

SIAR

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SIAR RESEARCH INTERNATIONAL CO.

for

THE FUTURES GROUP

**PRINCIPAL FAMILY HEALTH PROVIDERS
CONTRACEPTIVE KNOWLEDGE, ATTITUDES AND PRACTICES
SURVEY
UZBEKISTAN 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

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
 3. wholesale and retail prices

II METHODOLOGY OF THE RESEARCH

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

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

Why
only me
one person.

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. Three 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

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

SERVICE PROVIDERS CONTRACEPTIVE KNOWLEDGE SURVEY	
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
TOTAL	11 WEEKS

PHARMACISTS

V. KEY FINDINGS

- to buy drugs and to get information about drugs are the two most common reasons for visiting pharmacists, only a small percentage of visits for family planning purposes.
- current state of health and physician's prescriptions are factors that are considered when recommending contraceptive methods.
- IUD, condoms and contraceptive pills are the most common methods recommended.
- IUD is the first method that pharmacists have the most thorough knowledge of. Pharmacists are aware of the side effects of the method. Heavy bleeding and pelvic infections are the main problems acknowledged that may arise from IUD insertions.
- Pills are recommended following the IUD. Knowledge levels of pharmacists show that more training or information should be provided.
- Voluntary surgical contraception methods are mostly disapproved of. They are also considered inapplicable in Uzbekistan.
- Abortion is recommended only when there are no other alternatives left. The first advice pharmacists give to clients is to avoid abortions as much as possible.
- Pharmacists are willing to start private services, but are hesitant due to the current laws regarding the private activities concerning the sector. They demand support from the authorities, the pharmaceutical companies and other colleagues to start private practice.
- Pharmacists are willing to receive training in all methods of contraception and counsel clients on family health and planning issues.
- When evaluating the results of the survey, it must be kept in mind that responses were directed first on general health conditions and then on the availability of contraceptive products in Uzbekistan. Consequently practical and real information concerning this issue should be provided when methods of contraception are in question.

VI. FINDINGS

1. PROVIDER'S BACKGROUND

The sample group of pharmacists were mainly female 37 out of 53 respondents with average age of thirty nine years old, who have spend eleven years on the average in the profession, which depicts a picture of comparatively young professionals in the field. Only 14 of the respondents have served in the field for over 20 years. Uzbeks are the major ethnic groups represented in the used sample group (42 out of 53 pharmacists). The main areas of speciality were pharmacy and only two respondents were specialized in family medicine and internal medicine. The respondent group of pharmacists have not received formal family health training either during or after their professional training. Only 9 people have said that they were trained in the field. The information gathered about practices and knowledge therefore were based on their university degrees and outside sources also including personal interests if any.

2. GENERAL SERVICE DELIVERY

The most common reasons clients in Uzbekistan visit the pharmacists for are basically to buy drugs from the pharmacists (23) or to get information on certain drugs and their purposes (11). Cold and flue complaints are the major sicknesses that clients apply to the pharmacies for. (5) % of the pharmacists has stated that they were also visited on family planning purposes at the most.

On the average the respondent group of pharmacists have served 4500-5000 clients, of which 35 respondents (66%) serving less than 100 clienst for family planning purposes on the average within the past month. (Mean 375 family planning clients) (Tables: General 1 and 2)

27 of 53 pharmacists have claimed that they require prescriptions to disperse a contraceptive at their practice. 11 (21%) of them have emphasized the fact that it depends on the kind of the contraceptive. Thus certain restrictions on the sale of contraceptives can also be interpreted based on the laws of the Uzbek Ministry of Health as well as the attitude and practices of the related pharmacists.

3. METHODS RECOMMENDED

3.1 Factors considered important when recommending a particular contraceptive method

	NO	(%)
current status of health		
women hygiene	17	26.0
physician's recommendation	7	10.6
effectiveness of the method	5	7.6
recommending one certain method		
in place of another (see chart Method1)	12	18.2
restricted number of choices		
variety of methods available	8	12
age of woman	4	6.1
appropriate usage of the method	3	4.5
physicians' responsibility	3	4.5
current life standards of women	2	3.0
number of children in family	2	3.0
against the traditions of the		
Uzbek population	1	1.5
body temperature	1	1.5
do not know	1	1.5
TNR	66	%100
BASE	53	

