiAR. These answers were then grouped and computer coded by survey experts. After coding, the gathered data were edited, key punched, analyzed and formed into tables in the SiAR Computer Data Center. The final tables were analyzed by the research expert also benefitting from the local experiences and the preliminary report was then presented to the Futures Group for additional comments. The field work of the

study was conducted and completed under the leadership of SiAR's experts residing in the respective countries controlled by the headquarters in Istanbul. The final analysis of the data, tabulations and reporting were undertaken in the headquarters located in Istanbul.

### III. SAMPLING

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#### 1. Terminology

A total of two hundred "in-depth" interviews were conducted in the capital city of Uzbekistan with the related service providers identified in the two categories, physicians and pharmacists.

1. Physicians: the general term physician includes all service providers with specialized training in obstetrics and gynecology (OBGYNS) or other doctors who distinctively provide services in the field of family health and planning for patients.

2. Pharmacists: the sample group of pharmacists who come into direct contact with the clients\customers. The academic background of pharmacists of the respondent group as a whole includes not only the graduates of the Faculty of Pharmacology and higher education but also other specialists who have received a two year specialized educational training in pharmacology following secondary school, who are authorized to sell pharmaceuticals in the pharmacies.

Since the main purpose of the survey was to identify the knowledge levels, attitudes and current practices towards contraception and abortion of the principal service providers, the nurse and midwifery quota was eliminated. It was assumed that to receive counseling or treatment in this area, patients ultimately contact the related specialists in specific service facilities. Also, the knowledge levels and practices of the principal service providers was an informative sample group to enable drawing up a profile of the current situation, attitudes and practices towards contraception and family health in the country.

## 2. Sample Sites

From the Ministry of Health of the Republic of Uzbekistan a list of facilities directly related to the family health and planning issues containing all the necessary information to draw up a sample. The lists provided by the Ministry were assumed to have all relevant facilities included regarding our project in Tashkent. **(See the following chart)**

### Required lists of information:

1. List of all relevant health facilities or departments in hospitals which provide counselling services regarding mother and child care, family health.
2. Statistical information about these facilities (except pharmacies) as depicted in the following chart.
3. List of physicians working in these facilities determined according to the sampling procedures
4. List of pharmacies in the center city
5. List of pharmacists

**LIST OF FACILITIES**

NO	NAME OF THE FACILITY	ADDRESS	NUMBER OF STAFF	NUMBER OF PHYSICIANS	NUMBER OF GYNECOLOGISTS	NUMBER OF PATIENTS
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**LIST OF PHARMACIES**

NO	NAME OF THE FACILITY	ADDRESS	NUMBER OF STAFF	NUMBER OF PHARMACISTS	NUMBER OF PATIENTS
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### 3. Sampling Procedure

The sample of respondents was defined to include 150 obgyns and 50 pharmacists in Tashkent City who provide direct family health and planning services to patients/clients. Accordingly two-stage sampling was performed in two independent sample groups- OBGYNS and PHARMACISTS.

First , the list of facilities where respondents of interest work were selected. The obtained list from the Ministry of Health of facilities related to the topic in question contained 20 institutions in Tashkent which are either Maternity Hospitals (MH) or Advice Bureaus (AB), as identified by the Uzbek Ministry of Health:

Institution	District (Raion)	OBgyns (Q)	Covered pop-n
<b>MH NO 6</b>	<b>Mirzo Ulugbek</b>	<b>72(33)</b>	<b>109800</b>
CITY CLINIC NO 1	Shaikhantaur	52	100581
<b>MH NO 13</b>	<b>Akmal Ikramov</b>	<b>51(23)</b>	<b>120704</b>
MH NO 2	Sabir Rakhimov	46	89578
<b>MH NO 5</b>	<b>Yunus Abad</b>	<b>45(20)</b>	<b>118403</b>
MH NO 10	Sergely	45	102000
<b>MH NO 3</b>	<b>Sabir Rakhimov</b>	<b>42(19)</b>	<b>35196</b>
MH NO 12	Yakkasaray	37	64240
<b>MH NO 9</b>	<b>Chilanzar</b>	<b>35(16)</b>	<b>65000</b>
HOSPITAL of AIRCRAFT PLANT	Khamza	34	40021
<b>MH NO 7</b>	<b>Chilanzar</b>	<b>29(13)</b>	<b>58074</b>
MH NO 11	Mirabad	23	37968
<b>MH NO 4</b>	<b>Mirabad</b>	<b>22(10)</b>	<b>32389</b>
MH NO 8	Sabir Rakhimov	21	24700
<b>AB of KHAMZA DISTRICT</b>	<b>Khamza</b>	<b>18(8)</b>	<b>199000</b>
MOTHER & CHILD AB	Mirzo Ulugbek	13	-
HOSPITAL of TEXTILE PLANT	Yakkasaray	10(5)	8000
MARRIAGE & FAMILY AB	Khamza	8	-
<b>HOSPITAL of RICK PLANT</b>	<b>Mirzo Ulugbek</b>	<b>6(3)</b>	<b>4375</b>
AB in POLYCLINIC 41	Bektemir	2	9010

These facilities were sorted in descending order according to the number of OBGYNs working in the facility. Among the list of facilities the exact sample group of facilities were randomly selected. Each second facility on the list above were included in the sample of facilities using the random value 1. A total of ten facilities were identified (shown in italics on the list above). From each selected sample sight list and number of gynecologists in service were obtained. According to the numerical distribution of gynecologists actively providing services in the selected facilities, the percentage quota of the interviews to be conducted in each facility was determined. The gynecologists to be interviewed then were randomly selected. (See Appendix 1)

The same procedure was applied in the determination of the sample of respondents for the pharmacists survey using the lists of pharmacies provided by the Ministries of Health. A total of 168 pharmacies in Tashkent as provided by the Uzbek Ministry of Health were sorted by raion. Two pharmacies were randomly selected to represent one of each 11 raion of the Tashkent city. Thus a sample group of 22 pharmacies and a complete list of employed list of pharmacies in each one of the selected pharmacies were obtained. Two-three pharmacists working in each pharmacy were then randomly selected to be interviewed. (See Appendix 2 - sample sights are in italics-)

The field work was completed in two weeks disregarding the delay caused by the Ministry. The field work took place during the second and third weeks of December 1993, finalized on the 24th of December 1993.

Two hundred "in-depth" interviews were completed as a result of the actual field work. A total of 147 interviews with obgyns and 53 interviews with pharmacists were conducted. A number of questionnaires were renewed due to various problems. Four questionnaires of the set 150 quota of obgyn interviews were refused on the completion of the field work.

#### 4. Interviewer Training

In this study SIAR's local interviewers were utilized. (See Appendix 3 for the list of interviewers) The interviewers were especially officially trained in this special topic three times.

1. Before pretest : to get acquainted to the topic and get familiar with the survey instrument.
2. Before pretest : with the presence of the headquarters and the Future's Group representative to clarify questions and familiarize with the draft of the instrument.
3. Before the actual field work : to discuss the pilot results implement changes and get the instructions for the actual field work.

#### 5. Problems Encountered

The major problem aroused based on a lack of cooperation by the Uzbek Ministry of Health as planned previously by mutual agreements between the Ministry of Health, the Futures Group and SIAR-Expert. The obtaining of the necessary lists were delayed two weeks preventing the launching of the field work on time.

The lists of obgyns and pharmacists provided were not necessarily up to date which further caused a slow down since the information on the lists had to be verified by visits or phone calls to each institution on the list.

A more important problem is that even though the lists of Pharmacists provided to be used in the sampling covers all the existing pharmacies in the Tashkent City, the same efficiency was not provided in the list of obgyns as presented by the Ministry. The list of obgyns cover only Maternity Hospitals and Advice Bureaus. Although the Uzbek Ministry of Health has confirmed a number of times that the list they have provided is complete, they have disregarded the fact that some small out patient clinics also maintain Maternity Advice Bureaus. These small bureaus were not included in the sample frame used. The Uzbek Ministry of health does not have any statistics on such institutions.

#### IV. TIME PLAN

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The study was completed within eleven weeks upon the approval of the research proposal between September 24, 1993 and January 15, 1994.

<b>SERVICE PROVIDERS CONTRACEPTIVE KNOWLEDGE SURVEY</b>	
1. week	- preliminary deskwork - assigning of local people
2. week	- translation of the Futures Group's instrument to the respective countries  - incorporation of the TFG's comments into the instrument
3. week	- training of interviewers in country
4. week	- pilot work (2 days) - final discussion between TFG and SiAR*
5-6-7. week	- in-depth interviews
8. week	- transportation of the questionnaires (to Istanbul)
9-10. week	- coding and data processing
11. week	tables and report
<b>TOTAL</b>	<b>11 WEEKS</b>

PHYSICIANS

## VI. FINDINGS

### 1. PROVIDERS' BACKGROUND

During the Family Health Service Providers' Contraceptive KAP Survey, a total of 146 physicians' in the related field were interviewed. Ninety three percent of the interviewers were female and all were specialized gynecologists. The sampled group of gynecologists consisted of 49% Uzbeks (72), 21% Russians (30) and 44 people (30%), belonging to other ethnic backgrounds.

The majority of the gynecologists have stated that they have received family health training during the last five years (% 69).

### 2. GENERAL SERVICE DELIVERY

The main reasons physicians are visited for

	NO	(%)
gynecological pathology	104	16.6
prenatal care	102	16.3
routine gynecological exam	79	12.6
obstetric pathology	75	12.0
<b>obtain contraceptives</b>	<b>58</b>	<b>9.3</b>
child delivery	55	8.8
abortion	48	7.7
sexually transmitted disease treatment	40	6.4
gynecological surgery	27	4.3
voluntary surgical contraception	11	1.8
hospitalized sexually transmitted disease treatment	9	1.4
infertility	6	1.0
other	12	2.2
<b>TNR</b>	<b>626</b>	<b>100%</b>
<b>BASE</b>	<b>146</b>	<b>146</b>

In Uzbekistan gynecologists are visited by patients, most commonly either for pre natal care or for various gynecological pathologies. These show that physicians mostly serve for the needs of women during pregnancy or for gynecological treatment. Only nine percent of the physicians were visited to obtain contraceptives, while another eight percent received patients to perform abortions for them.

Thus, gynecologists in Uzbekistan working either at hospitals or at maternity advice bureaus play an important role for treatment of certain gynecological diseases rather than contraceptive counseling services. However, they are the main service providers during the months of pregnancy and labor.

Respondent group of gynecologists have seen 295 patients on average (mean), sixty of them being for family planning purposes (mean). Eighty physicians have had over 100 patients within the last month, only twenty two of them has served over 100 patients for family planning services. (See tables GEN2 and GEN3)

Before assessing which particular contraceptive best suitable to their patients, physicians require an overview of gynecological history (17%) and an overall medical history review (17%). Physicians pay attention to the results of certain medical and biological tests or information such as blood pressure (7%), pelvic exam (6%) and breast examinations (4%) before deciding on an appropriate contraceptive method for patient.

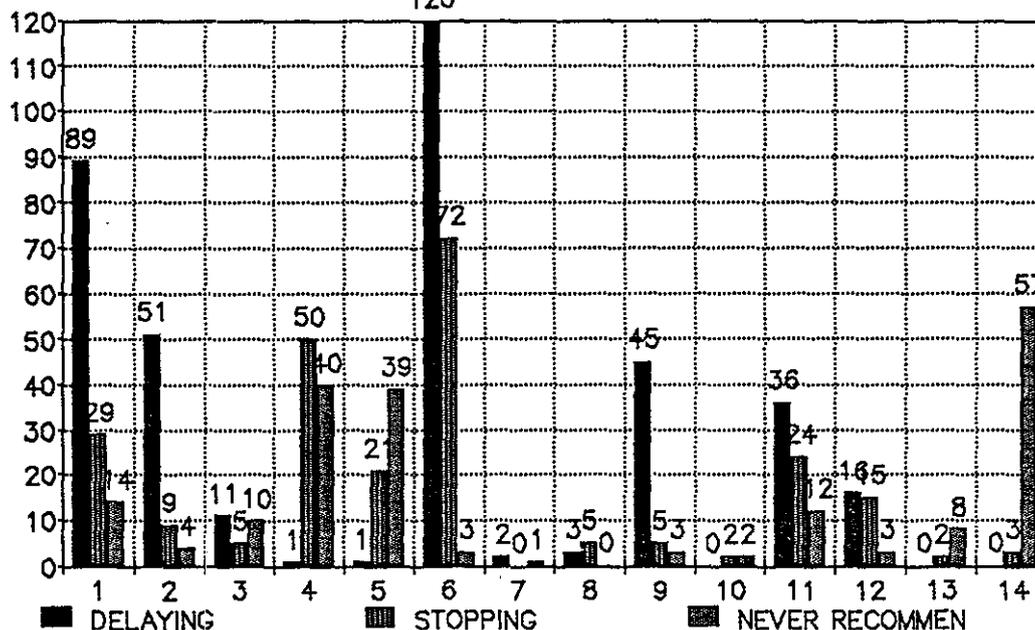
### **3. METHODS RECOMMENDED**

#### **3.1. Factors considered important when recommending a particular contraceptive method**

Recommendations of contraceptives to patients depend first on the general state of health of women (49%). Along with the health conditions rated second most important is the age of the patient (30%). Social status, life style, inter-family relationships, sexual relationships, number of children in the family are also evaluated before recommending contraceptives to patients. Since physicians not only examine patients demanding a contraceptive medically, but also pay attention to the patients' life styles, it may be safe to state that gynecologists may be able to serve counseling needs or involve in serious counseling programs.

3.2. Methods Recommended

METHODS RECOMMENDED  
FOR DELAYING BIRTH  
120



TOTAL % 256.8  
BASE 146  
TNR 375

- 1 PILL
- 2 CONDOM
- 3 SPERMICIDES
- 4 FEMALE STERILIZATION
- 5 MALE STERILIZATION
- 6 IUD
- 7 INJECTABLE
- 8 NORPLANT
- 9 RHYTHM
- 10 RECOMMEND ALL METHODS
- 11 DEPENDS ON CONDITION OF PATIENT
- 12 DEPENDS ON WHAT PATIENT WANTS
- 13 DO NOT RECOMMEND ANY METHOD
- 14 ABORTION

The methods that are mostly recommended by physicians to delay or space birth are IUD (82%), pill (61%), condom (35%) and the rhythm method (31%) in descending order. Physicians have also stated that the choice of which contraceptive is to be used is also determined by the method's suitability for the patient.

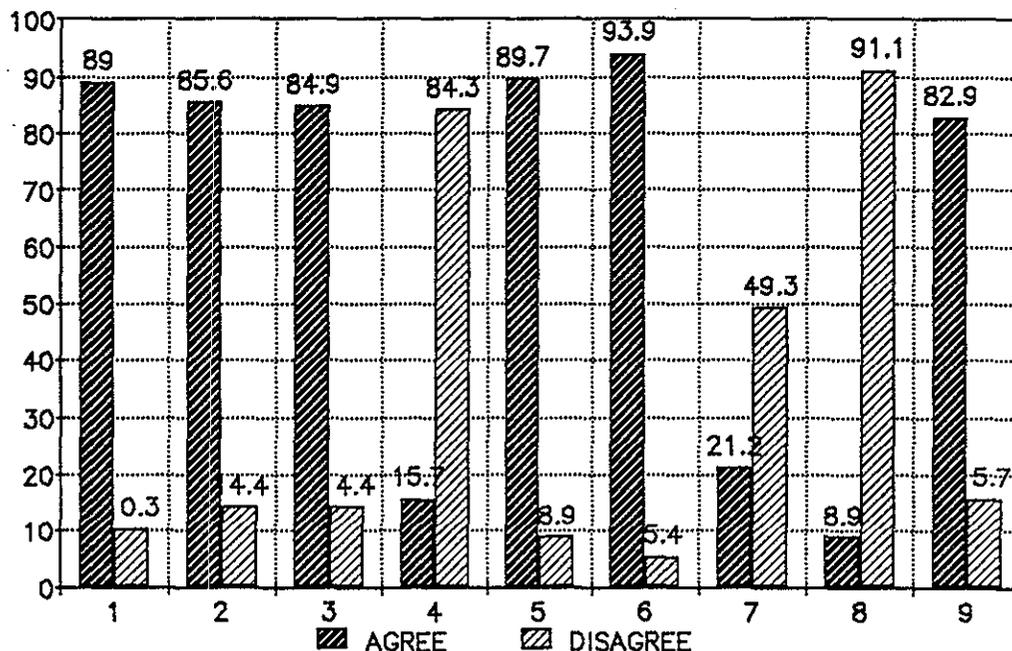
For stopping birth, IUD is still the most commonly recommended method followed by contraceptive pills. Physicians also recommend male (15%) and female (34%) sterilization for stopping birth, female sterilization being more than the male sterilization as expected in Uzbekistan.

Abortion is never recommended by the majority of the physicians (39%). Male or female sterilizations are the other two methods that are never recommended (27% each).

4. IUD KNOWLEDGE/ ATTITUDES AND PRACTICES

4.1. General Knowledge and Practices about the IUD

OPINIONS ABOUT IUD



TOTAL% 100  
 TNR 146  
 BASE 146

- 1 is easy to insert
- 2 can come out of womb by itself
- 3 difficult to get pregnant after removal
- 4 requires no further attention after insertion
- 5 sometimes may cause pelvic infection
- 6 sometimes may cause heavy bleeding
- 7 reduces some type of cancer
- 8 can be inserted by midwife
- 9 is good for women desiring no more children

Majority of the respondent gynecologists agree that the IUD may be easily inserted, but midwives should not/ cannot undertake IUD insertions. The fact that IUD insertions by midwives are mostly disapproved of makes it comparatively difficult for the women living in the rural areas to get access to IUDs since it is relatively easier to contact midwives in the rural areas than gynecologists.

According to the gynecologists, IUD requires constant attention after the insertion which implies that the usage of IUDs should be under regular doctors control. Most of the gynecologist are aware of the negative consequences arisen by insertion of IUDs in some cases. On the other hand 27% of the gynecologists are not very knowledgeable about the cancerous effects of the IUD, if any. Most of them have disagreed that IUD reduces some types of cancer (72, 49%). As mentioned previously majority of the respondents believe that IUD is a good method for stopping birth.

## 4.2. Recommendation of IUD

Almost all the gynecologists in Uzbekistan recommend IUDs (99%). One person has demanded more information on IUD to start recommending IUD for patients.

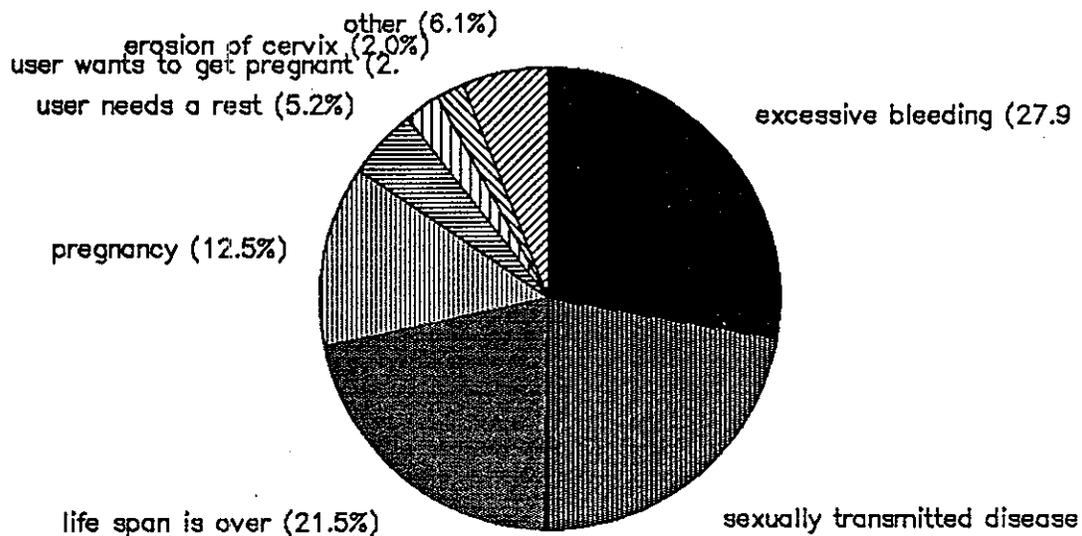
### Reasons for recommending IUDs

	NO	(%)
no compliance problems	78	53.6
most effective temporary method	71	49.0
cheaper than other methods	70	48.3
patients' preference	51	35.2
once inserted does not require frequent supply	47	32.4
if patient can't take the pill	45	31.0
no major side effects	34	23.4
can be inserted immediately post abortion	16	11.0
can be inserted immediately post partum	15	10.3
in case other contraceptive methods cannot be used	4	2.8
because IUD is available	4	2.8
other 16	9.8	
<b>TOTAL</b>	-	<b>311</b>
<b>TNR</b>	<b>451</b>	<b>451</b>
<b>BASE</b>	<b>145</b>	<b>145</b>

Gynecologists prefer recommending IUDs because it is the contraceptive method they believe both easy to use and effective. Being cheaper than other methods is another factor playing an important role in preferring IUDs.

In evaluating IUD, therefore, before the effects on women's health, gynecologists focus on more practical characteristics such as compliance problems, patients' will and affordability. Four gynecologists also directly address the point that IUD is the contraceptive method that is available in hand, thus recommended.

#### 4.3. Reasons that would stop the physicians from recommending IUDs



TOTAL%	264.1
TNR	383
BASE	145

Majority of the physicians have stated that abnormalities with the uterus would stop them from prescribing IUDs to patients. In case of abnormal bleeding, size or shape of the uterus, IUDs are not prescribed to patients. The possibility of excessive bleeding, and serious pelvic infections also directs the physicians not to prescribe the product. Listed under the other are any gynecological and other pathology that stops prescription of IUDs. (See table IUD\$4)

#### 4.4. Insertion of IUD

Eighty eight percent of the gynecologists personally insert IUDs. Thirty eight percent of these physicians (48 people) have inserted IUDs immediately post partum.

When asked about the brands of IUDs inserted, gynecologists were not able to identify distinct brand names. Instead, IUDs were described according to their shapes and countries of origin. "Multiloud" (35%) and "T shaped" (34%) IUDs are the kinds of IUD shapes most often mentioned. (See table Supplies15). Imported products make up the other major group of IUDs mentioned. American (26%) products, followed by the Soviet (20%), Finnish (21%) and German (18%) products are the other imported brands mentioned. Among all the IUD products mentioned MULTILOUD takes the lead as the kind that is most often prescribed (27%). Majority of the pharmacists have inserted 8-10 IUDs within the last three months, three hundred IUDs is the highest number of IUDs inserted, twenty six IUDs of an average mean. (Table IUD11)

#### 4.5. Removal of IUD

The recommended time period for an IUD to be left in place before removal is 3 years in general (52%).

##### Reasons for removing an IUD

	NO	(%)
excessive bleeding	96	75.6
sexually transmitted disease treatment/ pelvic infection	77	60.6
life span is over	74	58.3
pregnancy	43	33.9
user needs a rest	18	14.2
in case woman wants to get pregnant	8	6.3
erosion/infection of cervix or uterus	7	5.5
any pain	7	5.5
various complications	6	4.7
other 8	6.3	
<b>TOTAL</b>		<b>100%</b>
<b>TNR</b>	<b>344</b>	<b>344</b>
<b>BASE</b>	<b>127</b>	<b>127</b>

In case there happens to be excessive bleeding in the user, than immediate removal of IUD is required. IUD is also removed if sexually transmitted disease treatment is found necessary. If the woman happens to get pregnant while the IUD is inserted in place, IUD is removed. Also stated as the other major reason for removing an IUD is when the life span is over or if the user decideds to bear a child again.

Although IUD insertions are the most common contraceptive methods applied in Uzbekistan, most of the physicians have not been formally trained in IUD insertions (39%). Albeit, thirty nine percent of teh respondents have stated they have received training for insertions between one and five years ago.

## 4.6. Advices given after IUD insertions

	NO	(%)
tell women when to come back for follow up exams	99	78
do not lift weights, escape from heavy work	90	70
do not engage in sexual activity for a certain period of time	85	67
advise women of potential problems to look for and what to do	63	50
other (table IUD15)	33	26
<b>TOTAL%</b>	<b>291.3</b>	<b>291.3</b>
<b>TNR</b>	<b>370</b>	<b>370</b>
<b>BASE</b>	<b>127</b>	<b>127</b>

After providing IUD insertions, gynecologists provide women with practical information on what to do or not to do in the following days. They also remind women to come back after a certain time for follow up exams.

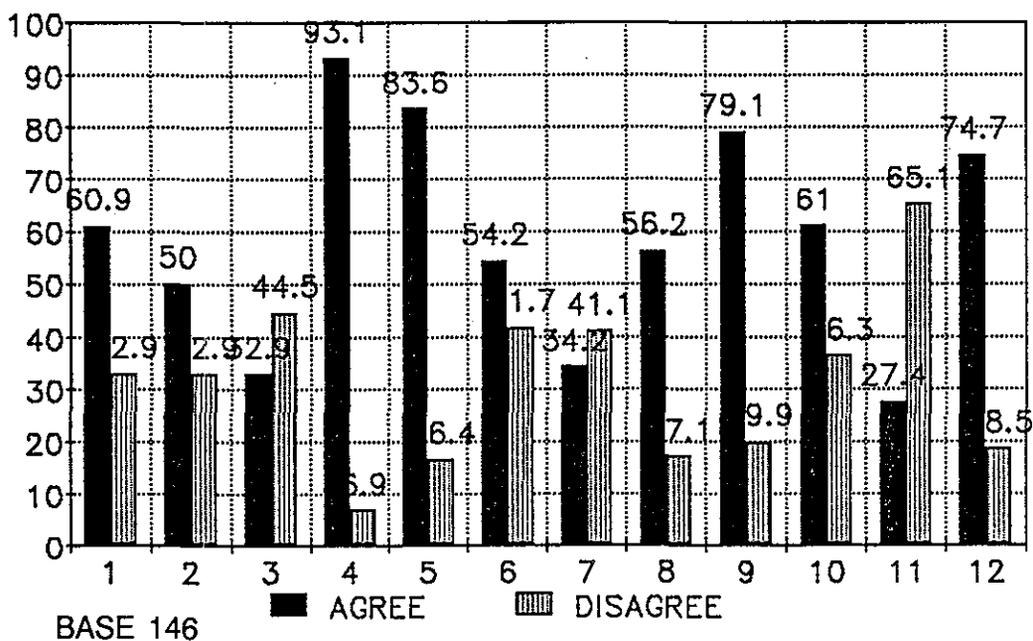
Heavy bleeding (76%), pelvic infection (48%), increased discharge (32%) and backache are the first minor problems that physicians believe IUD users may experience. (Table IUD14)

Majority of the gynecologists think that patients ought to come back in less than one month for the first check up after th IUD insertions. For the second check up, one month (65%) and three month (17%) time periods are found appropriate. Government hospitals and the Central Pharmacy "Pharmatsia" are the main sources from which IUD products are usually obtained.

## 5. PILL KNOWLEDGE/ATTITUDES AND PRACTICES

### 5.1. General Knowledge and Practices about Contraceptive Pills

OPINIONS ABOUT  
CONTRACEPTIVE PILLS



- 1 has positive health benefits
- 2 in some cases may cause breast cancer
- 3 in some cases may cause cervical cancer
- 4 regulates menstruation
- 5 is easy to take
- 6 is difficult to get pregnant after taking it
- 7 causes deformed children
- 8 lessens risks of some cancers
- 9 should not be taken by women over 35 years old
- 10 is difficult to remember to take
- 11 causes infertility
- 12 side effects go away after using it for a couple of months

Physicians agree that pill has positive health benefits on the user. It is a method which helps regulate menstruation. It may even reduce risks of certain cancers. Most of the physicians believe that the pill is easy to take, but there may be some problems in remembering to take it on time. Negative health effects of the pill go away after a certain period of time.

Number of physicians do not know whether the consequences of using the pill causes serious health deficiencies in the child to be born or not. Many do not have any idea whether in some cases pill usage may cause breast (17%) or cervical (23%) cancer.

## 5.2. Recommending contraceptive pills

Eighty four percent of gynecologists recommend contraceptive pills to patients.

Reasons for **not** recommending pill to patients

	NO	(%)
causes too many negative side effects	17	74.1
too expensive for patients	3	13.0
not available	2	8.7
may cause cancer	2	8.7
patients cannot use the pills properly	2	8.7
other 4	18.2	
<b>TOTAL%</b>	<b>130.4</b>	<b>130.4</b>
<b>TNR</b>	<b>30</b>	<b>30</b>
<b>BASE</b>	<b>23</b>	<b>23</b>

Those gynecologists who do not recommend contraceptive pills to patients are mainly uncomfortable with the negative side effects of the pill on health. The second most important factor that keeps gynecologists from recommending contraceptive pills is that they are very expensive and not always available (3, 13%). One of the gynecologists has mentioned that patients cannot remember to take the pills on time.

### 5.3. Reasons for recommending contraceptive pills

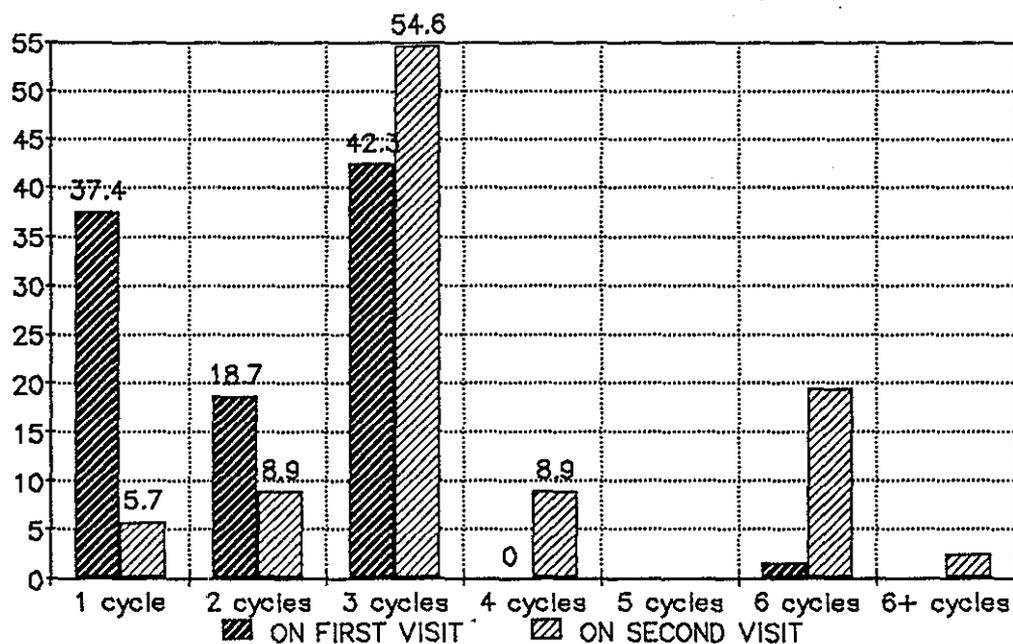
	NO	(%)
most effective temporary method	50	40.5
no compliance problems	38	30.9
patient preference	33	26.8
no major side effects	27	22.0
no other method applicable	15	12.2
regulates menstruation	13	10.6
in case IUD cannot be used	9	7.3
other 26	21.2	
<b>TOTAL%</b>	<b>171.5</b>	<b>171.5</b>
<b>TNR</b>	<b>211</b>	<b>211</b>
<b>BASE</b>	<b>123</b>	<b>123</b>

Pills are preferred because they are considered the most effective contraceptive method, with no major side effects and easy to use. Patients preference for the contraceptive pills also direct gynecologists into recommending contraceptive pills. On the other hand, there is an important group of gynecologists who recommend the pills not due to its positive effects and practical usage, rather favor the method only when other contraceptive methods, i.e especially IUD cannot be used or is not available (24, 19.5%).

### 5.4. Prescribing contraceptive pills

Fifty percent of gynecologists have prescribed the pill below 10 patients in the past three months. Overall, the sample group of respondents have had fifteen prescriptions per head on average (mean). Eight percent have not prescribed contraceptive pills at all. The maximum prescription is for 150 patients. (Table PILL5)

## NUMBER OF CYCLES PRESCRIBED



On first visit to obtain contraceptive pills three (42%) cycles and one cycle (37%) is prescribed at the most. On second visits, the number of cycles prescribed increases. Majority of gynecologist prescribe three cycles (67, 55%) or six cycles (24, 20%)

### 5.5. Advises given to pill users

When prescribing the pill to patient, physicians inform the patient of how often to take the pill (113, 92%). Patients are also informed of the side effects (73, 59%) and what to do about these side effects (66, 54%). Basically patients are warned about the timing and usage of the pill. (Table PILL8)

Advises of physicians go along the same lines with what the potential pill users are curious to know. The most common question asked of physicians about contraceptive pills is to figure out which brand of pills is most suitable for patient (75, 61%). Additionally patients want to know how to use the pill, what to do about side effects (62, 50%) or if forget to take it on time (48, 39%), how often to take it (34%) and when to begin taking it (36%). Another concern is whether the user

gains weight while using the pill, which draws attention to self consciousness about physical appearance

### 5.6. Major problems a pill user must see the doctor for

	NO	(%)
severe headache	44	35.8
severe abdominal pain	44	35.8
irregular/ abnormal bleeding patterns	24	19.5
severe chest pain/ shortness of breath	19	15.4
severe leg pain	18	14.6
vision loss or blurring	12	9.8
irregular menstruation cycles	9	8.9
other health problems	8	6.5
nausea	7	5.7
changes in weight	6	4.9
other 18	14.7	
no problems mentioned	11	8.9
do not know	10	8.1
<b>TOTAL%</b>	<b>187</b>	<b>187</b>
<b>TNR</b>	<b>230</b>	<b>230</b>
<b>BASE</b>	<b>123</b>	<b>123</b>

In case of severe headache and abdominal pain in pill users, doctors recommend immediate doctor intervention and control. Abnormal bleeding patterns (heavy and irregular), chest pain and leg pain also require immediate attention.

As the minor problems that patients may experience while using the pill, side effects of contraceptive pills were mainly listed by physicians. Nausea (76%), small weight gain (58%), mild headaches (47%), spotting/ bleeding (46%), dizziness (32%) and depression moods (15%) are identified as possible minor side effects.

Although most of the gynecologists know that side effects of contraceptive pills go away after usage of a period of time, only 50% of them recommend users, who complain of listed side effects, to keep on taking pills till the end of the first period of the pill and then see what happens. While 40 percent requires instant stopping of taking of the pill, ten percent prescribe medicines to counter effects.

### 5.7. Brands of pills

There are about twenty different brands of pills mentioned which are generally prescribed by gynecologists. The names of these pills are translated directly from the Kiril alphabet on table PILL13. The brands of pills that are most often prescribed are:

	NO	(%)
Regividon	34	27.7
Nonovlon	31	25.2
Bisekurin	11	8.9
Antiovin	7	5.7
Triziston (standard d.)	7	5.7
Triziston 0.1	7	5.7
Avidon	4	3.3
Avidon 0.25	3	2.4
Trakvilar	2	1.6
Demulen	2	1.6
Other 7	5.6	
Do not remember	4	3.3
Do not know	4	3.3
<b>TOTAL%</b>	<b>100</b>	<b>100</b>
<b>TNR</b>	<b>123</b>	<b>123</b>
<b>BASE</b>	<b>123</b>	<b>123</b>

Of physicians who recommend contraceptive pills to patients, forty three percent dispense pills in their practice which they mainly obtain either from government hospitals/ clinics (85%) or Pharmatsia (43%). Fifteen percent has stated that they also get supplies from foreign pharmaceutical companies.

## **6. INJECTABLE CONTRACEPTIVE KNOWLEDGE/ATTITUDES AND PRACTICES**

### **6.1. Familiarity with the Injectable Contraceptive**

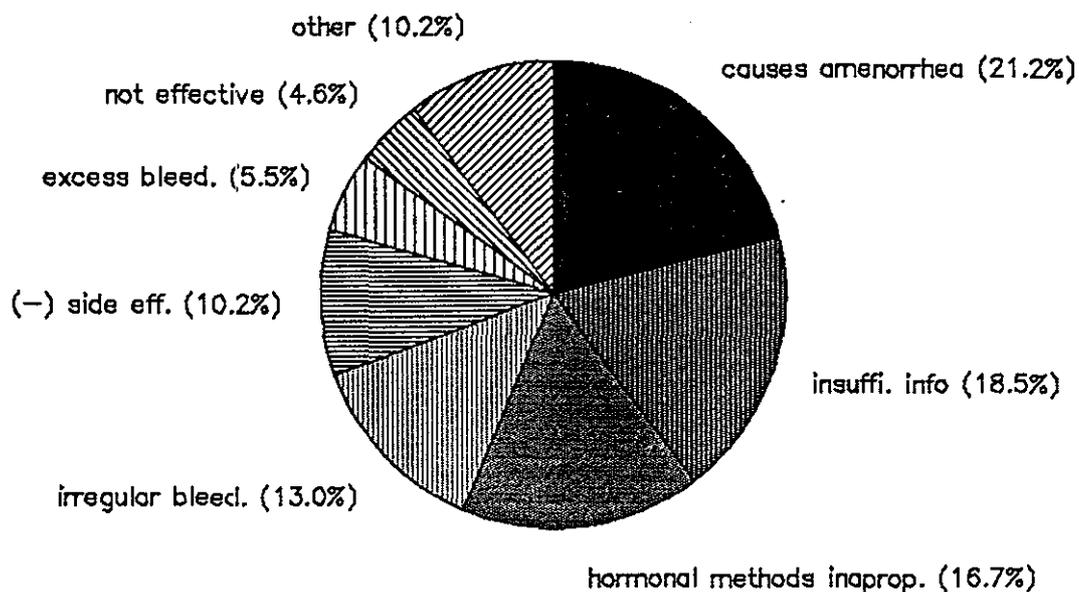
Only thirty one percent of gynecologists are familiar with the injection as a contraceptive method. Medical books are the main source of information obtained about the injectable. Special masters education, and also the symposium which was organized in 1993 were mentioned by five people.

When informed of the possibility of amenorrhea and absence of menstruation in users of the injectable, the method is rated unacceptable by physicians (85%). Physicians believe that irregular menstruation cycles, and hormonal disorders caused by the injections would be disturbing for most women users (33, 27%). The negative effects on health including possibility of amenorrhea (20, 16%) are the main reasons for rejecting the method if it were available. A group of physicians have also pointed out the lack of opportunities to prepare or provide the product from somewhere before evaluating its effects on health and acceptability in case of usage (11, 9%).

Irregular bleeding or spotting patterns caused by the injectable methods neither are considered acceptable (82%) since again irregular bleeding (28, 23%) and hormonal disorders (11, 9%) are disturbing to most women. Physicians are concerned about making sure and safe that appropriate usage of the method can be provided (9, 7.5%). Some physicians were not able to state any opinion on the issue due to the fact that they were not well informed of the method since it were not utilized in Uzbekistan (16, 13%).

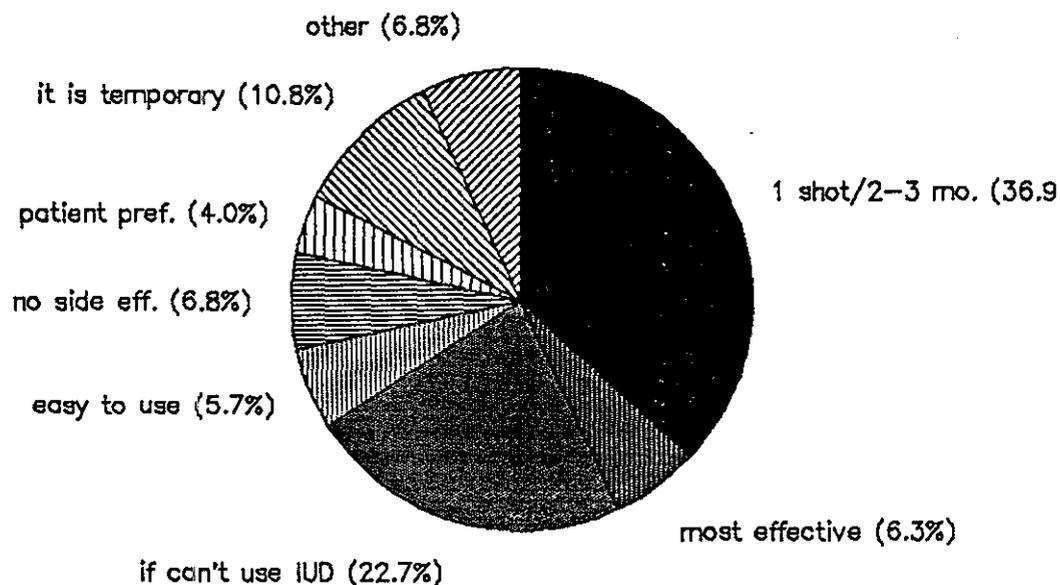
### **6.2. Recommending the injectable contraceptive**

Sixty one percent of gynecologists would recommend the injectable if it were available in Uzbekistan.

**Reasons for not recommending the injectable contraceptive:**

Possibility of amenorrhea is the main reason for not recommending the injectable to patients. The method is not recommended due to all the same reasons for deeming the method unacceptable, especially the opinion that hormonal methods are inappropriate for the Uzbek population. Albeit, it is necessary to note that recommendations also rely on getting sufficient information on the method (20, 35%)

## REASONS FOR RECOMMENDING THE INJECTABLE



Since the injectable needs shots every 2-3 months and do not require regular doctor's control, physicians favor the method (65, 73%). The tendency to prefer the IUD among all the methods in general is still strong. Some physicians chose the injectable only in cases where IUDs are not applicable (40, 45%) prefer the usage of injectable. The fact that the method does not have very many side effects is also considered when recommending the method (12, 13%).

Considering all the advantages and the disadvantages of the method, physicians have found maximum 50000 roubles (1 person) a suitable price for the product. Nine percent have stated that the product should be costless, and the majority was not able to bid any price for the product.

## 7. VOLUNTARY SURGICAL CONTRACEPTIVE KNOWLEDGE/ATTITUDES AND PRACTICES

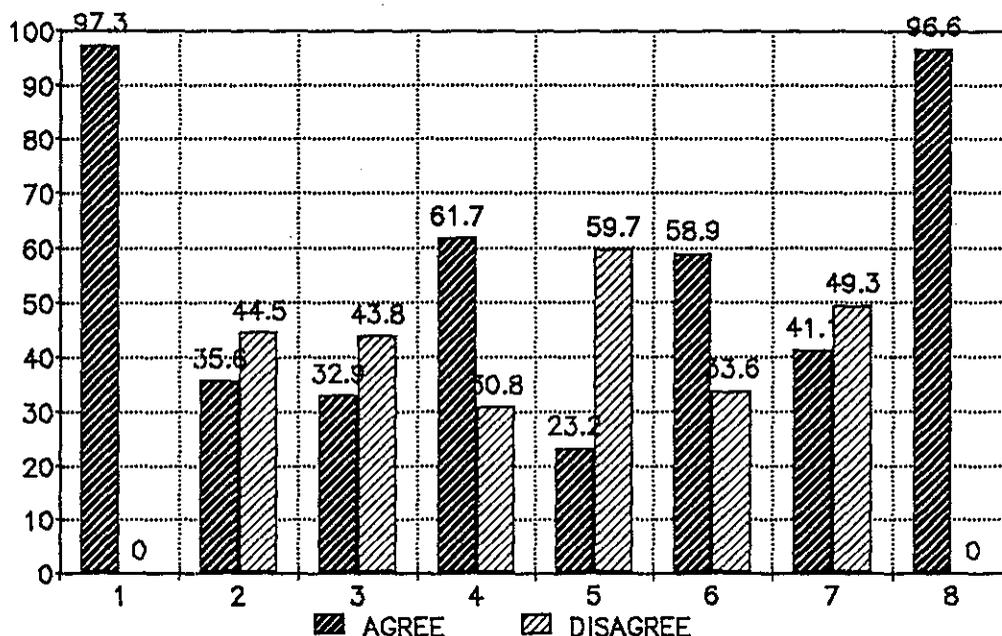
### 7.1. Tubal ligation

In Uzbekistan fifty three percent of the gynecologists perform tubal ligations. Those who do not perform the operation are not credentialed (39, 56%) or trained (18, 26%). The method also is considered inappropriate for the Uzbek population, it is not popular among the population either.

Tubal ligations are mostly performed only on conditions that not performing the operation will bring danger to women's health on next pregnancy or in any other gynecological event. Interestingly tubal ligations are mostly performed in one specific case when women have had 3 or more cesarean operations (35%). Current state of health and gynecological history of the patient affect decisions on tubal ligations. Determined patients who do not want any more children are also recommended the method (16%). (For number of tubal ligations performed, see table VOLUN.4-5)

While tubal ligation is a method utilized in Uzbekistan, vasectomies are not performed at all. Based on the habits and traditions of the Uzbek population, there actually no demands for vasectomies (63, 43%). Majority of the respondent physicians are not trained to perform the operation (61, 42%) or have the necessary supplies to perform it (38, 23%).

### OPINIONS ABOUT TUBAL LIGATION AND VASECTOMY



BASE 146  
TOTAL% 100

- 1 Tubal ligation and vasectomy are permanent methods
- 2 A man cannot do heavy work after he has a vasectomy
- 3 After vasectomy a man can still have sex as much as before
- 4 After voluntary surgical contraception there is no harm to health
- 5 Tubal ligation/vasectomy decreases a person's sex drive
- 6 Following the operation, the method has the least side effects
- 7 Vasectomy is similar to castration
- 8 Many people fear of the method because of the operation

Voluntary surgical contraception methods are the methods that are mostly feared of because of the operation. VSC are considered permanent methods. Even though vasectomy is not evaluated as a similar method to castration which definitely is permanent, but not necessarily defined as a method of contraception. The sample physicians portray a group which seem indecisive about the effects of the operations on sexual life, where as they strongly agree that the two methods have the least side effects on health.

## 8. NORPLANT KNOWLEDGE/ATTITUDES AND PRACTICES

### 8.1. Familiarity with the method

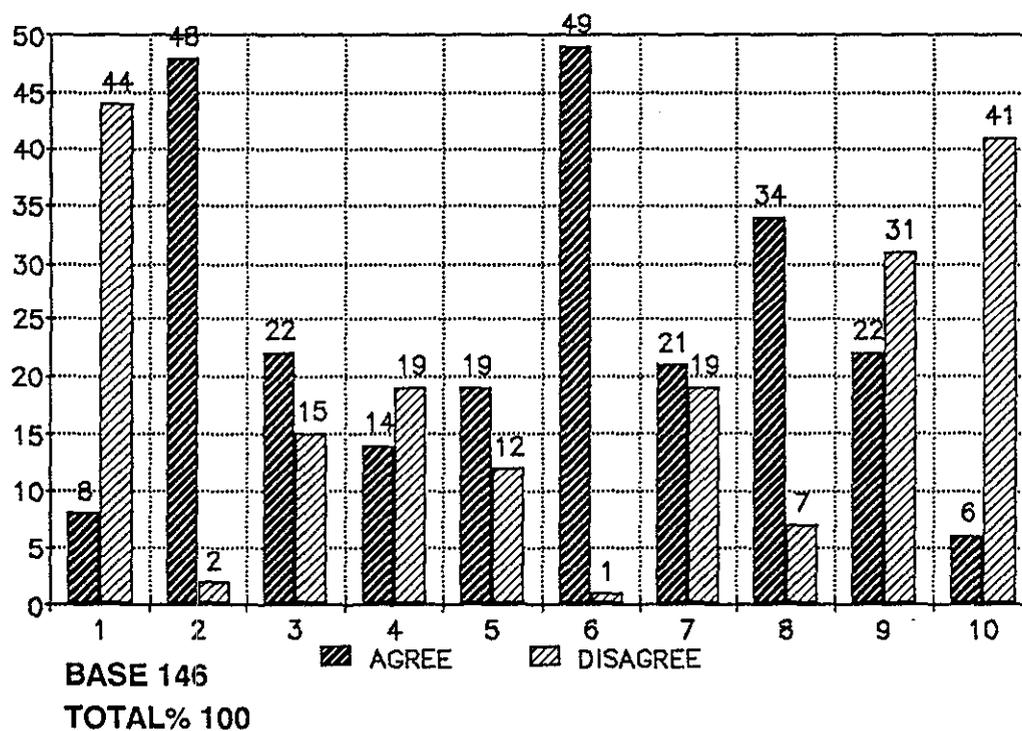
Twenty eight percent of respondents are familiar with the Norplant method. They have acquired information from medical books or have heard of the method in symposiums.

Majority of the physicians are willing to recommend the methods if it were available in Uzbekistan, however they are not able to assess a price for it. The lowest price bided for the product was 500 roubles, and the highest price was 100000 roubles.

## 9. ABORTION

### 9.1. General Knowledge and Practices Concerning Abortions

#### OPINIONS ABOUT ABORTION



Physicians all agree that abortion has very negative effects on women's health. None of them see abortion as a method of contraception; moreover think that abortions should always be accompanied by contraceptive counseling especially by the abortion provider. Physicians have stated that their patients would all like to have alternatives to abortions.

In Uzbekistan, majority of abortions are performed without antibiotics, physicians have not stated if they were able to provide the patients with antibiotics after the operation. Since the majority of physicians agree that abortions are performed without anesthesia, it is safe to conclude that abortions are mostly undertaken without anaesthesia without hesitation in Uzbekistan.

## **9.2. Abortion techniques**

Dilation and curettage are deemed the best technique for abortion in Uzbekistan (69, 86%).