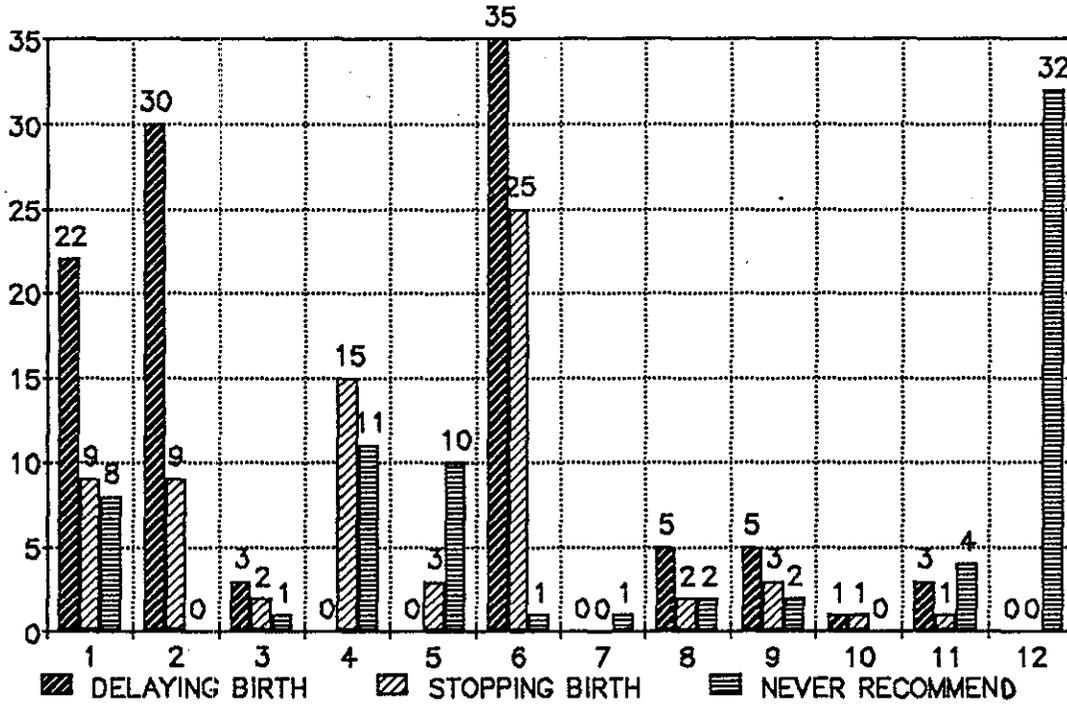
The most important factor that the pharmacists pay attention to when recommending a particular contraceptive method is the current state of health of the user. The prescriptions of the physicians is the second most important factor. Following, above all the other health related issues are the concerns about the availability of the methods in hand or serving the needs of the clients with the capabilities in hand regardless of the bad standards. This is an important point to address since practices regarding services about contraceptives are mostly affected by the "technical opportunities" not the knowledge level or attitudes only. This concern however differently stated by each respondent accounts for the 12 percent of the responses.

METHODS

3.2 ~~Factors~~ recommended for delaying or spacing birth, for stopping birth and ~~factors~~ that are never recommended