Fifty five percent of the gynecologists perform abortions in their practice in Uzbekistan. In the last three months gynecologists have undertaken minimum 2 and maximum 600 hundred abortions. The average number (mean) of abortions performed per one gynecologist is

## 9.3. Advices given to women about abortion

	NO	(%)	
to avoid abortions	52	64.7	
tell women that abortions are harmful to health	13	16.3	
contraception beforehand	11	13.8	
to have abortions as early as possible into the pregnancy	10	12.5	
tell women to bear the child instead of abortion	8	10.0	
to use other better methods of contraception	3	3.8	
recommend abortions only if it is the decision of a specialist	3	3.8	
other 2	2.6		
<b>TOTAL%</b>	<b>127.5</b>	<b>127.5</b>	
<b>TNR</b>	<b>102</b>	<b>102</b>	
<b>BASE</b>		<b>80</b>	<b>80</b>

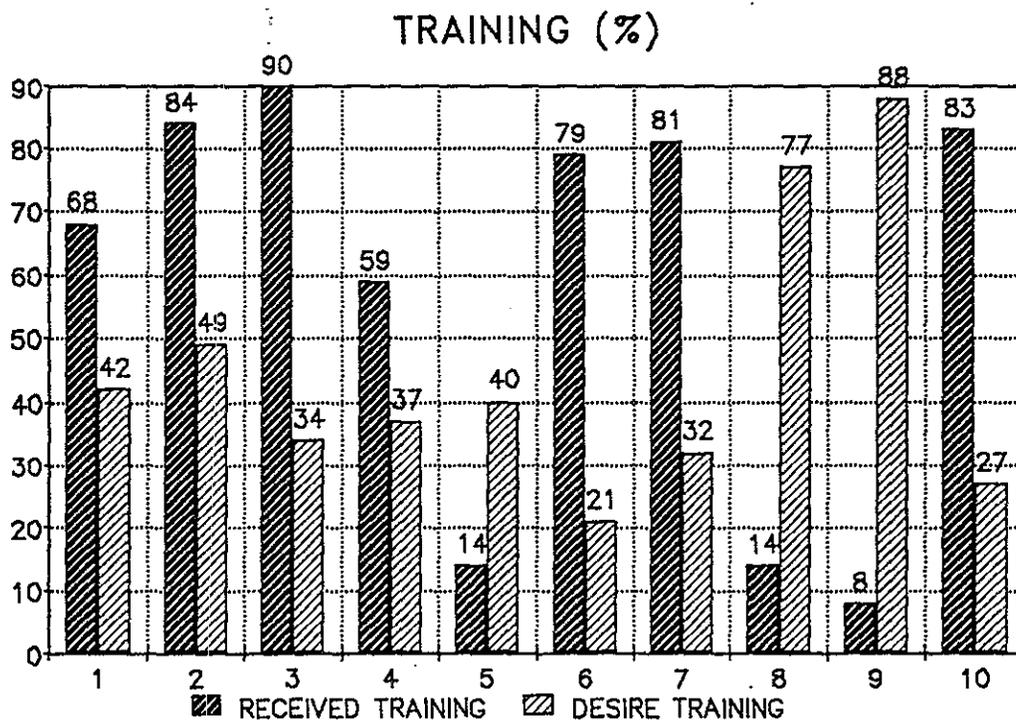
Majority of gynecologists advise women to avoid abortions (65%). However, not all of them are absolutely against the idea of abortions. They tend to accept the causes and results of abortion. Rather than focusing on contraceptive services, they ask the patients to try avoid further (2.5%) abortions as much as possible (15%). This shows that contraceptive services do not reach the patients before it is too late - time for abortion- in Uzbekistan. Advices are based on what to do in case of abortions and after, not on what to do beforehand.

#### 9.4. Insertions of IUDS immediately post abortions

Of the eighty gynecologists who perform abortions 58% (46 gyns) have inserted IUDs immediately post abortion. This is a method to push women into contraception immediately to avoid any further unwanted pregnancies once situations where unwanted abortions are experienced. This may also help women realize that abortion is not a method of contraception.

Those who are against inserting IUDs immediately post abortions are concerned of the possibility of heavy bleeding or infections that may complicate the usage of IUD. Another group do not favor insertions after abortions, if it were one performed over 7 months of pregnancy due to various complications that may arise (15%). Those who insert IUDS post abortions on the other hand do not find it inappropriate if the operation were performed without any complications (13%).

## 10. TRAINING



### BASE 146

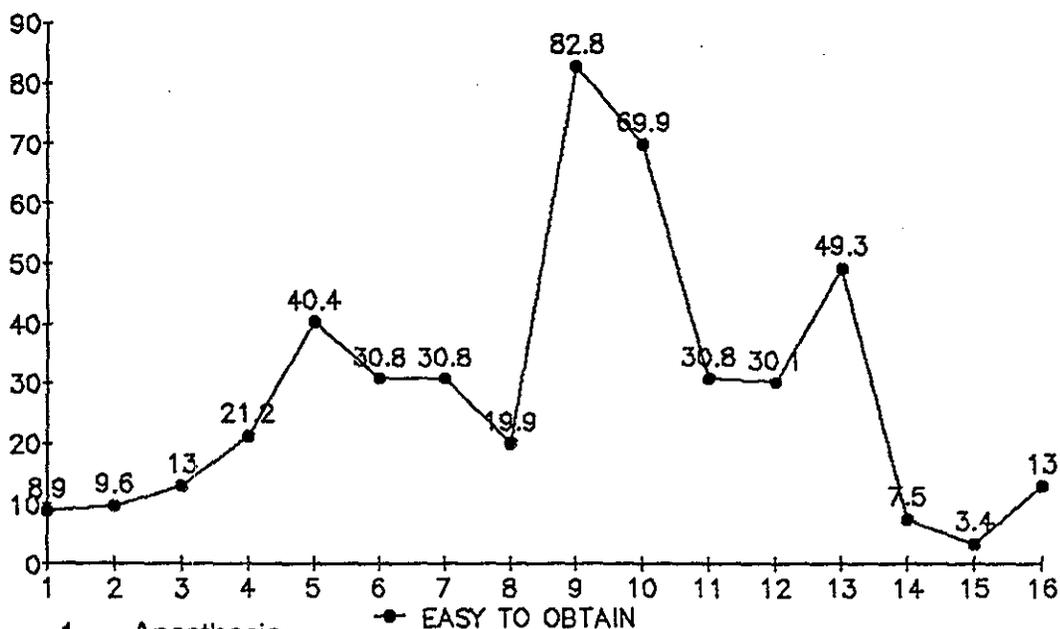
- 1 Family health counseling
- 2 Oral contraceptives
- 3 IUDs
- 4 Tubal ligation
- 5 Vasectomy
- 6 Condoms
- 7 Female barrier methods
- 8 Injections
- 9 Norplant
- 10 Rhythm

Majority of gynecologists have received training in most of the family health services except vasectomy and Norplant and Injections which are not available in Uzbekistan. To fill up this gap, the majority of gynecologists desire training in these two methods. Oral contraceptives and family health training are also services that gynecologists are willing to learn more about. They are willing to participate in a network and offer services identified as a distinct family health specialist.

11. FAMILY HEALTH SUPPLIES

11.1. Level of difficulty in obtaining family health supplies

Level of Difficulty in Obtaining Family Health Supplies



- 1 Anesthesia
- 2 Pain killer
- 3 Antibiotics
- 4 Gloves
- 5 Syringes
- 6 Canulas
- 7 Karman syringes
- 8 Other abortion supplies
- 9 Soviet IUD products
- 10 Imported IUD products
- 11 Pills
- 12 Other contraceptive pills
- 13 Condoms
- 14 Vaginal Foaming Tablets
- 15 Injectables
- 16 Other family health supplies (contraceptive pasta -gramitsidin-)

IUD is the most available family health product in Uzbekistan. It is difficult to find other contraceptive supplies. The fact that abortion supplies are also lacking depicts the picture for unhealthy and dangerous operations being performed.

### 11.2. Recent prices paid for certain family health products by gynecologists

		MINIMUM	MAXIMUM	MOST FREQUENT RESPONSE
(Prices in roubles)				
1	Anesthesia	300	50000	don't know
2	Pain killer	150	10000	don't know
3	Antibiotics	300	50000	don't know
4	Gloves	250	20000	don't know
5	Syringes	25	3000	don't know
6	Canulas	1000	2000	don't know
7	Karman syringes	100	2000	don't know
8	IUD products	250	10000	don't know
10	Contraceptive pills	0	10000	don't know
12	Condoms	25	1500	don't know
13	Vaginal Foaming Tablets		-	don't know
14	Injectables	0	-	don't know
15	Contraceptive Pasta	10	2000	don't know
<b>TOTAL%</b>		<b>100</b>	<b>100</b>	<b>100</b>
<b>TNR</b>		<b>146</b>	<b>146</b>	<b>146</b>
<b>BASE</b>		<b>146</b>	<b>146</b>	<b>146</b>

## 12. PRIVATE SECTOR ACTIVITIES

### 12.1. Gynecologists involved in private sector activities

Only eight percent (12 gyns) of gynecologists see private patients in Uzbekistan.

#### Reasons for not seeing private patients

	NO	(%)
no place to see private patient	82	61.4
no equipment and no money to buy any	68	50.7
against the law	55	41.0
not enough time after work	36	26.9
do not want to be harassed by authorities	27	20.1
other 13	9.6	
<b>TOTAL%</b>	<b>209.7</b>	<b>209.7</b>
<b>TNR 281</b>	<b>281</b>	<b>281</b>
<b>BASE</b>	<b>134</b>	<b>134</b>

While gynecologists claim that they do not have the financial and technical capabilities to start private services for patients, they are also hesitant because they believe that private activities are against the law. They may be subject to harassment by authorities.

Training to set up private businesses (43%), a private association to support the physicians (25%), along with sufficient amount of money to start private activities (38%) are the main factors that would help physicians start providing private services.

The small number of gynecologists who see private patients think that patients prefer them because of the personal attention given to them at time of service and the higher service quality. Private patients are mostly seen at the current official offices during normal office hours or in the evening. Only three of the gynecologists out of the 12 who see private patients have said that they perform abortions for private patients. Within the past month a maximum of 15 private patients have been seen.

Clearly, private sector activities have not developed in Uzbekistan in family health service sectors. If support is provided with the understanding of the government, gynecologists are willing to provide private services.

## VII. CONCLUSION

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Family Health Services that gynecologists may provide their patients with are not absolutely utilized in Uzbekistan. First, patients are not used to demand contraceptive services from gynecologists. Second, there actually are not sufficient amount or kind of contraceptive products available in the country to enable a wide range and accessible contraceptive counseling.

Gynecologists seem willing to provide contraceptive services to the best of their abilities when they have the choice. Before anything else, when evaluating the contraceptive methods, they consider the availability of the products to enable recommendations. In short gynecologists are willing to improve their contraceptive services if provided with the necessary information and the actual products.

In Uzbekistan IUDs are the most commonly used contraceptive products, not only because they are the ones that are mostly available, but also because they are actually preferred by the gynecologists as the most effective contraceptive method. The most common problems the majority of the gynecologists have informed experienced are excessive bleeding of the cervix area and the uterus or infections. This problem may be stemming from misplacement of IUDs, low quality of IUDs or inappropriate body structures of Uzbek woman. However, the method is favored due to its uncomplicated usage and availability. IUD is the method that the gynecologists possess the most through knowledge of.

Contraceptive pill is the other method that gynecologists apply to after the IUD. Most of the gynecologists are aware and dislike the side effects of the pill. They see the necessity to take the pill on time as a complication of using the pill. However, more training should be provided on contraceptive pills on dealing with the side effects of the pill.

When abortion is the issue, gynecologists all advise the patients to avoid abortions. Abortions are accepted as the last resorts, however performed most of the time when demanded. Since most of the gynecologists agree that abortions are performed without anaesthesia, and that most of the abortions supplies are

very hard to find, it may be concluded that abortions are performed under bad standards in Uzbekistan.

Before planning on any educational programs, it is necessary to bring the family planning issue as a more common issue both among the population and among the service providers. To enable this, informational programs which contain practical information and actual dispensing of the contraceptive products are necessary.

In introduction of the contraceptive methods are then the IUD to the service providers and the population, it is important to bring out all the disadvantages and advantages of the IUD and enable comparisons among each method by stating the most appropriate situations and usage instructions of all methods.

In short, providing the service by making the products available will be most helpful in bringing Uzbekistan into practicing family health and planning.



SIAR Uluslararası Araştırma A.Ş.

PRINCIPAL FAMILY HEALTH PROVIDERS SURVEY
SIAR-EXPERT TASHKENT

Good morning/afternoon/evening. My name is \_\_\_\_\_. I am interviewer from the market research company SIAR-EXPERT. We are conducting a research on family health related issues and we need your help. We shall be grateful if you would spare some time to answer a few questions. Thank you.

Respondent's name:
Address:

Phone no:

Name of the interviewer:
Interviewer no:

Date of the interview:
1st call:
2nd call:
3rd call:

I. PROVIDER BACKGROUND

Q.1. Sex of the respondent (PLEASE MARK)

- Female 1
Male 2
K.5

Q.2. What is your area of speciality?

- Family medicine 1
Internal medicine 2
OB/GYN Medicine 3
Urology 4
Midwifery 5
Nursing 6
Pharmacy 7
Other (PLEASE SPECIFY.....)

Q.3. How many years have you been practicing your profession?

K.7
\_\_\_\_\_ years

Q.4 What is your age?

K.8
\_\_\_\_\_ completed years

Q.5 Have you recieved formal family health training either during or after your professional traning? (READ THE CHOICES)

- Yes, more than five years ago 1
- Yes, during the last five years 2
- No 3

II. GENERAL SERVICE DELIVERY

Q.6 What are the most common reasons patients visit you in this facility? (DO NOT READ CATEGORIES) (MULTIPLE ANSWERS POSSIBLE, MARK ALL INDICATED) (PROBE) What else?

Reasons for visit

K.10

- Prenatal care 1
- Routine gynaecological exam 2
- Obtain contraceptives 3
- Obstetric pathology 4
- Gynaecological pathology 5
- Sexually transmitted disease treatment 6
- Child delivery 7
- Gynaecological surgery 8
- Hospitalized sexually transmitted disease treatment 9
- Voluntary surgical contraception A
- Abortion B
- Other in-patient treatment (specify .....)
- Other out-patient treatment (specify .....)
- Other preventive care.....

Q.7 How many patients have you seen in the past month? (RECORD THE EXACT NUMBER)

K.11

\_\_\_\_\_ patients

Q.8 How many of these patients have you seen for family planing proposes?

K.12

\_\_\_\_\_ family health patients

J.13. Which methods would you never recommend?  
 (DO NOT READ, RECORD BELOW UNDER K 17) (MULTIPLE ANSWERS POSSIBLE)

	K 15 DELAYING/ SPACING	K 16 STOPPING	K 17 NEVER RECOMMEND
Pill (any kind mentioned) _____	1	1	1
Condom _____	2	2	2
Spermicides _____	3	3	3
Female sterilization _____	4	4	4
Male sterilization _____	5	5	5
IUD _____	6	6	6
Injectable _____	7	7	7
Norplant _____	8	8	8
Rhythm _____	9	9	9
Recommend all methods _____	A	A	A
Depends on condition of the patient or how suitable method is for patient _____	B	B	B
Depends on what patient wants _____	C	C	C
Do not recommend any particular method _____	D	D	D
Abortion _____	E	E	E

J.13a. We are interested in the level of difficulty you have obtaining family planning supplies and would like to know the current prices for the supplies. I will read you a list of supplies and want you to tell me if the supply is easy to obtain or difficult, and what you believe the current price to be for the supply. (READ EACH CATEGORY AND ASK LEVEL OF DIFFICULTY AND RECENT PRICE PAID AND MARK CURRENCY IN THE SAME BOX)

### SUPPLIES

SUPPLIES		DIFFICULT TO OBTAIN	EASY TO OBTAIN	RECENT PRICE PAID
<b>Abortion supplies</b>				
Anaesthesia	K.18	1	2	-----
Pain killer	K.19	1	2	-----
Antibiotics	K.20	1	2	-----
Gloves	K.21	1	2	-----
Syringes	K.22	1	2	-----
Canulas	K.23	1	2	-----
Karman syringes	K.24	1	2	-----
Other	K.25	1	2	-----
<b>Contraceptives</b>				
IUDs (types)		1	2	-----
_____	K.26	1	2	-----
_____	K.27	1	2	-----
PILLS (types)		1	2	-----
_____	K.28	1	2	-----
_____	K.29	1	2	-----
Condoms	K.30	1	2	-----
Vaginal foaming tablets	K.31	1	2	-----
Injectibles	K.32	1	2	-----
Others				-----
_____	K.33	1	2	-----

## IV. IUD KNOWLEDGE/ATTITUDES/PRACTICES

Q.14. I have a list of statement about IUDs. Based on your knowledge, please tell me if you strongly disagree, disagree a little, agree a little or strongly agree with those statements.

The IUD .....(READ EACH STATEMENT)

		<u>Strongly</u> <u>Disagree</u>	<u>Disagree</u> <u>A Little</u>	<u>Agree</u> <u>A Little</u>	<u>Strongly</u> <u>Agree</u>	<u>Don't</u> <u>Know</u>
Is easy to insert	K.34	1	2	3	4	5
Can come out of womb by itself	K.35	1	2	3	4	5
Makes it difficult to get pregnant after removed	K.36	1	2	3	4	5
Requires no further attention after insertion	K.37	1	2	3	4	5
In some cases may cause pelvic infection	K.38	1	2	3	4	5
In some cases may cause cause heavy bleeding	K.39	1	2	3	4	5
Reduces some types of cancer	K.40	1	2	3	4	5
Can be inserted by midwife	K.41	1	2	3	4	5
Is good for women desiring no more children	K.42	1	2	3	4	5

Q.15. Do you recommend the IUD to your patients?

K.43

Yes, I do 1 — GO TO Q.18  
No, I do not 2 — CONTINUE WITH Q.16

Q. 16. Why do you NOT recommend the IUD to your patients?

(DO NOT READ LIST. MULTIPLE ANSWERS POSSIBLE, CIRCLE ALL ANSWERS GIVEN)

K.44

Not effective 1  
Can't get enough supplies, not available 2  
Causes pelvic infections 3  
Causes excessive bleeding 4  
Too expensive for patients 5  
Too easy to expel 6  
Poor IUD quality 7  
DO NOT KNOW 8  
OTHER (specify).....

Q.17 What might convince you to start providing IUD insertions?  
(DO NOT READ LIST. MULTIPLE ANSWERS POSSIBLE, CIRCLE ALL ANSWERS GIVEN)

K.45

- Nothing 1
- If salesman brings it 2
- If trained in insertion 3
- If I receive more/better information on it 4
- If it did not have so many side effects 5
- If a reliable source of obtaining existed 6
- DO NOT KNOW 7
- Other (Please specify).....

GO TO Q 33

Q.18. What do you like about the IUD that makes you recommend it to your patients? (DO NOT READ LIST)) (PROBE) What else? (CIRCLE ALL RESPONSES GIVEN)

K.46

- Most effective temporary method -----1
- If patient can't take the pill -----2
- Cheaper than other methods -----3
- No compliance problems (easy to use) -----4
- No major side effects -----5
- Patient preference -----6
- Once inserted, does not require frequent supply -----7
- Can be inserted immediately post-abortion -----8
- Can be inserted immediately post-partum -----9
- Do not know A
- OTHER (specify).....

Q.19 Which physical, medical or other reasons would stop you from prescribing an IUD to a woman? (DO NOT READ LIST) (PROBE) What else? (CIRCLE ALL RESPONSES GIVEN)

K.47

- Possible pregnancy -----1
- Abnormal uterine bleeding -----2
- Abnormal uterine size and shape -----3
- Anaemia -----4
- Nulliparity (never pregnant) -----5
- Causes pelvic infection -----6
- Is too easy to expel -----7
- Causes excessive bleeding -----8
- DO NOT KNOW -----9
- OTHER (Specify).....

J.20. In this facility, do you personally insert IUDs?

K.48

Yes 1\_\_\_ CONTINUE WITH Q.21  
No 2\_\_\_ GO TO Q.33

ASK THOSE RESPONDENTS WHO HAVE STATED THEY INSERT IUDS

Q.21. Have you ever inserted an IUD immediately post-partum?

K.49

Yes 1  
No 2

J.22. Which brand(s) of IUDs do you insert? (DO NOT READ LIST. RECORD ALL BRANDS MENTIONED UNDER K.50 BELOW)

J.23. Which one do you insert most often? (RECORD UNDER K.51 BELOW) (ONLY ONE ANSWER)

	K.50	K.51
.....	1	1
.....	2	2
.....	3	3
.....	4	4
.....	5	5
DO NOT KNOW	6	6

Q.24. How many IUDs have you inserted in the last three months?  
(RECORD BELOW THE EXACT NUMBER)

K.52

\_\_\_\_\_ IUDs

Q.25. On the average, about how long do you recommend that an IUD be left in place before removal?

K.53

Less than one year	1
1 year	2
2 years	3
3 years	4
4 years	5
5 years	6
6 years	7
7 years	8
More than 7 years	9
Do not know	A

J.26. For what reasons do you remove an IUD? (DO NOT READ CATEGORIES)  
(PROBE) Any other reasons? (CIRCLE ALL RESPONSES GIVEN)

	K.54
Life span is over	1
User needs a rest	2
Sexually transmitted disease/pelvic infection	3
Pregnancy	4
Excessive bleeding	5
Do not know	6
OTHER (Please specify .....	

J.27 How long ago was the last training that you received for IUD insertion?  
(READ ALL CATEGORIES AND MARK ONLY ONE ANSWER).

	K.55
Never been formally trained	1
Less than 1 year	2
Between 1 and 5 years ago	3
Between 5 and 10 years ago	4
More than 10 years ago	5
Don't know/can't remember	6

Q.28 After IUD insertion, what kind of advice do you give to women about the  
IUD? (DO NOT READ LIST) What else? (THICK ALL RESPONSES GIVEN).

	K.56
Advise women of the potential problems to look for and what to do	1
Tell women when to come back for follow-up exams	2
How to check if IUD is in place	3
Do not offer any special instructions	4
Do not lift heavy weights, escape from heavy work	5
Do not engage in sexual activity for a certain period of time	6
Do not know	7
OTHER (specify) .....	

Q.29 What are the minor problems, if any, a patient may experience with an  
IUD? (DO NOT READ AND CIRCLE ALL RESPONSES GIVEN).

	K 57
No problems mentioned	1
Cramps	2
Heavy bleeding	3
Backache	4
Pelvic infection	5
Infertility	6
Increased discharge	7
Do not know	8
OTHER (specify) .....	

Q.30. When do you advise an IUD patient to come back for the first check up after insertion? (DO NOT READ THE CATEGORIES. MARK IN K.58 BELOW)

Q.31. When do you advise an IUD patient to come back for second check up after insertion? (DO NOT READ THE CATEGORIES. MARK IN K.59 BELOW)

	K.58 for 1st check-up	K.59 for 2nd check-up
Less than one month	1	1
After one month	2	2
After two months	3	3
After three months	4	4
After six months	5	5
After one year	6	6
Do not advise	7	7
Do not know	8	8
Other (Please specify.....)		

Q.32. What is your source for obtaining the IUD you use most often?  
(READ ALL CHOICES AND CIRCLE ALL MENTIONED)

	K.60
Commercial companies	1
Family Health Association	2
Government hospitals/clinics	3
Pharmatsia	4
Patients brings IUDs	5
Do not know (DO NOT READ)	6
Some other source (Please specify.....)	

1. PILL KNOWLEDGE/ATTITUDES/PRACTICES

Q.33 I have a list of statements about contraceptive pills. Please tell me if you strongly disagree, disagree a little, agree a little, or strongly agree with each statement. (READ EACH STATEMENT) The contraceptive pill...

		<u>Strongly Disagree</u>	<u>Disagree A Little</u>	<u>Agree A Little</u>	<u>Strongly Agree</u>	<u>Don't Know</u>
Has positive health benefits	K.61	1	2	3	4	5
In some cases may cause breast cancer	K.62	1	2	3	4	5
In some cases may cause cervical cancer	K.63	1	2	3	4	5
Regulates menstruation	K.64	1	2	3	4	5
Is easy to take	K.65	1	2	3	4	5
Is difficult to get pregnant after taking it	K.66	1	2	3	4	5
Causes deformed children	K.67	1	2	3	4	5
Lessens risk of some cancers	K.68	1	2	3	4	5
Should not be taken by women over 35 years old who smoke	K.69	1	2	3	4	5
Is difficult to remember to take	K.70	1	2	3	4	5
Causes infertility	K.71	1	2	3	4	5
Side effects go away after using it for a couple of months	K.72	1	2	3	4	5

Q.34 Do you prescribe/recommend the pill to your patients?  
K.73

Yes. I do 1 — GO TO Q.36

No. I do not 2 — CONTINUE WITH Q 35, THEN SKIP TO Q.49 SEC VI

Q.35 Why do you not prescribe/recommend the pill to your patients? (DO NOT READ THE CHOICES. PROBE) What else? (CIRCLE ALL RESPONSES GIVEN)

- K.74
- 1 Not effective
  - 2 Causes too many negative side effects
  - 3 Too expensive for patients
  - 4 Not available
  - 5 Acute liver pathology
  - 6 Chronic liver pathology
  - 7 Do not know
  - Other (Specify.....)
- ] GO TO Q.49

Q.36 What do you like about the pill that makes you prescribe/recommend it to your patients? (DO NOT READ LIST. PROBE) What else? (MARK ALL ANSWERS GIVEN)

	K.75
Most effective temporary method	1
Cheaper	2
No compliance problems	3
No major side effects	4
Patient preference	5
Do not know	6
Other (SPECIFY.....)	

Q.37 How many women have you prescribed the pill in the past three months? (RECORD THE EXACT NUMBER)

K.76

\_\_\_\_\_ women

Q.38. How many cycles of pills do you prescribe to a women at the first visit?

	K.77
one cycle	1
two cycles	2
three cycles	3
four cycles	4
five cycles	5
six cycles	6
more than six cycles	7

Q.39. How many cycles of pills do you prescribe to a women at the second visit?

	K.78
one cycle	1
two cycles	2
three cycles	3
four cycles	4
five cycles	5
six cycles	6
more than six cycles	7

Q.40. When prescribing the pill to a woman, what kind of advice do you give to her? (DO NOT READ THE CHOICES. PROBE.) What else? (CIRCLE ALL ANSWERS)

	K.79
Tell women how often to take the pill	1
Tell women about side effects	2
Tell women what to do about side effects	3
Tell women when to start next cycle	4
Tell women what to do if forget to take the pill	5
Do not offer any special instructions	6
Do not know	7
Other (specify.....)	

Q.41. What are the minor problems, if any, a patient may experience with taking the pill? (DO NOT READ THE CHOICES. PROBE.) What else? (CIRCLE ALL ANSWERS MENTIONED)

	K.80
No problems mentioned	1
Nausea	2
Mild headaches	3
Spotting/bleeding	4
Small weight gain	5
Dizziness	6
Depression moods	7
Do not know	8
Other (specify.....)	

Q.42. Let's say a patient comes to you and says she has experienced minor side effects, like dizziness, nausea, or breakthrough bleeding from taking an oral contraceptive, what would you tell her to do? (DO NOT READ THE CHOICES. CIRCLE ALL ANSWERS GIVEN)

	K.81
Keep taking the pills for three months, or till the end of the period of the prescribed pill and if side effects do not go away return to doctor	1
Stop taking pills immediately	2
Prescribe a medicine to counter effects	3
DO NOT KNOW	4
Other (specify.....)	

(INTERVIEWER NOTES : JOT DOWN ANYTHING ELSE THAT THE RESPONDENT SAY, BUT NOT MENTIONED ABOVE)

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Q.43. What types of questions do your patients most frequently ask about oral contraceptives? (PROBE.) What else? Anything else?

	K.82
Which brands are best suited for them	1
What to do about side effects	2
When to begin taking the pill	3
How often to take it	4
What happens if they forget to take it on time	5
None	6
Do not know	7
Others (specify.....)	

(INTERVIEWER NOTES : JOT DOWN ANYTHING ELSE THAT THE RESPONDENT SAY, BUT NOT MENTIONED ABOVE)

---

J.44. For what major problems should a pill user come back to see you?  
 (DO NOT READ THE CHOICES. PROBE.) Any other problems? What else?  
 (CIRCLE ALL MENTIONED.)

- |  |      |
|--|------|
|  | K.83 |
| No problems mentioned                  | 1    |
| Severe chest pain, shortness of breath | 2    |
| Severe headache                        | 3    |
| Vision loss or blurring                | 4    |
| Severe abdominal pain                  | 5    |
| Severe leg pain                        | 6    |
| Do not know                            | 7    |
| Other (specify.....)                   |      |

Q.45. What brands of pill do you currently prescribe/recommend to your patients? What is the dosage of Progestin and Estrogen? (PROBE) Any other?  
 (RECORD THE BRANDS MENTIONED UNDER K.85 BELOW)

Q.46 Which one brand of pill do you prescribe or recommend most often?  
 (ONLY ONE ANSWER. RECORD UNDER K.86)

		K.84	K.85
BRAND	DOSE	<u>Prescribe</u>	<u>Most often</u>
_____	_____	1	1
_____	_____	2	2
_____	_____	3	3
_____	_____	4	4
_____	_____	5	5
_____	_____	6	6
None		7	7
Do not know		8	8

Q.47. Do you dispense oral contraceptives in your practice?

- |     |                                  |
|-----|----------------------------------|
|     | K.86                             |
| Yes | 1___ CONTINUE WITH Q 48          |
| No  | 2___ GO TO Q 49, NEXT SECTION VI |

Q.48. What is your major source for obtaining the pills you dispense?  
 (READ ALL CHOICES)

- |                                   |      |
|-----------------------------------|------|
|                                   | K.87 |
| Foreign Pharmaceutical Companies  | 1    |
| Foreign Donor Agencies            | 2    |
| Government hospital/clinic Supply | 3    |
| Pharmatsia                        | 4    |
| Market place, commercial market   | 5    |
| Do not know                       | 6    |
| Other (specify.....)              |      |

**/I INJECTABLE CONTRACEPTIVE KNOWLEDGE/ATTITUDES/PRACTICES**

Now I would like to ask you a couple of questions about the injectable contraceptive method.

Q.49. How familiar are you with the injection as a contraceptive method? Would you say .....(READ THE CATEGORIES)

K.88

Very familiar                    1  CONTINUE WITH Q 50  
Somewhat familiar                2   
Not at all familiar                3  GO TO Q 51

Q.50. Where did you learn what you know about the injectable contraceptive?  
K.89

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**READ TO ALL RESPONDENTS**

The injectable contraceptive is a hormonal method containing progesterone and estrogen. The woman is given an injection in the arm every two or three months, depending on the product, to provide contraception. The main side effect of this method is irregular bleeding patterns in some women. Eighty percent of women return to normal fertility after one year of discontinuity.

Q.51. The injectable contraceptive can cause amenorrhea or absence of menstruation in women users. How acceptable do you think this would be to your female patients? (READ CATEGORIES, MARK ONLY ONE ANSWER)

K.90

Acceptable, not a problem                1  GO TO 53  
Only somewhat acceptable                2   
Not at all familiar                        3  CONTINUE WITH Q 52

Q.52 Why would this not be acceptable or be only somewhat acceptable to your patients? (WRITE DOWN ALL THE REMARKS OF THE RESPONDENT)

K.91

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Q.53. Another aspect of this method is that it can cause irregular bleeding or spotting in women users. How acceptable do you think this would be to your patients?

K.92

Acceptable, not a problem                1  GO TO Q 55  
Only somewhat acceptable                2   
Not at all familiar                        3  CONTINUE WITH Q 54

Q.54. Why would this not be acceptable or be only somewhat acceptable to your patients? (WRITE DOWN ALL THE REMARKS OF THE RESPONDENT)

K.93

Q.55. Taking into consideration that one shot of the injectable contraceptive offers three months of protection, what price do you think your patients would be willing to pay for one injection and the injection fee?

K.94

\_\_\_\_\_ roubles

Q.56. Would you recommend the injectable contraceptive to your patients if it were available in Uzbekistan?

K.95

Yes, I would                    1— GO TO Q 58  
 No, I would not                2—  
 I don't know                    3— CONTINUE WITH Q 57

Q.57. Why would you not recommend the injectable contraceptive to your patients if it were available?

K.96

Not effective	1
Causes amenorrhea	2
Causes painful menstruation	3
Causes excessive bleeding	4
Causes irregular bleeding	5
Causes negative side effects	6
Don't know enough about it	7
Hormonal methods inappropriate for Uzbek population	8
Don't know	9
Other (Please specify.....)	

Q.58. What do you like about the injectable contraceptive that make you recommend it to your patients? (DO NOT READ THE CHOICES. PROBE.) What else? (CIRCLE ALL RESPONSES GIVEN)

K.97

Most effective temporary method	1
If patient cannot use the IUD	2
No compliance problems (easy to use)	3
It is temporary	4
No major side effects	5
Patient's preference	6
Only needs shot every 2-3 months	7
Don't know	8
Other (Specify.....)	

/II. VOLUNTARY SURGICAL CONTRACEPTIVE KNOWLEDGE, ATTITUDES, PRACTICES

Q.59 Do you currently perform tubal ligations?

K.98

Yes 1 — GO TO Q.61

No 2 — CONTINUE

Q.60 Why do you not perform tubal ligations?

K.99

I am not trained 1

I am not credentialed 2

I cannot get supplies 3

It is not a good method for Uzbeks 4

Other (Please write.....) .....

GO TO Q 64

Q.61 Under what circumstances do you recommend that a woman have a tubal ligation? (WRITE DOWN ALL THE REMARKS OF THE RESPONDENT)

K.100

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q.62. How many post partum tubal ligations have you performed in the last five years?

K.101

\_\_\_\_\_ post partum tubal ligations

Q.63. How many interval (non post partum tubal ligations have you performed in the last five years?

K.102

\_\_\_\_\_ interval tubal ligations

Q.64. Do you currently perform vasectomies?

K.103

Yes 1 — GO TO Q 66

No 2 — CONTINUE WITH Q 65

Q.65. Why do you not perform vasectomies? (WRITE DOWN ALL THE REMARKS OF THE RESPONDENT)

K.104

I am not trained 1

I do not have the equipment 2

I cannot get the supplies 3

It is not a good method for the Uzbeks 4

No patients who comes in with this sort of a problem 5

Other (Please specify.....)

GO TO Q.68

Q.66. Under what circumstances do you recommend that a man have a vasectomy?  
(WRITE DOWN ALL THE REMARKS OF THE RESPONDENT)

K.105

---



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Q.67. How many vasectomies have you performed in the last 5 years?

K.106

\_\_\_\_\_ vasectomies

ASK ALL RESPONDENTS

Q.68. I am going to read to you a list of statements concerning tubal ligation and vasectomy. I would like you to tell me whether you strongly disagree, disagree a little, agree a little, or strongly agree with each statement? (READ EACH STATEMENT)

		<u>Strongly</u> <u>Disagree</u>	<u>Disagree</u> <u>A Little</u>	<u>Agree</u> <u>A Little</u>	<u>Strongly</u> <u>Agree</u>	<u>Don't</u> <u>Know</u>
Tubal ligation and vasectomy are permanent methods	K.107	1	2	3	4	5
A man cannot do heavy work after he has a vasectomy	K.108	1	2	3	4	5
After a vasectomy, a man can still have sex as much as before	K.109	1	2	3	4	5
After voluntary surgical contraception, there is no harm to a man's or woman's health	K.110	1	2	3	4	5
Tubal ligation, vasectomy decreases a person's sex drive	K.111	1	2	3	4	5
After the operation VSC has the least side effects	K.112	1	2	3	4	5
Vasectomy is similar to castration	K.113	1	2	3	4	5
Many people fear of the method because of the operation	K.114	1	2	3	4	5

## VIII NORPLANT KNOWLEDGE AND ATTITUDES

Q.69. How familiar are you with a new contraceptive called Norplant? Would you say you are..... (READ CATEGORIES)

K.115

Very familiar	1 <input type="checkbox"/>	CONTINUE WITH Q.70
Somewhat familiar	2 <input type="checkbox"/>	
Not at all familiar	3 <input type="checkbox"/>	GO TO THE DESCRIPTION OF NORPLANT

Q.70. Where did you learn what you know about Norplant?  
(RECORD ALL REMARKS OF THE RESPONDENT)

K.116 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## READ TO ALL RESPONDENTS

Norplant is a long acting new contraceptive method for women which requires a minor surgical procedure to insert six small rods filled with progestin under the skin of woman's upper arm. These rods slowly release the progestin and provide contraceptive protection for five years. Some users experience bleeding irregularities. After removal, a woman returns to her normal fertility level immediately.

Q.71. Would you recommend Norplant to your patients and insert it if it were available in Uzbekistan?

K.117

Yes	1
No	2
Do not know	3

Q.72. Taking into consideration that one insertion of 6 Norplant rods offer five years of protection, what price do you think your patients would be willing to pay for the Norplant product and the insertion fee?

K.118

\_\_\_\_\_ roubles

## IX. ABORTION KNOWLEDGE, ATTITUDES, PRACTICES

Now I would like to ask you a couple of questions concerning abortions.

Q.73. Here, I have a list of statements about abortion. Please tell me if you strongly disagree, disagree a little, agree a little, or strongly agree with each statement. (READ EACH STATEMENT) The contraceptive pill...

	Strongly <u>Disagree</u>	Disagree <u>A Little</u>	Agree <u>A Little</u>	Strongly <u>Agree</u>	Don't <u>Know</u>
Repeated abortions are safe and do not impair a woman's fertility K.119	1	2	3	4	5
My patients would like to have an alternative to abortion K.120	1	2	3	4	5
The best technique for abortion is Dilation and Curettage. K.121	1	2	3	4	5
The best technique for abortion is vacuum aspiration K.122	1	2	3	4	5
The best technique for abortion is using Karman syringe K.123	1	2	3	4	5
Abortions should always be accompanied with contraceptive counselling K.124	1	2	3	4	5
Abortions are often performed without anesthesia K.125	1	2	3	4	5
Abortions are often performed without antibiotics K.126	1	2	3	4	5
After providing an abortion I do not speak about contraceptives because there are not any K.127	1	2	3	4	5
It is not the abortion provider's responsibility to counsel a woman about contraception K.128	1	2	3	4	5
My patients prefer abortion K.129	1	2	3	4	5

Q.74. Do you perform or assist with abortions here?

K.130

- Yes 1— CONTINUE WITH Q.75  
No 2— GO TO Q.80

Q.75. How many abortions have you performed in the last three months?  
 K.131  
 \_\_\_\_\_ abortions

Q.76. What methods of abortion do you use? (DO NOT READ THE CHOICES OUT LOUD)  
 K.132

Vacuum aspiration	1
Dilation and curettage (D&C)	2
Dilation and evacuation (D&E)	3
Hysterotomy	4
DO NOT KNOW	5
Other (Please specify.....)	

Q.77. What advice do you give to women about abortion? (PROBE) Anything else? (RECORD ALL REMARKS MADE BY THE RESPONDENT)  
 K.133

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Q.78. Have you ever inserted or assisted inserting an IUD immediately post abortion?  
 K.134

Yes	1
No	2

Q.79. What are your reasons for saying yes/ no to the previous question?  
 K.135

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

XI. TRAINING

Q.80 Now I am going to read to you a list of family health services. Please tell me if you have received any training in them during your professional carrier. (READ ALL CHOICES OUT LOUD AND CIRCLE ONLY ONE ANSWER FOR EACH COLUMN)

		<u>Received Training In</u>		
		YES	NO	
Family Health Counseling	K.136	1	2	
Oral contraceptives	K.137	1	2	
IUDs	K.138	1	2	
Tubal ligation	K.139	1	2	
Vasectomy	K.140	1	2	
Condoms	K.141	1	2	
Female barrier methods	K.142	1	2	
Injections	K.143	1	2	
Norplant	K.144	1	2	
Rhytem (natural method)	K.145	1	2	NO ANSWER
Other (Specify.....)	K.146.....	1.....	2.....	3.....

Q.81 In which categories of the mentioned family health services would you like to receive training?

(READ ALL CHOICES OUT LOUD AND CIRCLE ONLY ONE ANSWER FOR EACH COLUMN)

		<u>Desire Training In</u>		
		YES	NO	
Family Health Counseling	K.147	1	2	
Oral contraceptives	K.148	1	2	
IUDs	K.149	1	2	
Tubal ligation	K.150	1	2	
Vasectomy	K.151	1	2	
Condoms	K.152	1	2	
Female barrier methods	K.153	1	2	
Injections	K.154	1	2	
Norplant	K.155	1	2	
Rhytem	K.156	1	2	NO ANSWER
Other (Specify.....)	K.157.....	1.....	2.....	3.....

Q.82. Would you be willing to participate in a network in which you would be identified as a family planning specialist by a logo/symbol (such as poster, sticker etc.) placed in your office?

	K.158
Yes	1
No	2
Don't know	3

## XII. PRIVATE SECTOR ACTIVITIES

We are interested in learning how your government's new policy promoting privatization of the medical sector is affecting you. We consider private patients to be persons who come to you for medical services in a location other than your official one, and pay you directly for your services.

Q.83. Do you see private patients outside the hospital/clinic where you usually work?

	K.159
Yes	1 <input checked="" type="checkbox"/> GO TO Q.86
No	2 <input type="checkbox"/>
Don't know	3 <input type="checkbox"/> CONTINUE WITH Q.84

Q.84. Why do you not see private patients? (DO NOT READ LIST)

	K.160
People will not pay for my services	1
I do not have enough time after work	2
It is against the law	3
I do not want to be harassed by the authorities	4
I do not have a place where I could see patients	5
I have no equipment and no money to buy any	6
Other (Please write.....)	

Q.90. Do you perform abortions for your private patients?

K.166

- Yes 1 — CONTINUE WITH Q.91
- No 2 — GO TO Q 94

Q.91. How many abortions have you performed during the last month for your private patients?

K.167

\_\_\_\_\_ abortions

Q.92. Where do you perform an abortion for a private patient?

K.168

- In my home 1
- In patient's home 2
- In my official office 3
- Other (Please write.....)

Q.93. When you perform an abortion for a private patient where do you get the necessary supplies? (anesthesia, pain killer, antibiotics, gloves, syringes, canulas) (DO NOT READ LIST. MULTIPLE ANSWERS POSSIBLE, MARK ALL ANSWERS GIVEN.) (PROBE.) Any other ways?

K.169

- Patient obtains supplies ahead of time on my prescription at pharmatsia 1
- Patient comes with their own supplies without prescription 2
- I bring supplies from hospitals/clinics 3
- I buy supplies in the (commercial) market and charge my patients 4
- I buy supplies from pharmatsia and charge my patients 5
- Other (Please write.....)

Q.94. Do you provide contraceptive services other than abortion for your patients?

K.170

- Yes 1 — GO TO Q 96
- No 2 — CONTINUE WITH Q.95

Q.95. What are the reasons you do not provide contraceptive services for your private patients?

K.171

- Counseling takes too long 1
- I am not trained 2
- Required equipment is not available 3
- No supplies 4
- Limited demand 5 GO TO Q 82
- Concern about safety methods 6
- Against the law 7
- Lack of spousal consent 8
- Other(Please specify.....)

IF ANSWERED Q.95 INTERVIEW IS COMPLETED. BE SURE TO READ THE THANK YOU STATEMENT ON LAST PAGE TO RESPONDENT.

Q.96. Now I am going to read to you a list of family health services and I would like you to tell me if you provide counseling for the service, if you provide prescription for the service for the client to obtain elsewhere, or if you actually dispense the service? (READ ALL CHOICES, MARK ALL MENTIONED. PROBE)

SERVICE		Counseling only	Prescription for client to obtain elsewhere	Actually dispense or provide service
Advice on family health	K.172	1	2	3
IUDs	K.173	1	2	3
Pills	K.174	1	2	3
Condoms	K.175	1	2	3
Vaginal Barrier Methods	K.176	1	2	3
Rhythm	K.177	1	2	3
Vasectomy	K.178	1	2	3
Tubal ligation	K.179	1	2	3
Other	K.180	1	2	3

Q.97 How many private patients have you provided some form of family health services for in the last month?

K.181

\_\_\_\_\_ private patients

Q.98. How do you normally require that your private patients pay for family health services? (READ CATEGORIES AND CIRCLE ONLY ONE RESPONSE)

K.182

At time of visit 1  
 Send bill to patient 2  
 Installments 3  
 For free 4  
 Or some other way (Please write.....)

Q.99. Ethnic background

K.183

Uzbek 1  
 Russian 2  
 Other 3

Q.100. How long have you been practically working in the field of medicine?

K.184

\_\_\_\_\_ years

DURATION OF THE INTERVIEW: \_\_\_\_\_ hr \_\_\_\_\_ min

THANK YOU VERY MUCH FOR YOUR VALUABLE TIME. PLEASE ACCEPT THIS .....  
 AS THANKS FOR PARTICIPATION IN THIS SURVEY.

# Frequency Distribution

	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
1	136	-	5	5	21	102	6	16	42	72	89	29	14	132	131	126	113	86	94	99	97
	93.2	-	3.4	3.4	14.4	16.3	4.1	11.0	6.7	27.8	23.7	12.0	6.8	90.4	89.7	86.3	77.4	58.9	64.4	67.8	66.4
2 :	10	-	9	5	100	79	2	2	31	44	51	9	4	13	14	19	31	59	45	45	29
	6.8	-	6.2	3.4	68.5	12.6	1.4	1.4	5.0	17.0	13.6	3.7	2.0	8.9	9.6	13.0	21.2	40.4	30.8	30.8	19.9
3	-	146	5	2	25	58	3	7	34	5	11	5	10	1	1	1	2	1	7	2	20
	-	100.0	3.4	1.4	17.1	9.3	2.1	4.8	5.5	1.9	2.9	2.1	4.9	0.7	0.7	0.7	1.4	0.7	4.8	1.4	13.7
4 :	-	-	1	3	-	75	7	12	109	14	1	50	40	-	-	-	-	-	-	-	-
	-	-	0.7	2.1	-	12.0	4.8	8.2	17.5	5.4	0.3	20.7	19.5	-	-	-	-	-	-	-	-
5 :	-	-	2	3	-	104	3	6	26	3	1	21	39	-	-	-	-	-	-	-	-
	-	-	1.4	2.1	-	16.6	2.1	4.1	4.2	1.2	0.3	8.7	19.0	-	-	-	-	-	-	-	-
6	-	-	2	1	-	40	1	11	107	10	120	72	3	-	-	-	-	-	-	-	-
	-	-	1.4	0.7	-	6.4	0.7	7.5	17.2	3.9	32.0	29.8	1.5	-	-	-	-	-	-	-	-
7 :	-	-	2	1	-	55	9	3	70	3	2	-	1	-	-	-	-	-	-	-	-
	-	-	1.4	0.7	-	8.8	6.2	2.1	11.2	1.2	0.5	-	0.5	-	-	-	-	-	-	-	-
8	-	-	2	6	-	27	3	5	36	10	3	5	-	-	-	-	-	-	-	-	-
	-	-	1.4	4.1	-	4.3	2.1	3.4	5.8	3.9	0.8	2.1	-	-	-	-	-	-	-	-	-
9 :	-	-	13	11	-	9	3	14	71	9	45	5	3	-	-	-	-	-	-	-	-
	-	-	8.9	7.5	-	1.4	2.1	9.6	11.4	3.5	12.0	2.1	1.5	-	-	-	-	-	-	-	-
A :	-	-	5	10	-	11	1	9	16	7	-	2	2	-	-	-	-	-	-	-	-
	-	-	3.4	6.8	-	1.8	0.7	6.2	2.6	2.7	-	0.8	1.0	-	-	-	-	-	-	-	-
B	-	-	10	7	-	48	4	4	22	1	36	24	12	-	-	-	-	-	-	-	-
	-	-	6.8	4.8	-	7.7	2.7	2.7	3.5	0.4	9.6	9.9	5.9	-	-	-	-	-	-	-	-
C :	-	-	6	6	-	6	2	3	6	9	16	15	3	-	-	-	-	-	-	-	-
	-	-	4.1	4.1	-	1.0	1.4	2.1	1.0	3.5	4.3	6.2	1.5	-	-	-	-	-	-	-	-
D	-	-	6	6	-	1	7	7	10	1	-	2	8	-	-	-	-	-	-	-	-
	-	-	4.1	4.1	-	0.2	4.8	4.8	1.6	0.4	-	0.8	3.9	-	-	-	-	-	-	-	-
E :	-	-	5	8	-	1	9	7	5	5	-	3	57	-	-	-	-	-	-	-	-
	-	-	3.4	5.5	-	0.2	6.2	4.8	0.8	1.9	-	1.2	27.8	-	-	-	-	-	-	-	-
F :	-	-	3	8	-	3	2	6	7	2	-	-	9	-	-	-	-	-	-	-	-
	-	-	2.1	5.5	-	0.5	1.4	4.1	1.1	0.8	-	-	4.4	-	-	-	-	-	-	-	-
G	-	-	4	3	-	1	2	6	1	12	-	-	-	-	-	-	-	-	-	-	-
	-	-	2.7	2.1	-	0.2	1.4	4.1	0.2	4.6	-	-	-	-	-	-	-	-	-	-	-
H :	-	-	11	10	-	1	2	1	4	6	-	-	-	-	-	-	-	-	-	-	-
	-	-	7.5	6.8	-	0.2	1.4	0.7	0.6	2.3	-	-	-	-	-	-	-	-	-	-	-
I	-	-	6	4	-	1	5	5	3	4	-	-	-	-	-	-	-	-	-	-	-
	-	-	4.1	2.7	-	0.2	3.4	3.4	0.5	1.5	-	-	-	-	-	-	-	-	-	-	-
J :	-	-	3	3	-	1	4	3	6	1	-	-	-	-	-	-	-	-	-	-	-
	-	-	2.1	2.1	-	0.2	2.7	2.1	1.0	0.4	-	-	-	-	-	-	-	-	-	-	-
K	-	-	5	1	-	3	5	1	1	4	-	-	-	-	-	-	-	-	-	-	-
	-	-	3.4	0.7	-	0.5	3.4	0.7	0.2	1.5	-	-	-	-	-	-	-	-	-	-	-
L	-	-	4	2	-	-	8	9	2	11	-	-	-	-	-	-	-	-	-	-	-
	-	-	2.7	1.4	-	-	5.5	8.2	0.3	4.2	-	-	-	-	-	-	-	-	-	-	-
M :	-	-	1	3	-	-	2	5	4	14	-	-	-	-	-	-	-	-	-	-	-
	-	-	0.7	2.1	-	-	1.4	3.4	0.6	5.4	-	-	-	-	-	-	-	-	-	-	-
N	-	-	5	7	-	-	5	1	2	3	-	-	-	-	-	-	-	-	-	-	-
	-	-	3.4	4.8	-	-	3.4	0.7	0.3	1.2	-	-	-	-	-	-	-	-	-	-	-
O :	-	-	6	5	-	-	1	3	3	1	-	-	-	-	-	-	-	-	-	-	-
	-	-	4.1	3.4	-	-	0.7	2.1	0.5	0.4	-	-	-	-	-	-	-	-	-	-	-
P	-	-	7	3	-	-	2	-	4	7	-	-	-	-	-	-	-	-	-	-	-
	-	-	4.8	2.1	-	-	1.4	-	0.6	2.7	-	-	-	-	-	-	-	-	-	-	-
Q :	-	-	2	3	-	-	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-
	-	-	1.4	2.1	-	-	0.7	-	0.2	0.4	-	-	-	-	-	-	-	-	-	-	-
R :	-	-	6	3	-	-	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	4.1	2.1	-	-	6.8	-	-	-	-	-	-	-	-	-	-	-	-	-	-
S	-	-	2	3	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	1.4	2.1	-	-	0.7	-	-	-	-	-	-	-	-	-	-	-	-	-	-