METHODS

METHODS RECOMMENDED



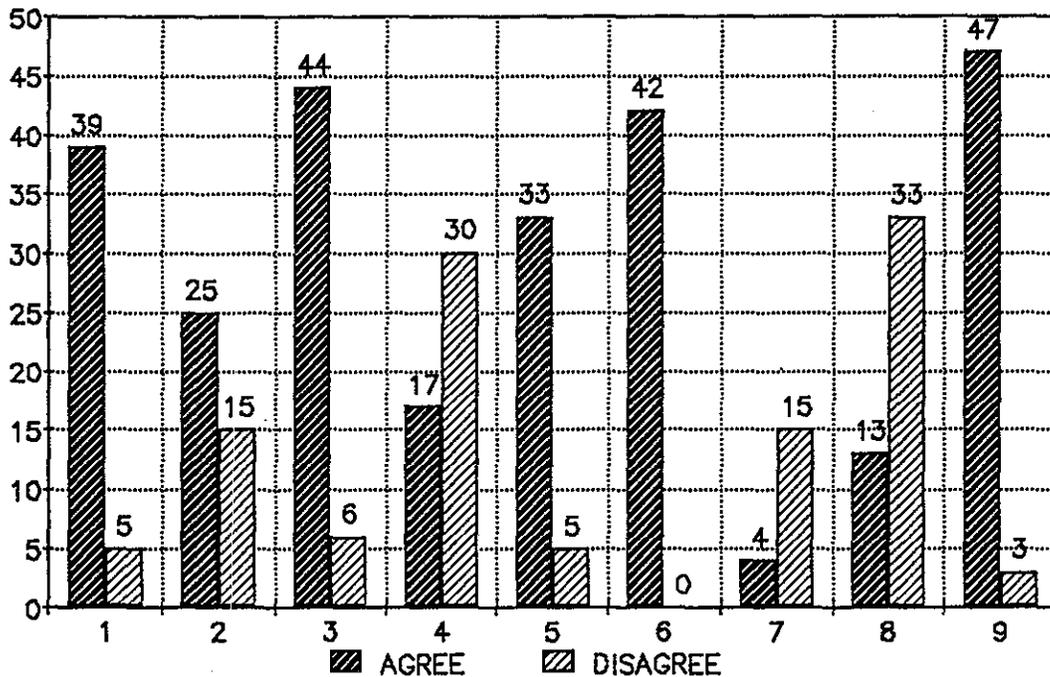
- 1 PILL
- 2 CONDOM
- 3 SPERMICIDES
- 4 FEMALE STERILIZATION
- 5 MALE STERILIZATION
- 6 IUD
- 7 INJECTABLE
- 8 RHYTEM
- 9 DEPENDS ON CONDITION OF PATIENT
- 10 DEPENDS ON WHAT PATIENT WANTS
- 11 DO NOT RECOMMEND ANY METHOD
- 12 ABORTION

In Uzbekistan IUD is the most commonly known and recommended method of contraception among pharmacists for all purposes. For delaying or spacing birth condoms (30) and contraceptive pills (22) are recommended after the IUD (35). For stopping birth IUD is still the more favorite method. Female sterilization is also seen as an alternative to other methods of contraception when stopping birth is in question. The fact that male sterilization does not come up in this issue stems from the fact that the Uzbek tradition and habits focus more on contraception on female side and also hesitant to involve man on the issue. Pills and condoms are the other two methods of contraception mentioned in this field (9 and 9). Abortion is generally the "method" that is never recommended. Female and male sterilization follow abortion along the same lines. Pill is another method that is never recommended by some pharmacists.

4. IUD KNOWLEDGE/ATTITUDES AND PRACTICES

4.1. General Knowledge and Practices About the IUD

OPINIONS ABOUT IUD



TNR 53

BASE 53

- 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

The majority of the pharmacists agree that when using the IUD certain problems may come up. Most of the pharmacists agree that the IUD is easy to insert, however half of them think that the IUD can come out of the womb by itself.

Majority of the pharmacists think that further attention is needed once the IUD is inserted (30 out of 53). Mostly, the pharmacists agree that it is difficult to get pregnant after removal of an IUD, thus strongly believe (47 people out of 53) that it is a good method of contraception if no more children is desired.

Side effects like pelvic infection (33) or heavy bleeding (42) from insertion of an IUD are acknowledged by the majority of the pharmacists. However they were not able to state an opinion on the possibility of IUD reducing some types of cancer (34). Most of the pharmacists are against the idea that IUD can be inserted by midwives (30), while 10 of them approve of insertions by midwives.

4.2 Recommendation of the IUD to Clients/Patients

The majority of the clients (39, 74 %) recommend the IUD to clients.

4.3 Reasons for not recommending the IUD

	NO	(%)
causes excessive bleeding	4	19.0
not my area of specialization	4	19.0
not enough supplies, not available	5	23.8
physicians prescription necessary	2	9.6
other	5	23.8
do not know	1	4.8
TNR	21	%100
BASE	14	

The main reason that the pharmacists do not recommend IUDs is that the IUD causes excessive bleeding (19 %). Lack of availability of the product is the other main reason for not recommending it (23.8 %). Rather than the effects of the product, the availability and physicians prescriptions mainly direct the pharmacists into recommending the IUD. (Table IUD.3) The pharmacists who do not currently recommend the IUD to clients have demanded more information on the product (5, % 28) and a reliable source of obtaining it to start recommending the IUD. 17 % of the responses, on the other hand show that side effects also prevent recommendation of the IUD.