### Frequency Distribution

	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
1	22	24	94	87	69	123	129	79	7	6	8	92	5	4	35	121	19	145	-	-	71
	15.1	16.4	64.4	59.6	47.3	84.2	88.4	54.1	4.6	4.1	5.5	63.0	3.4	2.7	24.0	82.9	13.0	99.3	-	-	15.7
2 :	121	102	45	44	72	11	5	19	8	15	13	31	8	4	37	12	4	1	-	-	45
	82.9	69.9	30.8	30.1	49.3	7.5	3.4	13.0	5.5	10.3	8.9	21.2	5.5	2.7	25.3	8.2	2.7	0.7	-	-	10.0
3	3	20	7	15	5	12	12	48	30	47	51	17	48	43	19	10	35	-	-	-	70
	2.1	13.7	4.8	10.3	3.4	8.2	8.2	32.9	20.5	32.2	34.9	11.6	32.9	29.5	13.0	6.8	24.0	-	-	-	15.5
4	-	-	-	-	-	-	-	-	100	78	73	6	83	94	12	3	86	-	-	1	78
	-	-	-	-	-	-	-	-	68.5	53.4	50.0	4.1	56.8	64.4	8.2	2.1	58.9	-	-	100.0	17.3
5 :	-	-	-	-	-	-	-	-	1	-	1	-	2	1	43	-	2	-	-	-	34
	-	-	-	-	-	-	-	-	0.7	-	0.7	-	1.4	0.7	29.5	-	1.4	-	-	-	7.5
6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	51
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11.3
7 :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10.4
8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	16
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0	-	3.5
9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.3
A :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.4
B	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.4
C :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.9
D	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.2
E :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.4
F :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.7
G	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.4
H :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.2
I	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.9
J :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.2
K :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.4
T	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	1	1	451
B :	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	1	1	145

### Frequency Distribution

	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67
1	26	127	48	33	18	6	1	74	48	63	6	113	2	1	25	28	26	2	6	31	42
	6.8	87.6	37.8	9.4	14.2	4.7	0.8	21.5	37.8	17.0	2.0	89.0	1.6	0.7	17.1	19.2	17.8	1.4	4.1	21.2	28.8
2 :	62	18	79	23	3	5	1	18	17	99	97	12	83	111	23	20	39	8	19	30	19
	16.2	12.4	62.2	6.5	2.4	3.9	0.8	5.2	13.4	26.8	32.9	9.4	65.4	73.5	15.8	13.7	26.7	5.5	12.3	20.5	12.3
3	89	-	-	27	4	6	13	77	48	6	34	1	5	32	65	48	32	27	35	47	25
	23.2	-	-	7.7	3.1	4.7	10.2	22.4	37.8	1.6	11.5	0.8	3.9	21.2	44.5	32.9	21.9	18.5	24.0	32.2	17.1
4	21	-	-	24	12	11	66	43	6	2	61	-	21	5	24	25	16	109	87	32	25
	5.5	-	-	6.8	9.4	8.7	52.0	12.5	4.7	0.5	20.7	-	16.5	3.3	16.4	17.1	11.0	74.7	59.6	21.9	17.1
5 :	28	-	-	6	1	8	20	96	5	90	6	1	11	2	9	25	33	-	-	6	36
	7.3	-	-	1.7	0.8	6.3	15.7	27.9	3.9	24.3	2.0	0.8	8.7	1.3	6.2	17.1	22.6	-	-	4.1	24.7
6	39	-	-	1	2	17	25	8	3	85	41	-	3	-	-	-	-	-	-	-	-
	10.2	-	-	0.3	1.6	13.4	19.7	2.3	2.4	23.0	13.9	-	2.4	-	-	-	-	-	-	-	-
7 :	2	-	-	13	1	3	-	6	-	7	7	-	2	-	-	-	-	-	-	-	-
	0.5	-	-	3.7	0.8	2.4	-	1.7	-	1.9	2.4	-	1.6	-	-	-	-	-	-	-	-
8	51	-	-	11	1	8	-	7	-	7	2	-	-	-	-	-	-	-	-	-	-
	13.3	-	-	3.1	0.8	6.3	-	2.0	-	1.9	0.7	-	-	-	-	-	-	-	-	-	-
9	17	-	-	1	8	14	-	4	-	4	7	-	-	-	-	-	-	-	-	-	-
	4.4	-	-	0.3	6.3	11.0	-	1.2	-	1.1	2.4	-	-	-	-	-	-	-	-	-	-
A :	2	-	-	25	34	7	1	2	-	3	2	-	-	-	-	-	-	-	-	-	-
	0.5	-	-	7.1	26.8	5.5	0.8	0.6	-	0.8	0.7	-	-	-	-	-	-	-	-	-	-
B	6	-	-	47	5	4	-	7	-	1	5	-	-	-	-	-	-	-	-	-	-
	1.6	-	-	13.4	3.9	3.1	-	2.0	-	0.3	1.7	-	-	-	-	-	-	-	-	-	-
C :	14	-	-	8	12	8	-	1	-	1	8	-	-	-	-	-	-	-	-	-	-
	3.7	-	-	2.3	9.4	6.3	-	0.3	-	0.3	2.7	-	-	-	-	-	-	-	-	-	-
D	3	-	-	34	3	1	-	1	-	2	4	-	-	-	-	-	-	-	-	-	-
	0.8	-	-	9.7	2.4	0.8	-	0.3	-	0.5	1.4	-	-	-	-	-	-	-	-	-	-
E	5	-	-	11	3	7	-	-	-	-	7	-	-	-	-	-	-	-	-	-	-
	1.3	-	-	3.1	2.4	5.5	-	-	-	-	2.4	-	-	-	-	-	-	-	-	-	-
F :	1	-	-	4	1	1	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-
	0.3	-	-	1.1	0.8	0.8	-	-	-	-	0.7	-	-	-	-	-	-	-	-	-	-
G	1	-	-	19	1	2	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
	0.3	-	-	5.4	0.8	1.6	-	-	-	-	0.3	-	-	-	-	-	-	-	-	-	-
H :	1	-	-	5	9	4	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
	0.3	-	-	1.4	7.1	3.1	-	-	-	-	0.3	-	-	-	-	-	-	-	-	-	-
I	1	-	-	2	3	2	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
	0.3	-	-	0.6	2.4	1.6	-	-	-	-	0.3	-	-	-	-	-	-	-	-	-	-
J :	3	-	-	3	2	5	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-
	0.8	-	-	0.9	1.6	3.9	-	-	-	-	1.0	-	-	-	-	-	-	-	-	-	-
K	1	-	-	7	1	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	0.3	-	-	2.0	0.8	3.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
L	1	-	-	14	3	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	0.3	-	-	4.0	2.4	2.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
M :	1	-	-	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	0.3	-	-	1.7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
N	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	0.3	-	-	0.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
O :	1	-	-	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	0.3	-	-	2.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
P	6	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	-	-	0.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Q	-	-	-	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	1.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
R :	-	-	-	14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	4.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
T :	383	145	127	352	127	127	127	344	127	370	295	127	127	151	146	146	146	146	146	146	146
B :	145	145	127	127	127	127	127	127	127	127	127	127	127	127	146	146	146	146	146	146	146

### Frequency Distribution

	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88
:	10	15	29	69	13	123	1	50	2	46	7	113	4	61	75	11	67	34	53	8	2
:	6.8	10.3	19.9	47.3	8.9	84.2	3.3	23.7	1.6	37.4	5.7	30.9	1.1	43.3	23.1	4.8	18.4	27.6	43.1	9.2	1.4
:	15	14	24	26	14	23	17	5	6	23	11	73	93	50	62	19	74	31	70	5	43
:	10.3	9.6	16.4	17.8	9.6	15.8	56.7	2.4	4.9	18.7	8.9	19.9	24.6	35.5	19.1	8.3	20.3	25.2	56.9	5.7	29.5
:	47	34	58	27	25	-	3	38	10	52	67	66	58	13	45	44	34	7	-	45	101
:	32.2	23.3	39.7	18.5	17.1	-	10.0	18.0	8.1	42.3	54.5	18.0	15.3	9.2	13.9	19.1	9.3	5.7	-	51.7	69.2
:	35	67	31	13	84	-	2	27	5	-	11	29	57	1	42	12	31	4	-	23	-
:	24.0	45.9	21.2	8.9	57.5	-	6.7	12.8	4.1	-	8.9	7.9	15.1	0.7	13.0	5.2	8.5	3.3	-	26.4	-
:	39	16	4	11	10	-	1	33	15	-	-	61	71	5	48	44	33	7	-	5	-
:	26.7	11.0	2.7	7.5	6.8	-	3.3	15.6	12.2	-	-	16.7	18.8	3.5	14.8	19.1	9.0	5.7	-	5.7	-
:	-	-	-	-	-	-	2	13	6	2	24	2	39	3	6	18	3	1	-	1	-
:	-	-	-	-	-	-	6.7	6.2	4.9	1.6	19.5	0.5	10.3	2.1	1.9	7.8	0.8	0.8	-	1.1	-
:	-	-	-	-	-	-	2	5	3	-	3	3	18	4	10	24	23	7	-	-	-
:	-	-	-	-	-	-	6.7	2.4	2.4	-	2.4	0.8	4.8	2.8	3.1	10.4	6.3	5.7	-	-	-
:	-	-	-	-	-	-	1	7	1	-	-	6	2	1	7	9	7	3	-	-	-
:	-	-	-	-	-	-	3.3	3.3	0.8	-	-	1.6	0.5	0.7	2.2	3.9	1.9	2.4	-	-	-
:	-	-	-	-	-	-	1	15	14	-	-	3	6	1	12	7	51	11	-	-	-
:	-	-	-	-	-	-	3.3	7.1	11.4	-	-	0.8	1.6	0.7	3.7	3.0	14.0	8.9	-	-	-
A:	-	-	-	-	-	-	-	9	7	-	-	3	3	1	4	6	6	2	-	-	-
B:	-	-	-	-	-	-	-	4.3	5.7	-	-	0.8	0.8	0.7	1.2	2.6	1.6	1.6	-	-	-
C:	-	-	-	-	-	-	-	2	8	-	-	1	6	1	6	5	1	1	-	-	-
D:	-	-	-	-	-	-	-	0.9	6.5	-	-	0.3	1.6	0.7	1.9	2.2	0.3	0.8	-	-	-
E:	-	-	-	-	-	-	-	1	7	-	-	3	3	-	1	1	2	1	-	-	-
F:	-	-	-	-	-	-	-	0.5	5.7	-	-	0.8	0.8	-	0.3	0.4	0.5	0.8	-	-	-
G:	-	-	-	-	-	-	-	4	3	-	-	3	1	-	1	2	5	1	-	-	-
H:	-	-	-	-	-	-	-	1.9	2.4	-	-	0.8	0.3	-	0.3	0.9	1.4	0.8	-	-	-
I:	-	-	-	-	-	-	-	2	6	-	-	-	1	-	1	1	7	2	-	-	-
J:	-	-	-	-	-	-	-	0.9	4.9	-	-	-	0.3	-	0.3	0.4	1.9	1.6	-	-	-
K:	-	-	-	-	-	-	-	-	3	-	-	-	2	-	1	8	1	1	-	-	-
L:	-	-	-	-	-	-	-	-	2.4	-	-	-	0.5	-	0.3	3.5	0.3	0.8	-	-	-
M:	-	-	-	-	-	-	-	-	8	-	-	-	4	-	3	4	2	1	-	-	-
N:	-	-	-	-	-	-	-	6.5	-	-	-	-	1.1	-	0.9	1.7	0.5	0.8	-	-	-
O:	-	-	-	-	-	-	-	5	-	-	-	-	1	-	-	5	5	1	-	-	-
P:	-	-	-	-	-	-	-	4.1	-	-	-	-	0.3	-	-	2.2	1.4	0.8	-	-	-
Q:	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	10	3	4	-	-	-
R:	-	-	-	-	-	-	-	0.8	-	-	-	-	0.3	-	-	4.3	0.8	3.3	-	-	-
S:	-	-	-	-	-	-	-	10	-	-	-	-	1	-	-	-	6	4	-	-	-
T:	-	-	-	-	-	-	-	8.1	-	-	-	-	0.3	-	-	-	1.6	3.3	-	-	-
U:	-	-	-	-	-	-	-	2	-	-	-	-	1	-	-	-	1	-	-	-	-
V:	-	-	-	-	-	-	-	1.6	-	-	-	-	0.3	-	-	-	0.3	-	-	-	-
W:	-	-	-	-	-	-	-	1	-	-	-	-	5	-	-	-	1	-	-	-	-
X:	-	-	-	-	-	-	-	0.8	-	-	-	-	1.3	-	-	-	0.3	-	-	-	-
Y:	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2	-	-	-	-
Z:	-	-	-	-	-	-	-	-	-	-	-	-	0.3	-	-	-	0.5	-	-	-	-
:	146	146	146	146	146	146	30	211	123	123	123	366	378	141	324	230	365	123	123	87	146
:	146	146	146	146	146	146	23	123	123	123	123	123	123	123	123	123	123	123	123	53	146

## Frequency Distribution

	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109
1	23	22	11	26	28	8	89	5	11	77	18	27	26	33	-	61	-	-	-	38	47
	51.1	15.1	8.1	17.8	21.5	5.5	61.0	4.6	6.3	52.7	19.1	25.5	33.8	42.9	-	26.8	-	-	-	26.0	32.2
2 :	3	70	21	59	11	6	42	23	40	69	39	11	2	4	146	38	-	-	-	27	17
	6.7	47.9	15.4	40.4	8.5	4.1	29.8	21.3	22.7	47.3	41.5	10.4	2.6	5.2	100.0	16.7	-	-	-	18.5	11.6
3 .	5	54	12	61	4	3	15	4	10	-	4	2	4	5	-	3	-	-	15	24	29
	11.1	37.0	8.8	41.8	3.1	2.1	10.3	3.7	5.7	-	4.3	1.9	5.2	6.5	-	1.3	-	-	10.3	16.4	19.9
4	9	-	1	-	5	3	-	6	19	-	9	12	3	2	-	24	-	-	128	28	19
	20.0	-	0.7	-	3.8	2.1	-	5.6	10.8	-	9.6	11.3	3.9	2.6	-	10.5	-	-	87.7	19.2	11.0
5 :	5	-	1	-	19	7	-	14	12	-	9	6	2	3	-	63	-	-	3	29	34
	11.1	-	0.7	-	14.6	4.8	-	13.0	6.8	-	9.6	5.7	2.6	3.9	-	27.6	-	-	2.1	19.9	23.3
6	-	-	5	-	7	11	-	11	7	-	1	7	5	2	-	25	-	-	-	-	-
	-	-	3.7	-	5.4	7.5	-	10.2	4.0	-	1.1	6.6	6.5	2.6	-	11.0	-	-	-	-	-
7 :	-	-	12	-	8	1	-	20	65	-	5	5	3	4	-	4	-	-	-	-	-
	-	-	8.8	-	6.2	0.7	-	18.5	36.9	-	5.3	4.7	3.9	5.2	-	1.8	-	-	-	-	-
8	-	-	8	-	2	6	-	18	2	-	1	8	9	6	-	6	-	-	-	-	-
	-	-	5.9	-	1.5	4.1	-	16.7	1.1	-	1.1	7.5	11.7	7.8	-	2.6	-	-	-	-	-
9	-	-	-	-	1	10	-	2	1	-	8	2	5	2	-	4	-	-	-	-	-
	-	-	-	-	0.8	6.8	-	1.9	0.6	-	8.5	1.9	6.5	2.6	-	1.8	-	-	-	-	-
A :	-	-	5	-	1	2	-	2	2	-	-	4	5	6	-	-	-	-	-	-	-
	-	-	3.7	-	0.8	1.4	-	1.9	1.1	-	-	3.8	6.5	7.8	-	-	-	-	-	-	-
B	-	-	2	-	2	9	-	1	1	-	-	5	3	2	-	-	-	-	-	-	-
	-	-	1.5	-	1.5	6.2	-	0.9	0.6	-	-	4.7	3.9	2.6	-	-	-	-	-	-	-
C :	-	-	4	-	5	1	-	1	3	-	-	5	4	1	-	-	-	-	-	-	-
	-	-	2.9	-	3.8	0.7	-	0.9	1.7	-	-	4.7	5.2	1.3	-	-	-	-	-	-	-
D	-	-	7	-	5	1	-	1	1	-	-	11	1	1	-	-	-	-	-	-	-
	-	-	5.1	-	3.8	0.7	-	0.9	0.6	-	-	10.4	1.3	1.3	-	-	-	-	-	-	-
E	-	-	4	-	9	2	-	-	2	-	-	1	1	2	-	-	-	-	-	-	-
	-	-	2.9	-	6.9	1.4	-	-	1.1	-	-	0.9	1.3	2.6	-	-	-	-	-	-	-
F :	-	-	1	-	16	76	-	-	-	-	-	-	2	1	-	-	-	-	-	-	-
	-	-	0.7	-	12.3	52.1	-	-	-	-	-	-	2.6	1.3	-	-	-	-	-	-	-
G	-	-	2	-	7	-	-	-	-	-	-	-	2	3	-	-	-	-	-	-	-
	-	-	1.5	-	5.4	-	-	-	-	-	-	-	2.6	3.9	-	-	-	-	-	-	-
H :	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	0.7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
I	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	0.7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
J :	-	-	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	5.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
K :	-	-	14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	10.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
L :	-	-	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	7.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
M :	-	-	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	5.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
T :	45	146	136	146	130	146	146	108	176	146	94	106	77	77	146	228	-	-	146	146	146
R :	45	146	124	146	120	146	146	57	89	146	69	77	77	77	146	146	-	-	146	146	146

### Frequency Distribution

	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130
1 :	20	72	22	43	-	2	28	104	13	128	7	21	13	84	9	33	12	128	117	101	80
	13.7	49.3	15.1	43.2	-	1.4	60.9	71.2	8.9	87.7	4.8	14.4	8.9	57.5	6.2	22.6	8.2	87.7	80.1	69.2	54.8
2 :	25	15	27	9	-	39	1	15	47	7	3	18	29	33	2	21	7	8	15	25	66
	17.1	10.3	18.5	6.2	-	26.7	2.2	10.3	45.9	4.8	2.1	12.3	19.9	22.6	1.4	14.4	4.8	5.5	10.3	17.1	45.2
3 :	27	24	30	38	24	105	9	27	7	4	17	46	52	4	11	48	48	5	6	11	-
	18.5	16.4	20.5	26.0	16.4	71.9	19.6	18.5	4.8	2.7	11.6	31.5	35.6	2.7	7.5	32.9	32.9	3.4	4.1	7.5	-
4 :	63	10	56	22	117	-	1	-	5	7	111	58	47	8	123	43	75	5	5	8	-
	43.2	6.8	38.4	15.1	80.1	-	2.2	-	3.4	4.8	76.0	39.7	32.2	5.5	84.2	29.5	52.1	3.4	3.4	5.5	-
5 :	11	25	11	14	5	-	4	-	4	-	8	3	5	17	1	1	3	-	3	1	-
	7.5	17.1	7.5	9.8	3.4	-	8.7	-	2.7	-	5.5	2.1	3.4	11.6	0.7	0.7	2.1	-	2.1	0.7	-
6 :	-	-	-	-	-	-	3	-	2	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	6.5	-	1.4	-	-	-	-	-	-	-	-	-	-	-	-
7 :	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	0.7	-	-	-	-	-	-	-	-	-	-	-	-
8 :	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	1.4	-	-	-	-	-	-	-	-	-	-	-	-
9 :	-	-	-	-	-	-	-	-	8	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	5.5	-	-	-	-	-	-	-	-	-	-	-	-
A :	-	-	-	-	-	-	-	-	12	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	8.2	-	-	-	-	-	-	-	-	-	-	-	-
B :	-	-	-	-	-	-	-	-	5	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	3.4	-	-	-	-	-	-	-	-	-	-	-	-
C :	-	-	-	-	-	-	-	-	8	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	5.5	-	-	-	-	-	-	-	-	-	-	-	-
D :	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	2.7	-	-	-	-	-	-	-	-	-	-	-	-
E :	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	0.7	-	-	-	-	-	-	-	-	-	-	-	-
F :	-	-	-	-	-	-	-	-	5	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	3.4	-	-	-	-	-	-	-	-	-	-	-	-
G :	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	1.4	-	-	-	-	-	-	-	-	-	-	-	-
T :	146	146	146	146	146	146	46	146	146	146	146	146	146	146	146	146	146	146	146	146	146
S :	146	146	146	146	146	146	41	146	146	146	146	146	146	146	146	146	146	146	146	146	146

### Frequency Distribution

	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151
1	13	32	38	46	6	99	123	131	86	21	115	118	21	11	121	22	61	72	50	54	59
	16.2	28.8	37.3	57.5	6.9	67.8	84.2	89.7	58.9	14.4	78.8	80.8	14.4	7.5	82.9	15.1	41.8	49.3	34.2	37.0	40.4
2 :	3	89	12	34	1	47	23	15	60	125	31	28	125	135	25	34	85	74	96	92	87
	3.7	62.2	11.8	42.5	1.1	32.2	15.8	10.3	41.1	85.6	24.2	19.2	85.6	92.5	17.1	23.3	58.2	50.7	65.8	63.0	59.6
3	5	7	10	-	36	-	-	-	-	-	-	-	-	-	-	90	-	-	-	-	-
	6.3	6.3	9.8	-	41.4	-	-	-	-	-	-	-	-	-	-	61.6	-	-	-	-	-
4	5	1	3	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	0.9	2.9	-	1.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5 :	4	2	11	-	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	5.0	1.8	10.8	-	13.8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6	12	-	2	-	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	15.0	-	2.0	-	6.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7 :	1	-	5	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.2	-	4.9	-	1.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8	5	-	8	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	-	7.8	-	1.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9	8	-	8	-	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	10.0	-	7.8	-	11.5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A :	4	-	1	-	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	5.0	-	1.0	-	6.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B	4	-	3	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	5.0	-	2.9	-	3.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C :	5	-	1	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	-	1.0	-	2.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
D	2	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	2.5	-	-	-	2.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
E	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	2.5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
F :	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
G	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	3.7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
H :	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
I	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	2.5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
T	80	111	102	80	87	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146
S	80	80	80	80	80	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146

### Frequency Distribution

	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172
1	30	47	113	129	39	15	93	12	4	14	3	1	7	1	3	3	1	1	11	-	10
	20.5	32.2	77.4	88.4	26.7	10.3	63.7	8.2	1.4	6.5	11.1	7.1	43.8	8.3	25.0	100.0	33.3	33.3	91.7	-	90.9
2 :	114	99	33	17	107	47	35	131	36	20	6	1	5	3	9	-	2	1	1	1	-
	79.5	67.8	22.6	11.6	73.3	32.2	24.0	89.7	12.8	9.3	22.2	7.1	31.3	25.0	75.0	-	66.7	33.3	8.3	100.0	-
3	-	-	-	-	-	82	18	3	55	58	8	12	1	8	-	-	-	1	-	-	1
	-	-	-	-	-	56.2	12.3	2.1	19.6	26.9	29.6	85.7	6.3	66.7	-	-	-	33.3	-	-	9.1
4	-	-	-	-	-	2	-	-	27	33	7	-	1	-	-	-	-	-	-	-	-
	-	-	-	-	-	1.4	-	-	9.6	15.3	25.9	-	6.3	-	-	-	-	-	-	-	-
5 :	-	-	-	-	-	-	-	-	82	32	1	-	2	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	29.2	14.8	3.7	-	12.5	-	-	-	-	-	-	-	-
6	-	-	-	-	-	-	-	-	68	51	1	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	24.2	23.6	3.7	-	-	-	-	-	-	-	-	-	-
7 :	-	-	-	-	-	-	-	-	2	2	1	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	0.7	0.9	3.7	-	-	-	-	-	-	-	-	-	-
8	-	-	-	-	-	-	-	-	2	6	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	0.7	2.8	-	-	-	-	-	-	-	-	-	-	-
9	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	0.4	-	-	-	-	-	-	-	-	-	-	-	-
A :	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	1.1	-	-	-	-	-	-	-	-	-	-	-	-
B	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	0.4	-	-	-	-	-	-	-	-	-	-	-	-
7	146	146	146	146	146	146	146	146	281	216	27	14	16	12	12	3	3	3	12	1	11
8	146	146	146	146	146	146	146	146	134	134	12	12	12	12	12	3	3	3	12	1	11

# Frequency Distribution

	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193
1	1	1	8	6	9	4	8	4	3	3	72	12	-	4	2	2	1	1	4	3	25
2 :	9.1	9.1	72.7	54.5	81.8	36.4	72.7	36.4	27.3	27.3	49.3	8.2	-	2.7	1.4	1.4	0.7	0.7	2.7	2.1	17.1
3	-	9	2	3	-	2	1	3	4	8	30	3	-	4	5	4	5	4	4	7	93
4	-	81.8	18.2	27.3	-	18.2	9.1	27.3	36.4	72.7	20.5	2.1	-	2.7	3.4	2.7	3.4	2.8	2.7	4.8	63.7
5 :	10	1	1	2	2	5	2	4	4	-	44	7	-	3	1	2	2	2	3	5	3
6	90.9	9.1	9.1	18.2	18.2	45.5	18.2	36.4	36.4	-	30.1	4.8	-	2.1	0.7	1.4	1.4	1.4	2.1	3.4	2.1
7 :	-	-	-	-	-	-	-	-	-	-	-	9	-	5	2	2	13	1	2	5	7
8	-	-	-	-	-	-	-	-	-	-	-	6.2	-	3.4	1.4	1.4	8.9	0.7	1.4	3.4	4.8
9 :	-	-	-	-	-	-	-	-	-	-	-	5	-	2	9	93	102	99	5	1	1
10	-	-	-	-	-	-	-	-	-	-	-	3.4	-	1.4	6.2	63.7	69.9	68.3	3.4	0.7	0.7
11 :	-	-	-	-	-	-	-	-	-	-	-	5	-	7	94	6	5	12	125	115	7
12	-	-	-	-	-	-	-	-	-	-	-	3.4	-	4.8	64.4	4.1	3.4	8.3	85.6	78.8	4.8
13 :	-	-	-	-	-	-	-	-	-	-	-	12	-	97	7	2	1	2	2	2	6
14	-	-	-	-	-	-	-	-	-	-	-	8.2	-	66.4	4.8	1.4	0.7	1.4	1.4	1.4	4.1
15 :	-	-	-	-	-	-	-	-	-	-	-	13	-	1	1	1	4	1	1	1	1
16	-	-	-	-	-	-	-	-	-	-	-	8.9	-	0.7	0.7	0.7	2.7	0.7	0.7	0.7	0.7
17 :	-	-	-	-	-	-	-	-	-	-	-	12	-	1	2	1	2	2	-	4	1
18	-	-	-	-	-	-	-	-	-	-	-	8.2	-	0.7	1.4	0.7	1.4	1.4	-	2.7	0.7
19 :	-	-	-	-	-	-	-	-	-	-	-	15	-	1	1	1	6	2	-	1	2
20	-	-	-	-	-	-	-	-	-	-	-	10.3	-	0.7	0.7	0.7	4.1	1.4	-	0.7	1.4
21 :	-	-	-	-	-	-	-	-	-	-	-	3	-	1	2	1	2	1	-	2	-
22	-	-	-	-	-	-	-	-	-	-	-	2.1	-	0.7	1.4	0.7	1.4	0.7	-	1.4	-
23 :	-	-	-	-	-	-	-	-	-	-	-	4	-	1	1	5	1	3	-	-	-
24	-	-	-	-	-	-	-	-	-	-	-	2.7	-	0.7	0.7	3.4	0.7	2.1	-	-	-
25 :	-	-	-	-	-	-	-	-	-	-	-	3	-	3	6	6	1	4	-	-	-
26	-	-	-	-	-	-	-	-	-	-	-	2.1	-	2.1	4.1	4.1	0.7	2.8	-	-	-
27 :	-	-	-	-	-	-	-	-	-	-	-	5	-	5	3	2	1	1	-	-	-
28	-	-	-	-	-	-	-	-	-	-	-	3.4	-	3.4	2.1	1.4	0.7	0.7	-	-	-
29 :	-	-	-	-	-	-	-	-	-	-	-	3	-	1	4	4	-	3	-	-	-
30	-	-	-	-	-	-	-	-	-	-	-	2.1	-	0.7	2.7	2.7	-	2.1	-	-	-
31 :	-	-	-	-	-	-	-	-	-	-	-	5	-	1	1	2	-	2	-	-	-
32	-	-	-	-	-	-	-	-	-	-	-	3.4	-	0.7	0.7	1.4	-	1.4	-	-	-
33 :	-	-	-	-	-	-	-	-	-	-	-	3	-	6	4	1	-	1	-	-	-
34	-	-	-	-	-	-	-	-	-	-	-	2.1	-	4.1	2.7	0.7	-	0.7	-	-	-
35 :	-	-	-	-	-	-	-	-	-	-	-	7	-	1	1	3	-	3	-	-	-
36	-	-	-	-	-	-	-	-	-	-	-	4.8	-	0.7	0.7	2.1	-	2.1	-	-	-
37 :	-	-	-	-	-	-	-	-	-	-	-	4	-	2	-	6	-	1	-	-	-
38	-	-	-	-	-	-	-	-	-	-	-	2.7	-	1.4	-	4.1	-	0.7	-	-	-
39 :	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	1	-	-	-	-	-
40	-	-	-	-	-	-	-	-	-	-	-	2.1	-	-	-	0.7	-	-	-	-	-
41 :	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-
42	-	-	-	-	-	-	-	-	-	-	-	0.7	-	-	-	0.7	-	-	-	-	-
43 :	-	-	-	-	-	-	-	-	-	-	-	1.4	-	-	-	-	-	-	-	-	-
44	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-
45 :	-	-	-	-	-	-	-	-	-	-	-	2.7	-	-	-	-	-	-	-	-	-
46	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-
47 :	-	-	-	-	-	-	-	-	-	-	-	1.4	-	-	-	-	-	-	-	-	-
48	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-
49 :	-	-	-	-	-	-	-	-	-	-	-	2.7	-	-	-	-	-	-	-	-	-
50	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-
51 :	-	-	-	-	-	-	-	-	-	-	-	1.4	-	-	-	-	-	-	-	-	-
52	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-
53 :	-	-	-	-	-	-	-	-	-	-	-	2.7	-	-	-	-	-	-	-	-	-
54	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-
55 :	-	-	-	-	-	-	-	-	-	-	-	1.4	-	-	-	-	-	-	-	-	-
56	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-
57 :	-	-	-	-	-	-	-	-	-	-	-	2.7	-	-	-	-	-	-	-	-	-
58	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-
59 :	-	-	-	-	-	-	-	-	-	-	-	1.4	-	-	-	-	-	-	-	-	-
60	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-
61 :	-	-	-	-	-	-	-	-	-	-	-	2.7	-	-	-	-	-	-	-	-	-
62	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-
63 :	-	-	-	-	-	-	-	-	-	-	-	1.4	-	-	-	-	-	-	-	-	-
64	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-
65 :	-	-	-	-	-	-	-	-	-	-	-	2.7	-	-	-	-	-	-	-	-	-
66	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-
67 :	-	-	-	-	-	-	-	-	-	-	-	1.4	-	-	-	-	-	-	-	-	-
68	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-
69 :	-	-	-	-	-	-	-	-	-	-	-	2.7	-	-	-	-	-	-	-	-	-
70	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-
71 :	-	-	-	-	-	-	-	-	-	-	-	1.4	-	-	-	-	-	-	-	-	-
72	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-
73 :	-	-	-	-	-	-	-	-	-	-	-	2.7	-	-	-	-	-	-	-	-	-
74	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-
75 :	-	-	-	-	-	-	-	-	-	-	-	1.4	-	-	-	-	-	-	-	-	-
76	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-
77 :	-	-	-	-	-	-	-	-	-	-	-	2.7	-	-	-	-	-	-	-	-	-
78	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-
79 :	-	-	-	-	-	-	-	-	-	-	-	1.4	-	-	-	-	-	-	-	-	-
80	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-

# Frequency Distribution

	194	195	196	197	198	199	200	201
1	15 10.3	114 78.1	139 95.2	139 95.2	4 2.7	51 20.3	31 12.8	19 13.0
2 :	3 2.1	4 2.7	6 4.3	5 3.4	135 92.5	35 13.9	40 16.5	14 9.6
3	1 0.7	3 2.1	1 0.7	1 0.7	2 1.4	6 2.4	45 18.5	18 12.3
4	105 72.4	7 4.8	-	1 0.7	1 0.7	2 0.8	7 2.9	29 19.9
5 :	1 0.7	3 2.1	-	-	2 1.4	15 6.0	2 0.8	24 16.4
6	1 0.7	7 4.8	-	-	2 1.4	17 6.8	58 23.9	22 15.1
7 :	1 0.7	1 0.7	-	-	-	3 1.2	8 3.3	20 13.7
8	1 0.7	5 3.4	-	-	-	5 2.0	1 0.4	-
9 :	2 1.4	1 0.7	-	-	-	9 3.6	2 0.8	-
A :	2 1.4	1 0.7	-	-	-	9 3.6	23 9.5	-
B	3 2.1	-	-	-	-	1 0.4	2 0.8	-
C :	4 2.8	-	-	-	-	50 19.9	5 2.1	-
D	4 2.8	-	-	-	-	12 4.8	6 2.5	-
E :	1 0.7	-	-	-	-	4 1.6	3 1.2	-
F :	1 0.7	-	-	-	-	2 0.8	1 0.4	-
G	-	-	-	-	-	8 3.2	1 0.4	-
H :	-	-	-	-	-	3 1.2	8 3.3	-
I	-	-	-	-	-	13	-	-
J :	-	-	-	-	-	5.2	-	-
K	-	-	-	-	-	1	-	-
L	-	-	-	-	-	0.4	-	-
M	-	-	-	-	-	5	-	-
N	-	-	-	-	-	2.0	-	-
T	145	146	146	146	146	251	243	146
B :	145	146	146	146	146	146	142	146

**TABLES**

TABLE:BACKGROUND.1:SEX OF THE RESPONDENT

	GENERAL
Female	93.2
Male	6.8
TOTAL	100.0
TNR	146
BASE	146

TABLE:BACKGROUND.2:ETHNIC BACKGROUND

	GENERAL
Uzbek	49.4
Russian	20.5
Other	30.1
TOTAL	100.0
TNR	146
BASE	146

TABLE:BACKGROUND.3:AGE OF THE RESPONDENT

	GENERAL
	-----
24 years old	3.4
26 years old	3.4
27 years old	1.4
28 years old	2.1
30 years old	2.1
31 years old	.7
32 years old	.7
33 years old	4.1
34 years old	7.1
35 years old	6.8
36 years old	4.8
38 years old	4.1
39 years old	4.1
40-41 years old	5.5
42 years old	5.5
43 years old	2.1
44-45 years old	6.8
46 years old	2.7
47 years old	2.1
48 years old	.7
50 years old	1.4
51 years old	2.1
52 years old	4.8
53 years old	3.4
54 years old	2.1
55 years old	2.1
56 years old	2.1
57 years old	2.1
58 years old	2.1
59 years old	.7
62 years old	3.4
65 years old	1.4
66 years old	.7
71 years old	1.4
TOTAL	100.0
TNR	146
BASE	146

TABLE:BACKGROUND.4:YEARS IN THE PROFESSION

	GENERAL
	-----
1 years	3.4
1.5-2 years	6.2
3 years	3.4
4 years	.7
5 years	1.4
6 years	1.4
7.5-8 years	1.4
9 years	1.4
10 years	8.9
11 years	3.4
12 years	6.8
13 years	4.1
14 years	4.1
15 years	3.4
16 years	2.1
17 years	2.7
18 years	7.5
20 years	4.1
21 years	2.1
22 years	3.4
23-23.5 years	2.7
24 years	.7
27 years	3.4
28 years	4.1
32 years	4.8
33 years	1.4
34 years	4.1
35 years	1.4
37 years	2.1
43 years	3.4
TOTAL	100.0
TNR	146
BASE	146

TABLE:BACKGROUND.5:FAMILY HEALTH TRAINING RECEIVED EITHER DURING OR AFTER THE PROFESSIONAL TRAINING

	GENERAL
	-----
Yes, more than five years ago	14.4
Yes, during the last five years	68.5
No	17.1
TOTAL	100.0
TNR	146
BASE	146

TABLE:BACKGROUND.6:YEARS IN THE FIELD OF MEDICINE

GENERAL	
-----	
1-3 years or less	8.2
5-7 years	2.1
8-9 years	4.8
10 years	6.2
11 years	3.4
12 years	3.4
13-14 years	8.2
15-17 years	8.9
18 years	8.2
20 years	10.2
21 years	2.1
22 years	2.7
24 years	2.1
26 years	3.4
27 years	2.1
28 years	3.4
29-30 years	2.1
31-32 years	4.8
33 years	2.7
34 years	2.1
35 years	.7
36 years	1.4
37 years	2.7
42 years	1.4
43 years	2.7
TOTAL	100.0
TNR	146
BASE	146

TABLE:GEN.1:MOST COMMON REASONS PATIENTS VISIT PHYSICIANS

	GENERAL
Gynaecological pathology	71.0
Prenatal care	69.9
Routine gynaecological exam	54.1
Obstetric pathology	51.4
Obtain contraceptives	39.7
Child delivery	37.7
Abortion	32.9
Sexually transmitted disease treatment	27.4
Gynaecological surgery	18.5
Voluntary surgical contraception	7.5
Hospitalized sexually transmitted disease treatment	6.2
Infertility	4.1
Information about their pregnancy/how their pregnancy is developing in general/things to do	2.1
General medical examination	2.1
Insertion of an IUD	.7
Prescription for contraceptive pills	.7
Miscarriage	.7
Early births	.7
Trihomonos	.7
Infections	.7
TOTAL	428.8
TNR	626
BASE	146

TABLE:GEN.2:NUMBER OF PATIENTS SEEN IN THE PAST MONTH

	GENERAL
None	4.1
15 patients	1.4
20 patients	2.1
30-32 31 patients	4.8
38 patients	2.1
35-40 37.5 patients	.7
40-50 45 patients	6.2
60 patients	2.1
70 patients	2.1
75 patients	.7
80 patients	2.7
85 patients	1.4
90-92 91 patients	4.8
100 patients	6.2
120-123 121.5 patients	1.4
130 patients	1.4
140 patients	1.4
150 patients	3.4
200 patients	2.7
250 patients	3.4
300 patients	5.5
370 patients	1.4
400 patients	3.4
435 patients	.7
450 patients	1.4
480 patients	.7
495-500 497.5 patients	6.3
520 patients	.7
545-546 patients	1.4
600 patients	6.2
606 patients	.7
645-650 patients	6.2
660 patients	.7
680 patients	4.1
750 patients	5.5
TOTAL	100.0
TNR	146
BASE	146

TABLE:GEN.3:NUMBER OF PATIENTS SEEN FOR FAMILY PLANNING PURPOSES

GENERAL	
	-----
None	10.8
Rarely	1.4
2-4 family health patients	4.8
5 family health patients	8.2
9 family health patients	4.1
10 family health patients	7.5
11 family health patients	2.1
12-13 family health patients	3.4
15-17 family health patients	9.6
20 family health patients	6.2
21 family health patients	2.7
25 family health patients	2.1
30 family health patients	4.8
32-35 family health patients	4.8
50 family health patients	4.1
60 family health patients	4.1
65 family health patients	.7
98-100 family health patients	3.4
130 family health patients	2.1
140 family health patients	.7
150 family health patients	6.2
400 family health patients	3.4
500 family health patients	.7
650 family health patients	2.1
TOTAL	100.0
TNR	146
BASE	146

TABLE:GEN.4:MEDICAL INFORMATION NEEDED OR PROCEDURES TO FOLLOW IN ORDER TO ASSESS WHICH CONTRACEPTIVE METHOD IS APPROPRIATE FOR A WOMAN

	GENERAL
	-----
Blood pressure	28.8
Weight	21.2
Pelvic exam	23.3
Medical history review	74.6
Breast examination	17.8
Gynaecological history	73.3
Obstetric history	47.9
marital status	24.7
Age	48.6
Partner's consent	11.0
Liver testing	15.1
Biological tests	4.1
Blood tests/Biochemical tests	6.8
Urinary tests/Biochemical tests	3.4
General medical exam	4.8
Cervix exam	.7
General state of health	2.7
Ultrasonographi	2.1
Cervical pasta/pasta for the uterus	4.1
Hormonal exam, hormone tests	.7
Literature tests	1.4
Previuos pregnancies/number of previous births	2.7
Number of children in the family	1.4
Personal wish of the patient	2.1
Other	2.7
Do not know	.7
	TOTAL
	426.7
	TNR
	623
	BASE
	146

TABLE:METHOD.1:THE FACTORS CONSIDERED IMPORTANT WHEN RECOMMENDING A PARTICULAR CONTRACEPTIVE METHOD

	GENERAL
	-----
General state of health of the women/general physiology of the patient	49.3
Age of the patient	30.1
Marital status of the patient	3.4
Social status/life-style of the patient	9.6
Intellectual status of the patient	2.1
State of in family relationships	6.8
State of sexual life/sexual relationships	2.1
Number of children in the family	6.8
Personal wish of the patient /individual consent	6.2
General medical exam/results of the medical exam	4.8
Blood tests	.7
Previous illnesses/current illnesses	6.2
Whether the patient has chronical or serious illnesses	.7
Whether the patient has previously given brith /number of previuos births	3.4
Number of abortions encountered	1.4
Results of gynaecological exam	8.2
General state of the genitals /pelvic/cervix	4.1
Gynaecological pathology	2.7
Current state of the cervix, erosion of the uterus	.7
State of infections, erosions	2.7
Suitability and availability of the method	7.5
Method's safety and harms (Not harmful) to health	9.6
Side effects of the method (Both positive and negative)	2.1
Existance of any infections in case of insertion of an IUD	.7
IUD	4.8
Hormonal balance/Hormonal structure	.7
TOTAL	177.4
TNR	259
BASE	146

TABLE:METHOD.1A:METHODS RECOMMENDED FOR DELAYING/SPACING BIRTH, METHODS RECOMMENDED FOR STOPPING BIRTH AND METHODS THAT ARE NEVER RECOMMENDED

	DELAYING /SPACING	STOPPING	NEVER RECOMMEND
Pill	61.0	19.9	9.6
Condom	34.9	6.2	2.7
Spermicides	7.5	3.4	6.8
Female sterilization	.7	34.2	27.4
Male sterilization	.7	14.4	26.7
IUD	82.0	49.3	2.1
Injectable	1.4	-	.7
Norplant	2.1	3.4	-
Rhythm	30.8	3.4	2.1
Recommend all methods	-	1.4	1.4
Depends on condition of the patient or how suitable method is for patient	24.7	16.4	8.2
Depends on what patient wants	11.0	10.3	2.1
Do not recommend any particular method	-	1.4	5.5
Abortion	-	2.1	38.9
No answer	2.1	-	6.2
TOTAL	256.8	165.8	140.4
TNR	375	242	205
BASE	146	146	146

TABLE: IUD.2: THOSE PHYSICIANS RECOMMENDING IUD TO THEIR PATIENTS

	GENERAL
Recommend	99.3
Do not recommend	.7
TOTAL	100.0
TNR	146
BASE	146

TABLE: IUD.4: THE PHYSICAL, MEDICAL AND OTHER REASONS THAT WOULD STOP THE PHYSICIANS FROM PRESCRIBING AN IUD TO A WOMAN

	GENERAL
	-----
Possible pregnancy	17.9
Abnormal uterine bleeding	42.8
Abnormal uterine size and shape	61.2
Anaemia	14.5
Nulliparity	19.3
Causes pelvic infection	26.9
Is too easy to expel	1.4
Causes excessive bleeding	35.2
Infections in the genitals	
/swollen genitals	11.7
Onchological pathology in	
the genitals or the uterus	1.4
Any gynaecological pathology	4.1
Erosion of the cervix	
/any pathology in the uterus	9.7
Uterinary pathologies in	
existence since birth	2.1
Beginning of any illnesses	
other than the gynaecological	
pathologies	3.4
Other negative side effects	.7
Fibroma	.7
Ondiksit	.7
Cardiovascular pathologies	.7
The body rejects the IUD	2.1
Irregular menstruation cycles	.7
Availability of other	
contraceptive methods	.7
If the woman is involved in	
heavy work	.7
If the woman has not yet given	
birth	.7
Depends on the age of the woman	
/if the woman is too old	.7
Do not know	4.1
TOTAL	264.1
TNR	383
BASE	145

TABLE: IUD.5: THOSE PHYSICIANS WHO PERSONALLY INSERT IUDS

	GENERAL
Yes	87.6
No	12.4
TOTAL	100.0
TNR	145
BASE	145

TABLE:IUD.6:THOSE PHYSICIANS WHO HAVE INSERTED AN IUD IMMEDIATELY POST-PARTUM

	GENERAL
Yes	37.8
No	62.2
TOTAL	100.0
TNR	127
BASE	127

TABLE:IUD.7:BRANDS OF IUDS INSERTED  
 (ASKED OF THOSE PHYSICIANS WHO INSERT IUDS)

	GENERAL	
American product	26.0	
German product	18.1	
Finnish/koperse product	21.3	Copper T
Holland	18.9	
Swiss product	4.7	
Switzerland	.8	
Kazan	10.2	
Leningrad	8.7	
Tashkent	.8	
Soviet product	19.7	
Multiloud	37.0	Multiloud
Holland multiloud	6.3	"
T shaped	26.8	
T shaped soviet product	8.7	
Zigzag shaped soviet product	3.1	
S shaped soviet product	15.0	
T shaped finnish product	3.9	Copper T
T shaped	1.6	Copper T
Umbrella shaped	2.4	
Meduza shaped	5.5	?
SI 375	11.0	
KU 375	4.7	
T 380	.8	Copper T Silver core 380A
Kuper T	5.5	Copper T 200
1,2,3,4 numbered	.8	
Imported product	3.9	
IUD lipsa	11.0	Lipsa
TOTAL	277.2	
TNR	352	
BASE	127	

TABLE:IUD.8:BRANDS OF IUD MOST OFTEN INSERTED  
 (ASKED OF THOSE PHYSICIANS WHO INSERT IUDS)

	GENERAL
	-----
American product	14.2
German product	2.4
Finnish/koperse product	3.1
Holland	9.4
Switzerland	.8
Kazan	1.6
Leningrad	.8
Tashkent	.8
Soviet product	6.3
Multiloud	26.6
Holland multiloud	3.9
T shaped	9.4
T shaped soviet product	2.4
S shaped soviet product	2.4
T shaped finnish product	.8
T shaped	.8
SI 375	7.1
KU 375	2.4
Kuper T	1.6
1,2,3,4 numbered	.8
IUD lipsa	2.4
TOTAL	100.0
TNR	127
BASE	127

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TABLE:IUD.11:NUMBER OF IUDS INSERTED IN THE LAST THREE MONTHS

		GENERAL
		-----
None		6
1-2	1.5 IUDS	5
3-4	3.5 IUDS	6
5	IUDS	11
6-7	6.5 IUDS	8
8-10	9 IUDS	17
11	IUDS	3
12	IUDS	8
15	IUDS	14
17-18	17.5 IUDS	7
20	IUDS	4
25	IUDS	8
28	IUDS	1
30	IUDS	7
33	IUDS	1
35	IUDS	2
44	IUDS	4
45	IUDS	2
50	IUDS	5
100	IUDS	5
300	IUDS	3
TNR		127
BASE		127

TABLE:IUD.9:NUMBER OF IUDS INSERTED IN THE LAST THREE MONTHS  
 (ASKED OF THOSE PHYSICIANS WHO INSERT IUDS)

		GENERAL
		-----
None		4.7
1-2	1.5 IUDS	3.9
3-4	3.5 IUDS	4.7
5	IUDS	8.7
6-7	6.5 IUDS	6.3
8-10	9 IUDS	13.5
11	IUDS	2.4
12	IUDS	6.3
15	IUDS	11.0
17-18	17.5 IUDS	5.5
20	IUDS	3.1
25	IUDS	6.3
28	IUDS	.8
30	IUDS	5.5
33	IUDS	.8
35	IUDS	1.6
44	IUDS	3.1
45	IUDS	1.6
50	IUDS	3.9
100	IUDS	3.9
300	IUDS	2.4
TOTAL		100.0
TNR		127
BASE		127

TABLE:IUD.10:RECOMMENDED TIME PERIOD FOR AN IUD TO BE LEFT  
 (ASKED OF THOSE PHYSICIANS WHO INSERT IUDS)

	GENERAL
	-----
Less than one year	.8
1 year	.8
2 years	10.2
3 years	52.0
4 years	15.7
5 years	19.7
6 years	-
7 years	-
More than 7 years	-
Do not know	.8
TOTAL	100.0
TNR	127
BASE	127

TABLE:IUD.11:REASONS FOR REMOVING AN IUD  
 (ASKED OF THOSE PHYSICIANS WHO INSERT IUDS)

	GENERAL
	-----
Excessive bleeding	75.6
Sexually transmitted disease	
/pelvic infection	60.6
Life span is over	58.3
Pregnancy	33.9
User needs a rest	14.2
In case the woman wishes	
to get pregnant and bear a	
child	6.3
Erosion-Infection of the cervix	
or the uterus	5.5
Any pain	5.5
In case of various	
complications	4.7
Irregular menstruation	
cycles	3.1
In case IUD is rejected due to	
physiological reasons	1.6
Painful menstruation periods	
(Extra)	.8
Disfunctioning of the uterus	.8
TOTAL	270.9
TNR	344
BASE	127

TABLE: IUD.12: TIME OF LAST TRAINING RECEIVED FOR IUD INSERTION  
 (ASKED OF THOSE PHYSICIANS WHO INSERT IUDS)

	GENERAL
Never been formally trained	37.8
Less than 1 year	13.4
Between 1 and 5 years ago	37.8
Between 5 and 10 years ago	4.7
More than 10 years ago	3.9
Don't know/can't remember	2.4
TOTAL	100.0
TNR	127
BASE	127

TABLE:IUD.13:ADVICES GIVEN TO THE PATIENT ABOUT THE IUD AFTER INSERTION  
 (ASKED OF THOSE PHYSICIANS WHO INSERT IUDS)

	GENERAL -----
Tell women when to come back for follow-up exams	77.9
Do not lift weights, escape from heavy work	70.9
Do not engage in sexual activity for a certain period of time	66.9
Advise women of the potential problems to look for and what to do	49.6
Use antibiotics for at least 3-7 days	5.5
Hygenic care	5.5
How to check if IUD is in place	4.7
Take medicine to prevent any irregular bleeding or infection	3.1
Check if menstruation cycles are regular/see a doctor immediately when realizing pregnancy	2.4
Do not offer any special instructions	1.6
Rest at home/avoid cold	1.6
Decide on what to do within 3 months if she gets pregnant	.8
see before is one of the options	.8
TOTAL	291.3
TNR	370
BASE	127

TABLE:IUD.14:MINOR PROBLEMS THAT A PATIENT MAY EXPERINCE WITH AN IUD  
 (ASKED OF THOSE PHYSICIANS WHO INSERT IUDS)

	GENERAL
	-----
Heavy bleeding	76.4
Pelvic infection	48.0
Increased discharge	32.3
Backache	26.8
Pain in lower stomach	6.3
Irregular menstruation cycles	5.5
Erosion or infection or swelling of the uterus or the cervix	5.5
Pregnancy/unwanted pregnancy	5.5
No problems mentioned	4.7
Infertility	4.7
Expulsion of IUD	3.9
Ectopic pregnancy	3.1
Invasion of the IUD into the uterus (muscle)	1.6
Perforation of the uterus	1.6
Genital pathologies /complications	1.6
Any pain	.8
Hyperpolymenorrhagia	.8
Fibrimyoms	.8
Do not know	2.4
TOTAL	232.3
TNR	295
BASE	127

TABLE:IUD.15:ADVISED TIME PERIOD THAT A PATIENT SHOULD COME BACK  
 (ASKED OF THOSE PHYSICIANS WHO INSERT IUDS)

	GENERAL
	-----
Less than one month	89.0
After one month	9.4
After two months	.8
After three months	-
After six months	.8
After one year	-
Do not advise	-
Every week, every ten days	-
After three months for 3rd checkup	-
Check up should be in the clinic	-
Do not know	-
TOTAL	100.0
TNR	127
BASE	127

TABLE:IUD.16:ADVISED TIME PERIOD THAT A PATIENT SHOULD COME BACK  
 (ASKED OF THOSE PHYSICIANS WHO INSERT IUDS)

	GENERAL
	-----
Less than one month	1.6
After one month	65.3
After two months	3.9
After three months	16.5
After six months	8.7
After one year	2.4
Do not advise	1.6
Every week, every ten days	-
After three months for 3rd checkup	-
Check up should be in the clinic	-
Do not know	-
TOTAL	100.0
TNR	127
BASE	127

TABLE:IUD.17:SOURCES FOR OBTAINING THE IUD USED MOST OFTEN  
(ASKED OF THOSE PHYSICIANS WHO INSERT IUDS)

	GENERAL
	-----
Government hospitals	
/clinics	87.4
Pharmatsia	25.2
Patients brings IUDs	3.9
Commercial companies	.8
Do not know	1.6
TOTAL	118.9
TNR	151
BASE	127

TABLE:PILL.1:OPINION ABOUT A LIST OF STATEMENTS CONCERNING CONTRACEPTIVE PILLS

	HAS POSITIVE HEALTH BENEFITS	IN SOME CASES MAY CAUSE BREAST CANCER	IN SOME CASES MAY CAUSE CERVICAL CANCER	REGULATES MEN'S TRUATION	IS EASY TO TAKE	IS DIFFICULT TO TAKE PREGNANT AFTER TAKING IT	CAUSES DEFORMEND CHILDREN	LESSENS RISKS OF SOME CANCERS	SHOULD NOT BE TAKEN BY WOMEN OVER 35 YEARS OLD WHO SMOKE	IS DIFFICULT TO REMEMBER TO TAKE	CAUSES INFER TILITY	SIDE EFFECTS GO AWAY AFTER USING IT FOR A COUPLE OF MONTHS
Strongly Disagree	17.1	19.2	17.8	1.4	4.1	21.2	28.8	6.8	10.3	19.9	47.3	8.9
Disagree A Little	15.8	13.7	26.7	5.5	12.3	20.5	12.3	10.3	9.6	16.4	17.8	9.6
Agree A Little	44.5	32.9	21.9	18.5	24.0	32.3	17.1	32.2	23.3	39.8	18.5	17.1
Strongly Agree	16.4	17.1	11.0	74.6	59.6	21.9	17.1	24.0	45.8	21.2	8.9	57.6
Don't Know	6.2	17.1	22.6	-	-	4.1	24.7	26.7	11.0	2.7	7.5	6.8
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
TNR	146	146	146	146	146	146	146	146	146	146	146	146
BASE	146	146	146	146	146	146	146	146	146	146	146	146

TABLE:PILL.2:THOSE PHYSICIANS WHO RECOMMEND THE PILL TO PATIENTS

	GENERAL
Recommend	84.2
Do not recommend	15.8
TOTAL	100.0
TNR	146
BASE	146

TABLE:PILL.3:THE REASONS FOR NOT RECOMMENDING THE PILL TO PATIENTS  
 ASKED OF THOSE WHO DO NOT RECOMMEND THE PILL)

	GENERAL
	-----
Causes to many negative side effects	74.1
Too expensive for patients	13.0
Not available	8.7
May cause cancer	8.7
Patients cannot use the pills properly/forget to take the pill	8.7
Not effective	4.3
Acute liver pathology	4.3
Necessary to examine the patient for three months before prescribing the pill	4.3
Because my patients are pregnant women	4.3
TOTAL	130.4
TNR	30
BASE	23

TABLE:PILL.5:NUMBER OF PATIENTS THAT HAS BEEN PRESCRIBED THE PILL IN THE PAST THREE MONTHS

	GENERAL
1 women	1.6
2 women	4.9
3 women	8.1
4 women	4.1
5 women	12.3
6 women	4.9
7 women	2.4
8 women	.8
10 women	11.4
11-12 women	5.7
15 women	6.5
20 women	5.7
23-25 women	2.4
30 women	4.9
35 women	2.4
40-41 women	6.5
50 women	4.1
60 women	.8
None	8.1
Do not remember	1.6
150	.8
TOTAL	100.0
TNR	123
BASE	123

TABLE:PILL.6:NUMBER OF CYCLES OF PILLS PRESCRIBED TO WOMEN ON THE FIRST VISIT

	GENERAL
One cycles	37.4
Two cycles	18.7
Three cycles	42.3
Four cycles	-
Five cycles	-
Six cycles	1.6
More than six cycles	-
TOTAL	100.0
TNR	123
BASE	123

TABLE:PILL.7:NUMBER OF CYCLES OF PILLS PRESCRIBED TO WOMEN ON THE SECOND VISIT

	GENERAL
	-----
One cycles	5.7
Two cycles	8.9
Three cycles	54.6
Four cycles	8.9
Five cycles	-
Six cycles	19.5
More than six cycles	2.4
TOTAL	100.0
TNR	123
BASE	123

TABLE:PILL.8:ADVICES GIVEN TO WOMEN WHEN PRESCRIBING THE PILL

	GENERAL
	-----
Tell women how often to take the pill	92.1
Tell women about side effects	59.3
Tell women what to do about side effects	53.7
Tell what to do if forget to take the pill	49.6
Tell women when to start next cycle	23.6
Tell women when to come back to the doctor/to come back within the first 3 to 6 months for control	4.9
Tell women not to forget to take the pill on time	2.4
Tell women to take the pill correctly following the instruction in the prospectus	2.4
Tell women to regulary have blood tests made	2.4
Tell women to eat regularly /healthy nutrition	2.4
other	2.4
Do not offer any special instructions	1.6
Tell women to be careful during the first week	.8
	TOTAL 297.6
	TNR 366
	BASE 123

TABLE:PILL.9:THE MINOR PROBLEMS A PATIENT MAY EXPERIENCE WHEN TAKING THE PILL

	GENERAL
No problems mentioned	3.3
Nausea	75.7
Mild headaches	47.2
Spotting/bleeding	46.3
Small weight gain	57.7
Dizziness	31.7
Depression moods	14.6
Unwanted pregnancy when /if forget to take the pill	1.6
Allergic reactions	4.9
Irregular menstruation periods	2.4
Liver and kidney pathologies	4.9
Cardiological diseases	2.4
Weight loss	.8
"Varikoz"	.8
Infections/swellings in the ovaries	1.6
Hormonal disorders	3.3
Loss of memory	.8
Changes in the blood concentration	.8
Beginning of any other illnesses	.8
Skin stains	.8
Other	4.1
Do not know	.8
TOTAL	307.3
TNR	378
BASE	123

TABLE:PILL.10:ADVICES GIVEN TO WOMEN WHO COME BACK TO THE PHYSICIANS COMPLAINING ABOUT SIDE EFFECTS LIKE DIZZINESS, NAUSEA OR BREAKTHROUGH BLEEDING FROM TAKING THE PILL

	GENERAL
	-----
Keep taking the pills for three months, or till the end of the period of the prescribed pill and if side effects do not go away return to doctor	49.5
Stop taking pills immediately	40.7
Prescribe a medicine to counter effects	10.6
Recommend/prescribe other contraceptive pills	4.1
Recommendation depends on the individual characteristics of the user	3.3
Recommend another contraceptive method	2.4
Recommend other pills on completion of the first cycle	.8
Take the pills after meals	.8
Take the pills at night	.8
Recommendation depends on the kind of the side effect /illness	.8
Recommend other pills /methods if experience side effects other than bleeding	.8
TOTAL	114.6
TNR	141
BASE	123

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TABLE:PILL.11:TYPES OF QUESTIONS MOST FREQUENTLY ASKED ABOUT ORAL CONTRACEPTIVES BY PATIENTS

	GENERAL
	-----
Which brands are best suited for them	61.0
What to do about side effects	50.4
What happens if they forget to take it on time	39.0
When to begin taking the pill	36.6
How often to take it	34.1
Whether they are going to gain or lose weight	9.8
How effective the pill is	8.1
Side effects/effects 'on health	5.7
Where/if they can find the pill	4.9
What are the possibility of onchological diseases /cancer	4.9
What is the possibility of pregnancy while taking the pill	3.3
What is the possibility of hormonal abnormalities	.8
What effects on the state of health of the child to be born	.8
Whether they should inform the husband of using the pill	.8
Whether pills are better than IUDs as a contraceptive method	.8
None	2.4
TOTAL	263.4
TNR	324
BASE	123

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TABLE:PILL.12:THE MAJOR PROBLEMS WHICH A PILL USER SHOULD GO BACK TO THE DOCTOR FOR WHEN TAKING THE PILL

	GENERAL
	-----
Severe headache	35.8
Severe abdominal pain	35.8
Irregular/abnormal bleeding patterns while using the pill	19.5
Severe chest pain, shortness of breath	15.4
Severe leg pain	14.6
Vision loss or blurring	9.8
No problems mentioned	8.9
Irregular menstruation cycles /absence of menstruation	7.3
Other health problems/ complications, general in the state of health	6.5
Nausea	5.7
Weight gain/changes in weight	4.9
Any serious side effect /illnesses	4.1
Completion of the prescribed cycle of pills	4.1
Have to come back to the doctor for regular check up	3.3
Pregnancy while taking the pill	1.6
Depression moods/nervousness	.8
Allergic reaction/pathologies	.8
Do not know	8.1
	TOTAL
	187.0
	TNR
	230
	BASE
	123

TABLE:PILL.13:BRANDS AND DOSAGES OF PILLS CURRENTLY PRESCRIBED/RECOMMENDED TO PATIENTS

	GENERAL
	-----
NONOVLON 0.15	60.2
REGIVIDON 0.15 (3.03)	
/REGIVIDON STANDARD DOSA	54.5
BISEKURIN	41.5
ANTI OVIN	27.6
TRIZISTON STANDARD	
DOSA	26.8
OVIDON/AVIDON	25.2
TRIZISTON 0.1 (0.03)	18.7
AVIDON/OVIDON (0.25)	5.7
DEMULEN	5.7
TRAKVILAR/TRIKVILAR	4.9
POSTINAR	4.9
NORKOLAT/NORKALUR	4.1
INFEKUNOTIN/INFEKUSIN	4.1
TRIZISTON (0.05,0.075,0.125)	2.4
DIANA-35	2.4
MARVILON 0.15 (0.03)	1.6
LYNDIOL	1.6
MARVILON	.8
NIFELUIDIN	.8
PROGESTRON, OKSI PROGESTRON	
1&1.0	.8
PROGESTRON, OKSIPROGESTRON	
2.5&1.0	.8
DO NOT REMEMBER THE DOSES	1.6
DO NOT KNOW	-
TOTAL	296.7
TNR	365
BASE	123

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TABLE:PILL.14:BRANDS AND DOSAGES OF PILLS MOST OFTEN PRESCRIBED/RECOMMENDED TO PATIENTS

	GENERAL
	-----
REGIVIDON 0.15 (3.03)	
/REGIVIDON STANDARD DOSA	27.7
NONOVLON 0.15	25.2
BISEKURIN	8.9
ANTI OVIN	5.7
TRIZISTON STANDARD	
DOSA	5.7
TRIZISTON 0.1 (0.03)	5.7
OVIDON/AVIDON	3.3
AVIDON/OVIDON (0.25)	2.4
TRAKVILAR	1.6
DEMULEN	1.6
TRIZISTON (0.05,0.075,0.125)	.8
MARVILON	.8
MARVILON 0.15 (0.03)	.8
NORKOLAT/NORKALUR	.8
INFEKUNOTIN/INFEKUSIN	
/INFEKUDDIN	.8
POSTINAR/NOSTINOR	.8
PROGESTRON, OKSI PROGESTRON	
1&1.0	.8
DO NOT REMEMBER THE DOSES	3.3
DO NOT KNOW	3.3
TOTAL	100.0
TNR	123
BASE	123

TABLE:PILL.15:THOSE PHYSICIANS DISPENSING ORAL CONTRACEPTIVES IN THEIR PRACTICE

	GENERAL
Dispense	43.1
Do not dispense	56.9
TOTAL	100.0
TNR	123
BASE	123

TABLE:PILL.16:MAJOR SOURCES FOR OBTAINING THE PILL DISPENSED

	GENERAL
	-----
Government hospital/clinic	
Supply	85.0
Pharmatsia	43.4
Foreign Pharmaceutical	
Companies	15.1
Foreign Donor Agencies	9.4
Market place, commercial market	9.4
Do not know	1.9
TOTAL	164.2
TNR	87
BASE	53

TABLE:INJEC.1:FAMILIARITY WITH THE INJECTION AS A CONTRACEPTIVE METHOD

	GENERAL
Very familiar	1.4
Somewhat familiar	29.5
No at all familiar	69.1
TOTAL	100.0
TNR	146
BASE	146

TABLE:INJEC.2:SOURCE OF INFORMATION THE PHYSICIANS LEARNED ABOUT THE INJECTABLE CONTRACEPTIVE

	GENERAL
	-----
Book/medical books	51.1
Special course on masters	20.0
Institute of gynaecology	11.1
Seminar/semposium	11.1
'Gynaecology' magazine,	
'Medicine 93' magazine	6.7
TOTAL	100.0
TNR	45
BASE	45

TABLE:INJEC.3:WHETHER OR NOT THE POSSIBILITY OF AMENORHEA OR ABSENCE OF MENSTRUATION IS ACCEPTABLE AMONG WOMEN USERS OF THE INJECTABLE CONTRACEPTIVE ACCORDING TO THE PHYSICIANS

	GENERAL
Acceptable, not a problem	15.1
Only somewhat acceptable	47.9
Not at all acceptable	37.0
TOTAL	100.0
TNR	146
BASE	146

TABLE:INJEC.4:REASONS WHY POSSIBLE AMENORHEA OR ABSENCE OF MENSTRUATION WOULD NOT BE ACCEPTABLE AMONG WOMEN USERS OF THE INJECTABLE

	GENERAL
	-----
Irregular menstruation or absence of menstruation will disturb women users	17.1
Hormonal disorders will disturb woman users	9.7
Negative effects on health	9.7
We do not have the necessary preparations/products available /no source to obtain the products	8.9
May cause amenorrhea	6.5
Women are not psychologically comfortable with this method	5.6
Depends on the age of the women	4.0
Disfunctioning of the ovaries	4.0
Usage of hormonal methods are disadvantageous in case of pregnancy	3.2
Inconvenient to renew injections that often	3.2
May cause sexually transmitted diseases	1.6
Women in Uzbekistan are too busy/do not have or make time to go to the doctor	1.6
Weight gain	.8
Will lose femininity	.8
Suits the Uzbek population /if the method is considered effective by the population, than it is acceptable	.8
Suits the Uzbek population because men do not allow their wives to use IUDs	.8
Because the Uzbek population is not well informed/ do not know about contraception and family planning	.8
Disfunctioning of the intestines	-
Not a suitable/practicable method and very expensive	5.6
I am not familiar with this method /not applied in Uzbekistan	11.3
Other	8.1
Cannot answer	5.6
TOTAL	109.7
TNR	136
BASE	124

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TABLE:INJEC.5:WHETHER OR NOT THE POSSIBILTY OF IRREGULAR BLEEDING OR SPOTTING AMONG THE WOMEN USERS OF THE INJECTABLE CONTRACEPTIVE ARE ACCEPTABLE

	GENERAL
Acceptable, not a problem	17.8
Only somewhat acceptable	40.4
No at all acceptable	41.8
TOTAL	100.0
TNR	146
BASE	146

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TABLE:INJEC.6:THE REASONS WHY IRREGULAR BLEEDING OR SPOTTING PATTERNS WOULD NOT BE ACCEPTABLE AMONG WOMEN USERS OF THE INJECTABLE CONTRACEPTIVE

	GENERAL
	-----
Irregular menstruation possibilities disturb/scare women	23.3
Negative side effects to health/other related illnesses	15.8
Hormonal disorders	9.2
Not appropriate for usage, may be wrongly used	
/I am against this method	7.5
Depressive moods	6.7
Anaemia/Loss of blood	5.8
Generally disturbing to women	4.2
Depends on the individual	4.2
Depends on the availability of necessary compounds	
/materials	4.2
Disfunctioning of the ovaries	3.3
Heavy bleeding patterns	1.7
I approve of application of this method only in the hospitals, not in other out-patient clinics	1.7
Complications in sexual life	.8
Depends on the age of the respondent/if the women is over 52 years old	.8
I am not familiar with the method/cannot answer because this method is not utilized in Uzbekistan	
in Uzbekistan	13.3
Cannot answer	5.8
	TOTAL 108.3
	TNR 130
	BASE 120

TABLE:INJEC.7:THE PRICE THAT THE PATIENTS WOULD BE WILLING TO PAY FOR ONE INJECTION AND THE INJECTION FEE, TAKING INTO CONSIDERATION THAT ONE SHOT OF THE INJECTABLE OFFERS THREE MONTHS OF PROTECTION

	GENERAL
	-----
None	5.5
For free/minimum price	4.1
For a sufficient amount	2.1
5 rb	2.1
500 rb	4.8
1000 rb	7.5
2000 rb	.7
3000 rb	4.1
5000 rb	6.8
6000 rb	1.4
10000 rb	6.2
14000 rb	.7
15000	.7
50000 rb	1.4
Do not know/cannot answer	51.9
TOTAL	100.0
TNR	146
BASE	146

TABLE:INJEC.8:THOSE PHYSICIANS WHO WOULD HAVE RECOMMENDED THE INJECTABLE CONTRACEPTIVE TO PATIENTS IF IT WERE AVAILABLE IN UZBEKISTAN

	GENERAL
Yes, I would	60.9
No, I would not	28.8
I don't know	10.3
TOTAL	100.0
TNR	146
BASE	146

TABLE:INJEC.9:THE REASONS FOR NOT RECOMMENDING THE INJECTABLE CONTRACEPTIVE  
 (ASKED OF THOSE WHO DO NOT RECOMMEND THE INJECTABLE)

	GENERAL
	-----
Causes amenorrhea	40.2
Don't know enough about it	35.1
Hormonal methods inappropriate for Uzbek population	31.6
Causes irregular bleeding	24.6
Causes negative side effects	19.3
Causes excessive bleeding	10.5
Not effective	8.8
Causes painful menstruation	7.0
Women do not favor/like injections	3.5
We do not have equipment or laboratory to apply any hormonal tests/exams	3.5
Other unharmed . . . . . methods are also available	1.8
Other	1.8
Don't know	1.8
TOTAL	189.5
TNR	108
BASE	57

TABLE:INJEC.10:THE REASONS FOR RECOMMENDING THE INJECTABLE CONTRACEPTIVE

	GENERAL
	-----
Only needs shot every 2-3 months	73.3
If patient cannot use the IUD	44.9
It is temporary	21.3
No major side effects	13.5
Most effective temporary method	12.4
No compliance problems	11.2
Patient's preference	7.9
If other methods are not suitable for usage	3.4
Regulates menstruation	2.2
No compliance problems	2.2
Can be a good substitute for IUD/no erosinary or infectionary problems in the uterus caused by the insertion of the IUDs	1.1
Depends on the individual	1.1
This method is good for Uzbekistan	1.1
Don't know	2.2
TOTAL	197.8
TNR	176
BASE	89

TABLE:VOLUN.1:THOSE CURRENTLY PERFORMING TUBAL LIGATIONS

	GENERAL
Perform	52.7
Do not perform	47.3
TOTAL	100.0
TNR	146
BASE	146

TABLE:VOLUN.2:THE REASONS FOR NOT PERFORMING TUBAL LIGATIONS

	GENERAL
	-----
I am not credentialed	56.7
I am not trained	26.1
It is not a good method for Uzbeks	13.0
The worst method/other effective methods are available	13.0
No one has ever applied to us demanding a tubal ligation	7.2
I cannot get supplies	5.8
High probability of operational complications	1.4
It is not utilized in our country	1.4
I do not perform the operation, I work in counselling services	11.6
TOTAL	136.2
TNR	94
BASE	69

TABLE:VOLUN.3:CIRCUMSTANCES UNDER WHICH TUBAL LIGATIONS ARE RECOMMENDED

	GENERAL -----
In case the woman has had 3 or more ceaseran operations	35.0
In case the woman has many children/in case the woman does not what any/any more children	15.6
In case the woman has previously had gynaecological or any other related operations	14.3
By woman's consent	14.3
Depends on the current state of health/if current state of health does not allow healthy pregnancy	10.4
To prevent ectopic pregnancy	9.1
In case the woman has many times given birth	7.8
In case uterus embodies various pathologies/fibrimyoms in the uterus	6.5
Other pathologies	6.5
Only by official medical prescription/recommendation urologists have to undertake this operation	6.5
In case no other contraceptive method is applicable	5.2
In case the woman is old /pass the stage of healthy pregnancy	2.6
In case of constant expulsion of IUD out of the uterus	2.6
Do not recommend at all	1.3
TOTAL	137.7
TNR	106
BASE	77

TABLE:VOLUN.4:NUMBER OF POST PARTUM TUBAL LIGATIONS PERFORMED IN THE LAST 5 YEARS

	GENERAL
	-----
None	33.7
1 post partum tubal ligations	2.6
2 post partum tubal ligations	5.2
3 post partum tubal ligations	3.9
4 post partum tubal ligations	2.6
5 post partum tubal ligations	6.5
6 post partum tubal ligations	3.9
10 post partum tubal ligations	11.7
15 post partum tubal ligations	6.5
20 post partum tubal ligations	6.5
25 post partum tubal ligations	3.9
30 post partum tubal ligations	5.2
50 post partum tubal ligations	1.3
100 post partum tubal ligations	1.3
Sufficient amount	2.6
Do not remember	2.6
TOTAL	100.0
TNR	77
BASE	77

TABLE:VOLUN.5:NUMBER OF INTERVAL TUBAL LIGATIONS PERFORMED IN THE LAST 5 YEARS

	GENERAL
	-----
None	42.8 %
2	5.2
3	6.5
4	2.6
5	3.9
6	2.6
10	5.2
12	7.8
15	2.6
20	7.8
30	2.6
50	1.3
60	1.3
200	2.6
300	1.3
Sufficient amount	3.9
TOTAL	100.0
TNR	77
BASE	77

TABLE:VOLUN.7:THE REASONS FOR NOT PERFORMING VASECTOMIES

	GENERAL
	-----
I am not trained	41.8
I do not have the equipment	26.0
I cannot get the supplies	2.1
It is not a good method for the Uzbeks	16.4
No patients who comes in with this sort of a problem	43.3
Gynecologists are not engaged in this activity/urologists undertake such operations/urologists area of speciality	17.1
No such condition/no demand	2.7
Is not actualized in the clinic/hospital I work	4.1
Is not utilized/does not exist in Uzbekistan	2.7
TOTAL	156.2
TNR	228
BASE	146

TABLE:VOLUN.10:OPINION ABOUT A LIST OF STATEMENTS CONCERNING TUBAL LIGATION AND VASECTOMY

	TUBAL LIGATION AND VASECTOMY ARE PERMAMENT METHODS	A MAN CANNOT DO HEAVY WORK AFTER HE HAS A VASECTOMY	AFTER A VASECTOMY' A MAN CAN STILL HAVE SEX AS MUCH AS BEFORE	AFTER VOLUNTARY SURGIAL CONTRACEPTION THERE IS NO HARM TO A MAN'S OR WOMAN'S HEALTH	TUBAL LIGATION/ VASECTOMY DECREASES A PERSON'S SEX DRIVE	FOLLOWING THE OPERATION THE METHOD HAS THE LEAST SIDE EFFECTS	VASECTOMY IS SIMILAR TO CASTRATION	MANY PEOPLE FEAR OF THE METHOD BECAUSE OF THE OPERATION
Strongly Disagree	-	26.0	32.2	13.7	49.4	15.1	43.1	-
Disagree A Little	-	18.5	11.6	17.1	10.3	18.5	6.2	-
Agree A Little	10.3	16.4	19.9	18.5	16.4	20.5	26.0	16.4
Strongly Agree	87.6	19.2	13.0	43.2	6.8	38.4	15.1	80.2
Don't Know	2.1	19.9	23.3	7.5	17.1	7.5	9.6	3.4
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
TNR	146	146	146	146	146	146	146	146
BASE	146	146	146	146	146	146	146	146

TABLE:NORPLANT.1:FAMILIARITY WITH THE NEW CONTRACEPTIVE METHOD NORPLANT(C)

	GENERAL
Very familiar	1.4
Somewhat familiar	26.7
Not at all familiar	71.9
TOTAL	100.0
TNR	146
BASE	146

TABLE:NORPLANT.2:THE SOURCE OF INFORMATION OBTAINED ABOUT NORPLANT

	GENERAL
Books	68.3
Seminars/conferances	22.0
Institute of gynaecology	9.8
Colleagues	7.3
ZDAROVYA magazine	2.4
Meeting for gynaecologists	2.4
TOTAL	112.2
TNR	46
BASE	41

TABLE:NORPLANT.3:THOSE PHYSICIANS WHO WOULD RECOMMEND NORPLANT TO PATIENT IF IT WERE AVAILABLE IN UZBEKISTAN

	GENERAL
Would recommend	71.2
Would not recommend	10.3
Do not know	18.5
TOTAL	100.0
TNR	146
BASE	146

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TABLE:NORPLANT.4:THE PRICE THAT PATIENTS WOULD PAY FOR THE NORPLANT(C) PRODUCT AND THE INSERTION FEE, TAKING INTO CONSIDERATION THAT ONE INSERTION OF 6 NORPLANT RODS OFFER FIVE YEARS OF PROTECTION

GENERAL	
-----	
Unable to answer	8.9
Do not know	45.9
For Free	4.8
Not a lot	3.4
Probably a lot	2.7
500 RB	1.4
1000 RB	.7
1000 SUM	1.4
5000 RB	5.5
10000 RB	8.2
15000 RB	3.4
20000 RB	5.5
25000 RB	2.7
30000 RB	.7
50000 RB	3.4
100000 RB	1.4
TOTAL	100.0
TNR	146
BASE	146

TABLE:ABORTION.1:OPINION ABOUT A LIST OF STATEMENTS CONCERNING ABORTION

	REPEATED ABORTIONS ARE SAFE AND DO NOT IMPAIR A WOMAN'S FERTILITY	MY PATIENTS WOULD LIKE TO HAVE AN ALTERNATIVE TO ABORTION	THE BEST TECHNIQUE FOR ABORTION IS DILATION AND CURETTAGE	THE BEST TECHNIQUE FOR ABORTION IS VACUUM ASPIRATION	THE BEST TECHNIQUE FOR ABORTION IS USING KARMAN SYRINGE	ABORTIONS SHOULD ALWAYS BE ACCOMPANIED WITH CONTRA CEPTIVE COUNSELING	ABORTIONS ARE OFTEN PERFORMED WITHOUT ANESTHESIA	ABORTIONS ARE OFTEN PERFORMED WITHOUT ANTIBIOTICS	AFTER PROVIDING AN ABORTION I DO NOT SPEAK ABOUT CONTRA CEPTIVES BECAUSE THERE ARE NOT ANY	IT IS NOT RESPONSI BILITY TO COUNSEL A WOMAN ABOUT CONTRA CEPTION	MY CLIENTS PREFER ABORTION
Strongly Disagree	87.7	4.8	14.4	8.9	57.6	6.2	22.6	8.2	87.7	80.1	69.2
Disagree A Little	4.8	2.1	12.3	19.9	22.6	1.4	14.4	4.8	5.5	10.3	17.1
Agree A Little	2.7	11.6	31.5	35.6	2.7	7.5	32.8	32.9	3.4	4.1	7.5
Strongly Agree	4.8	76.0	39.7	32.2	5.5	84.2	29.5	52.0	3.4	3.4	5.5
Don't Know	-	5.5	2.1	3.4	11.6	.7	.7	2.1	-	2.1	.7
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
TNR	146	146	146	146	146	146	146	146	146	146	146
BASE	146	146	146	146	146	146	146	146	146	146	146

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TABLE:ABORTION.2:THOSE PHYSICIANS WHO PERFORM OR ASSIST WITH ABORTIONS IN THEIR FACILITIES

	GENERAL
Perform/assist abortions	54.8
Do not perform/assist abortions	45.2
TOTAL	100.0
TNR	146
BASE	146

TABLE:ABORTION.3:NUMBER OF ABORTIONS PERFORMED IN THE LAST THREE MONTHS  
OF PHYSICIANS WHO ASSIST OR PERFORM ABORTIONS)

	GENERAL
	-----
None	15.8
2 Abortions	3.8
3 Abortions	6.3
5-6 Abortions	6.3
7 Abortions	5.0
10-12 Abortions	15.0
14 Abortions	1.3
15 Abortions	6.3
19-20 Abortions	10.0
21-25 Abortions	5.0
40 Abortions	5.0
50 Abortions	6.3
60 Abortions	2.5
100 Abortions	2.5
130 Abortions	1.3
200 Abortions	3.8
600 Abortions	1.3
250 Abortions	2.5
TOTAL	100.0
TNR	80
BASE	80

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TABLE:ABORTION.4:METHODS OF ABORTIONS USED  
OF PHYSICIANS WHO ASSIST OR PERFORM ABORTIONS)

	GENERAL
Dilation and curettage	86.2
Vacuum aspiration	40.0
Dilation and evacuation	8.8
Hysterotomy	1.3
Do not know	2.5
TOTAL	138.8
TNR	111
BASE	80

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TABLE:ABORTION.5:ADVICES GIVEN TO WOMEN ABOUT ABORTION  
 OF PHYSICIANS WHO ASSIST OR PERFORM ABORTIONS)

	GENERAL
	-----
Absolutely avoid abortions	47.2
Avoid abortions as much as possible	15.0
Have abortions as early as possible into the pregnancy	12.5
Use other better methods of contraception	3.8
Contraception	13.8
Avoid further abortions	2.5
I do not recommend abortions instead tell them of the disadvantages and negative effects on health	6.3
That abortions are dangerous/harmful to health	10.0
I am against abortions/I recommend that the woman bear the child	10.0
I do not recommend abortions on first pregnancy	1.3
I recommend abortions only if it is the decision of specialists	3.8
A good specialist	1.3
TOTAL	127.5
TNR	102
BASE	80

TABLE:ABORTION.6:THOSE WHO HAVE INSERTED OR ASSISTED INSERTING AN IUD IMMEDIATELY POST ABORTION  
(OF PHYSICIANS WHO ASSIST OR PERFORM ABORTIONS)

	GENERAL
Have inserted	57.5
Have not inserted	42.5
TOTAL	100.0
TNR	80
BASE	80

TABLE:ABORTION.7:REASONS FOR INSERTING OR NOT INSERTING AN IUD IMMEDIATELY POST ABORTION  
(OF PHYSICIANS WHO ASSIST OR PERFORM ABORTIONS)

	GENERAL
	-----
High possibility of heavy bleeding/infections or other complications	44.8
I do not approve if it were a pregnancy of over 7 weeks	15.0
If abortion is performed without any complications	12.5
May cause expulsion of the iud out of the uterus	7.5
I do not approve	7.5
It is better to insert iuds after a month or so	7.5
It is better to insert iuds after birth	3.8
It is better for the patients	2.5
On very special conditions	2.5
May cause perforation of the uterus	1.3
Depends on the general state of health of the woman	1.3
I do not approve if it is the first pregnancy	1.3
I am not against it if it is early in the pregnancy	1.3
TOTAL	108.8
TNR	87
BASE	80

TABLE:TRAIN.1:FAMILY HEALTH SERVICES THAT PHYSICIANS HAVE RECEIVED TRAINING IN

	FAMILY HEALTH COUN SELLING	ORAL CONTRA CEPTIVES	IUDS	TUBAL LIGATION	VASECTOMY	CONDOMS	FEMALE BARRIER METHODS	INJECTIONS	NORPLANT	RHYTEM
Yes	67.8	84.2	89.7	58.9	14.4	78.8	80.8	14.4	7.5	82.9
No	32.2	15.8	10.3	41.1	85.6	21.2	19.2	85.6	92.5	17.1
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
TNR	146	146	146	146	146	146	146	146	146	146
BASE	146	146	146	146	146	146	146	146	146	146

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TABLE:TRAIN.2:FAMILY HEALTH SERVICES PHYSICIANS DESIRE TRAINING IN

	FAMILY HEALTH COUNSEL LING	ORAL CONTRA CEPTIVES	IUDS	TUBAL LIGATION	VASECTOMY	CONDOMS	FEMALE BARRIER METHODS	INJECTIONS	NORPLANT	RHYTEM
Yes	41.8	49.3	34.2	37.0	40.4	20.5	32.2	77.4	88.4	26.7
No	58.2	50.7	65.8	63.0	59.6	79.5	67.8	22.6	11.6	73.3
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
TNR	146	146	146	146	146	146	146	146	146	146
BASE	146	146	146	146	146	146	146	146	146	146

TABLE:TRAIN.3:THOSE WHO ARE WILLING TO PARTICIPATE IN A NETWORK IN WHICH THEY WOULD BE IDENTIFIED AS A FAMILY PLANNING SPECIALIST BY A LOGO/SYMBOL PLACED IN THE OFFICE

	GENERAL
Are willing	63.7
Are not willing	24.0
Don't know	12.3
TOTAL	100.0
TNR	146
BASE	146

TABLE: SUPPLIES.1: LEVEL OF DIFFICULTY IN OBTAINING CERTAIN FAMILY HEALTH SUPPLIES

	ANAES THESIA	PAIN KILLER	ANTI BIOTICS	GLOVES	SYRINGES	CANULAS	KARMAN SYRINGES	OTHER ABORTION SUPPLIES	SOVIET IUD PRODUCTS' NUMBERED IUDS	IMPORTED IUD PRODUCTS	PILLS	OTHER CONTRA CEPTIVE PILLS	CONDOMS	VAGINAL FOAMING TABLETS
Difficult to obtain	90.4	89.7	86.3	77.4	58.9	64.4	67.8	66.4	15.1	16.4	64.4	59.6	47.3	84.3
Easy to obtain	8.9	9.6	13.0	21.2	40.4	30.8	30.8	19.9	82.8	69.9	30.8	30.1	49.3	7.5
No answer	.7	.7	.7	1.4	.7	4.8	1.4	13.7	2.1	13.7	4.8	10.3	3.4	8.2
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
TNR	146	146	146	146	146	146	146	146	146	146	146	146	146	146
BASE	146	146	146	146	146	146	146	146	146	146	146	146	146	146

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TABLE: SUPPLIES.2: RECENT PRICE PAID FOR ANAESTHESIA

	GENERAL
	-----
For free	2.7
Hard to find and very expensive	2.7
Very expensive	2.1
Provided in the hospitals/clinics	3.4
Do not perform abortions, do not know	1.4
I am not interested	4.8
I do not know/cannot answer	66.3
300 RB	.7
650 RB	.7
1000 RB	.7
1500 RB	.7
2000 RB	.7
2200 RB	2.1
5000 RB	3.4
7000 RB	.7
8000 RB	.7
10000 RB	4.1
12000 RB	.7
50000 RB	1.4
TOTAL	100.0
TNR	146
BASE	146

TABLE: SUPPLIES.3: RECENT PRICE PAID FOR PAIN KILLERS

	GENERAL
	-----
Hard to find and very expensive	1.4
Very expensive	3.4
With foreign currency	.7
Provided in the hospitals/clinics	1.4
I do not perform abortions, I do not know	6.2
I am not interested, I do not know, cannot answer	64.2
150 RB	4.8
200 RB	.7
300 RB	1.4
500 analgin	.7
500 RB	1.4
800 RB	.7
1000 RB	4.1
2000 RB	2.1
3000 RB	2.7
4000 RB	.7
5000 RB	2.7
10000 RB	.7
TOTAL	100.0
TNR	146
BASE	146

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TABLE: SUPPLIES.4: RECENT PRICE PAID FOR ANTIBIOTICS

	GENERAL
	-----
Hard to find and very expensive	1.4
Very expensive	2.7
Provided in the hospital/clinic	1.4
I do not perform abortions, therefore I do not know	1.4
I am not interested, I do not know, cannot answer	63.5
300 RB	4.1
350 RB	1.4
425 RB	.7
500 RB	.7
500 SUM	.7
750 RB	.7
1000 RB	3.4
2000 RB	4.1
3000 RB	1.4
5000 RB	2.7
7500 RB	1.4
8000 RB	.7
10000 RB	2.1
20000 RB	4.1
25000 RB	.7
50000 RB	.7
TOTAL	100.0
TNR	146
BASE	146

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TABLE: SUPPLIES.5: RECENT PRICE PAID FOR GLOVES

	GENERAL
	-----
Hard to find and very expensive	.7
Very expensive	3.4
Provided in the hospital/clinic	1.4
I do not perform abortions, therefore I do not know	8.9
I am not interested, I do not know, cannot answer	69.8
250 RB	3.4
900 RB	.7
1000 RB	2.7
1500 RB	1.4
2000 RB	4.1
3000 RB	1.4
3500 RB	.7
5000 RB	.7
20000 RB	.7
TOTAL	100.0
TNR	146
BASE	146

TABLE: SUPPLIES.6: RECENT PRICE PAID FOR SYRINGES

	GENERAL
	-----
Hard to find and very expensive	.7
Very expensive	2.8
Provided in the hospital/clinic	1.4
I do not perform abortions, therefore I do not know	.7
I am not interested, I do not know, cannot answer	67.9
25 RB AND LESS	8.3
40 RB	1.4
41-45 RB	.7
50 RB	1.4
100 RB	1.4
150 RB	.7
200 RB	2.1
300 RB	2.8
400 RB	.7
700 RB	2.1
1000 RB	1.4
1200 RB	.7
1500 RB	2.1
3000 RB	.7
TOTAL	100.0
TNR	145
BASE	145

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TABLE: SUPPLIES.7: RECENT PRICE PAID FOR CANULAS

	GENERAL
	-----
For free	2.7
Hard to find and very expensive	2.7
Very expensive	2.1
Provided in the hospital/clinic	1.4
I do not perform abortions, therefore I do not know	3.4
I am not interested, I do not know, cannot answer	85.6
1000 RB	1.4
2000 RB	.7
TOTAL	100.0
TNR	146
BASE	146

TABLE: SUPPLIES.8: RECENT PRICE PAID FOR KARMAN SYRINGES

	GENERAL
	-----
For free	2.1
Hard to find and very expensive	4.8
Very expensive	3.4
Provided in the hospital/clinic	3.4
I do not perform abortions, therefore I do not know	.7
I am not interested, I do not know, cannot answer	78.7
18 SUM	1.4
250 RB	.7
500 RB	2.7
2000 RB	.7
100 RB	1.4
TOTAL	100.0
TNR	146
BASE	146

TABLE: SUPPLIES.9: RECENT PRICE PAID FOR IUD

	GENERAL
For free/provided in the hospital/clinics	17.1
Do not answer/cannot answer	63.6
250	2.1
1000	4.8
1500	.7
2000	4.8
5000	4.1
12000	.7
20000	.7
10000	1.4
<b>TOTAL</b>	<b>100.0</b>
<b>TNR</b>	<b>146</b>
<b>BASE</b>	<b>146</b>

TABLE: SUPPLIES.10: RECENT PRICE PAID FOR CONTRACEPTIVE PILLS

	GENERAL
	-----
I never prescribe the pill	
because of its harmful effects	
to health	10.3
Hard to find	2.1
Very expensive	.7
Do not know/cannot answer	72.2
2 RB	.7
42 RB	.7
96 RB	.7
300 RB	.7
500 RB	1.4
650 RB	1.4
1000 RB	2.1
3000 RB	2.8
5000 RB	2.8
10000 RB	.7
For free	.7
TOTAL	100.0
TNR	145
BASE	145

TABLE: SUPPLIES.11: RECENT PRICE PAID FOR CONDOMS

	GENERAL
	-----
Do not answer/Cannot answer	78.0
25	2.7
100	2.1
200	4.8
250	2.1
500	4.8
700	.7
1000	3.4
1500	.7
Very expensive	.7
TOTAL	100.0
TNR	146
BASE	146

TABLE: SUPPLIES.12: RECENT PRICE PAID FOR VAGINAL FOAMING TABLETS

	GENERAL
Do not answer/Cannot answer	95.2
Cannot be found anymore	4.1
Ver expensive	.7
TOTAL	100.0
TNR	146
BASE	146

TABLE: SUPPLIES.13: RECENT PRICE PAID FOR INJECTABLES

	GENERAL
Do not answer/Cannot answer	95.2
For free	3.4
2500 RB	.7
Very expensive	.7
TOTAL	100.0
TNR	146
BASE	146

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TABLE: SUPPLIES.14: RECENT PRICE PAID FOR CONTRACEPTIVE PASTAS AND OTHER SUPPLIES

	GENERAL
	-----
There are not any	2.7
Do not know/cannot answer	92.4
10 RB	1.4
100 SUM	.7
1000-3000 RB	1.4
150 SUM	1.4
TOTAL	100.0
TNR	146
BASE	146

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TABLE: SUPPLIES.15: BRANDS OF SPIRALS USED/PREScribed

	GENERAL
MULTILOUD	34.8
T SHAPED	34.2
FROM HOLLAND	24.0
FROM RUSSIA	11.6
FROM FINLAND	10.3
S SHAPED	8.9
SI-375	8.2
FROM GERMANY	6.2
FROM THE USA	6.2
KOOPER 200/KOOPER	5.5
FROM SWITZERLAND	4.1
FROM THE CIS REPUBLICS	3.4
KU-375	2.7
FROM KAZAN	2.1
IUD LIPSA	2.1
FROM SWEDEN	1.4
NUMBERED	1.4
IMPORTED	.7
KOREAN	.7
DO NOT KNOW	3.4
TOTAL	171.9
TNR	251
BASE	146

TABLE: SUPPLIES.16: BRANDS OF PILLS PRESCRIBED

	GENERAL
	-----
NONOVLON	41.0
REGIVIDION	31.7
TRIZISTON	28.2
BISEKURIN	21.8
OVIDON	16.2
ANTIOVIN	5.6
DO NOT KNOW	5.6
DEMULEN	4.9
POSTINOR	4.2
MORVILON	3.5
ANY/EITHER	2.1
GENEVIDION	1.4
LYNDIOL	1.4
INFIKUDIN	1.4
ANTIVIDON	.7
GRAMTSEDIN	.7
TRINOVLAR	.7
TOTAL	171.1
TNR	243
BASE	142

TABLE:PRIVATE.1 :FAMILY HEALTH SERVICES THAT PHYSICIANS PROVIDE COUNSELLING FOR, PROVIDE PRESCRIPTION FOR OR ACTUALLY DISPENSE THE SERVICE

	ADVICE ON FAMILY HEALTH	IUDS	PILLS	CONDOMS	VAGINAL BARRIER METHODS	RHYTEM	VASECTOMY	TUBAL LIGATION	OTHER
Counseling only	90.9	9.1	9.1	72.7	54.5	81.8	36.4	72.7	36.3
Prescription for client to obtain elsewhere	-	-	81.8	18.2	27.3	-	18.2	9.1	27.3
Actually dispense or provide service	9.1	90.9	9.1	9.1	18.2	18.2	45.4	18.2	36.4
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
TNR	11	11	11	11	11	11	11	11	11
BASE	11	11	11	11	11	11	11	11	11

TABLE:PRIVATE.2:REASONS FOR NOT SEEING PRIVATE PATIENTS

	GENERAL
	-----
I do not have a place where I could see patients	61.4
I have no equipment and no money to buy any	50.7
It is against the law	41.0
I do not have enough time after work	26.9
I do not want to be harassed by the authorities	20.1
People will not pay for my services	3.0
No patients/no demand/patients are not used to it	2.2
Insufficient education/ insufficient equipment	1.5
I have the opportunity to see private patients in my office when needed	1.5
We do not have private hospitals/clinincs in Uzbekistan	.7
I do not want/I am not used to it	.7
TOTAL	209.7
TNR	281
BASE	134

TABLE:PRIVATE.3:FACTORS THAT WOULD BE MOST HELPFUL IN ASSISTING PHYSICIANS IN STARTING A PRIVATE PRACTICE

	GENERAL
	-----
Training to set up such a business	43.3
Money	38.1
A private professional association	24.6
I am not interested	23.9
Shared space where I could see clients	14.9
Support of colleagues also starting a private practice	10.4
Support by the official authorities	4.5
Change the beliefs/traditions of the population	1.5
TOTAL	161.2
TNR	216
BASE	134

TABLE:PRIVATE.4:REASONS THAT THE PATIENTS GO TO PRIVATE PHYSICIANS RATHER THAN GETTING SERVICES FROM THE PUBLIC HOSPITAL/CLINIC

	GENERAL
More privacy	25.0
Shorter waiting time	50.0
Personal attention	66.8
Higher quality	58.3
Trustable/patients are more confident	8.3
Other	8.3
Don't know	8.3
TOTAL	225.0
TNR	27
BASE	12

TABLE:PRIVATE.5:PLACES WHERE PRIVATE PATIENTS ARE SEEN

	GENERAL
	-----
Your home	8.3
Patient's home	8.3
At your current official office	100.1
TOTAL	116.7
TNR	14
BASE	12

TABLE:PRIVATE.6:TIME OF THE DAY WHEN PRIVATE PATIENTS ARE SEEN

GENERAL	
-----	
During regular office hours	58.3
In the evening	41.7
In the early morning	8.3
Weekends	8.3
Other	16.7
TOTAL	133.3
TNR	16
BASE	12

TABLE:PRIVATE.7:NUMBER OF PRIVATE PATIENTS SEEN IN THE LAST MONTH

	GENERAL
3 private patients	8.3
4 private patients	25.0
15 Private patients	66.7
TOTAL	100.0
TNR	12
BASE	12

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TABLE:PRIVATE.8:THOSE WHO PERFORM ABORTIONS FOR PRIVATE PATIENTS

	GENERAL
Perform abortions	25.0
Do not perform abortions	75.0
TOTAL	100.0
TNR	12
BASE	12

TABLE:PRIVATE.9:PLACES WHERE ABORTIONS ARE PERFORMED FOR PRIVATE PATIENTS  
(ASKED OF THOSE WHO PERFORM ABORTIONS FOR PRIVATE PATIENTS)

	GENERAL
In my home	33.3
In my official office	66.7
TOTAL	100.0
TNR	3
BASE	3

TABLE:PRIVATE.10:SOURCES OF OBTAINING THE NECESSARY SUPPLIES FOR ABORTION  
 (ASKED OF THOSE WHO PERFORM ABORTIONS FOR PRIVATE PATIENTS)

	GENERAL -----
Patient obtains supplies ahead of time on my prescription at pharmatsia	33.4
Patients come with their own supplies without prescription	33.3
I bring supplies from hospitals /clinics	33.3
TOTAL	100.0
TNR	3
BASE	3

TABLE:PRIVATE.11:THOSE PHYSICIANS WHO PROVIDE CONTRACEPTIVE SERVICES OTHER THAN ABORTION

	GENERAL
Yes	91.7
No	8.3
TOTAL	100.0
TNR	12
BASE	12

TABLE:PRIVATE.12:PRIVATE PATIENTS WHO HAVE BEEN PROVIDED SOME SORT OF FAMILY PLANNING SERVICES IN THE LAST MONTH

	GENERAL
3 private patients	27.3
10 private patients	36.3
15 private patients and more	36.4
TOTAL	100.0
TNR	11
BASE	11

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TABLE:PRIVATE.13:TERMS OF PAYMENT PRIVATE PATIENTS ARE NORMALLY REQUIRED TO PAY FOR FAMILY PLANNING SERVICES

	GENERAL
At time of visit	27.3
For free	72.7
TOTAL	100.0
TNR	11
BASE	11