4.4. Reasons for recommending IUD

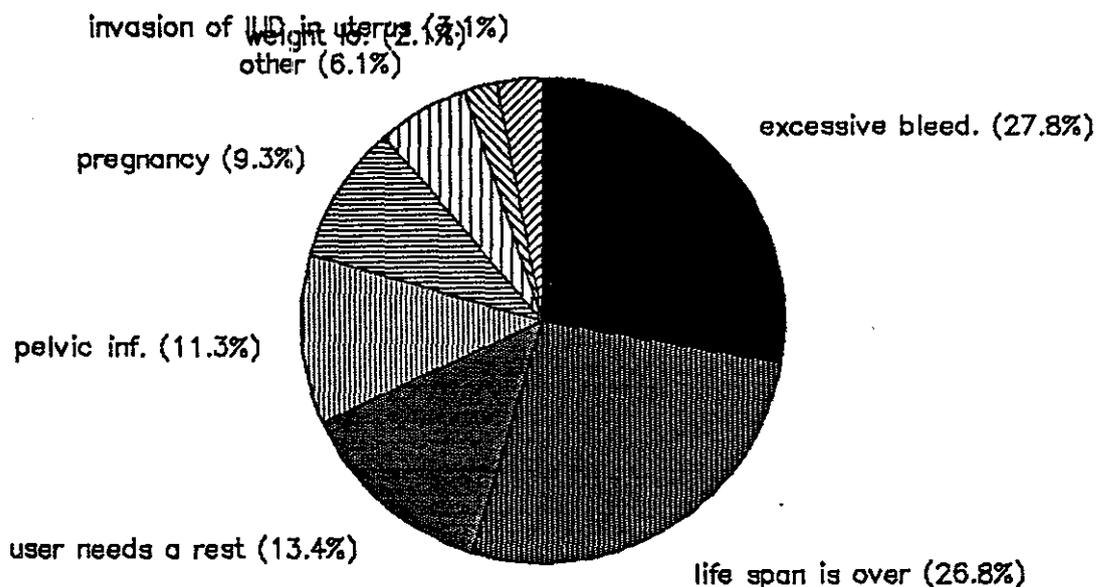
	NO	(%)
most effective temporary method once inserted does not require frequent supply	30	30.6
no compliance problems can be inserted immediately post-partum	14	14.3
if patient/client can't take the pill	13	13.4
no major side effects	9	9.2
patient preference	7	7.1
cheaper than other methods	7	7.1
can be inserted immediately post abortion	6	6.1
other	5	5.1
	5	5.1
	2	2.0
TNR	98	%100
BASE	39	

The majority of the pharmacists recommend the IUDs because they consider it the most effective method of temporary contraception (31 %). The fact that the IUD is easy to use and do not require frequent supply is another reasons pharmacists prefer recommending the IUD (28%). Possibility of insertions immediately post partum or post abortion also creates ground for uncomplicated applications.

4.5. Abnormal (excessive) uterine bleeding (31, 36%) and abnormal uterine size and shape (11, 13%) are the most important physical or medical reasons that would stop the pharmacists from recommending IUDS. The possibility of pelvic infections (9, 10%), pregnancy (8, 9%) and anaemia (8, 9%) are other factors that could prevent recommendation of IUD. Other important sicknesses, pelvic cancer and other health problems are also considered important.

4.6. Reasons for removing IUDs

REASONS FOR REMOVING AN IUD



Excessive bleeding patterns in users require immediate intervention according to the majority of pharmacists. Removal of IUD is necessary after the normal life span of the product is over. Pelvic infections, and pregnancy also require IUD removal. Besides the health related issues, pharmacists also approve of the removal of the IUD in case the woman decides to get pregnant again (2%). The majority of the pharmacists recommend 3 years (17, 44%) for one period of IUD before removal.

Mostly pharmacists have stated that heavy bleeding is the major problem that the user may experience in using the IUD (27, 34%). Backache (13, 16%), increased discharge (12, 15%) and pelvic infections (8, 10%) are identified as the other major problems that come across.

Heavy bleeding patterns are the most common problems patients may experience which at the same time requires immediate removal of the IUD. The invasion of the IUD into the myometrium, as claimed by the pharmacists requires attention. (See tables IUD11 and IUD12)

4.7. Sales of IUDs

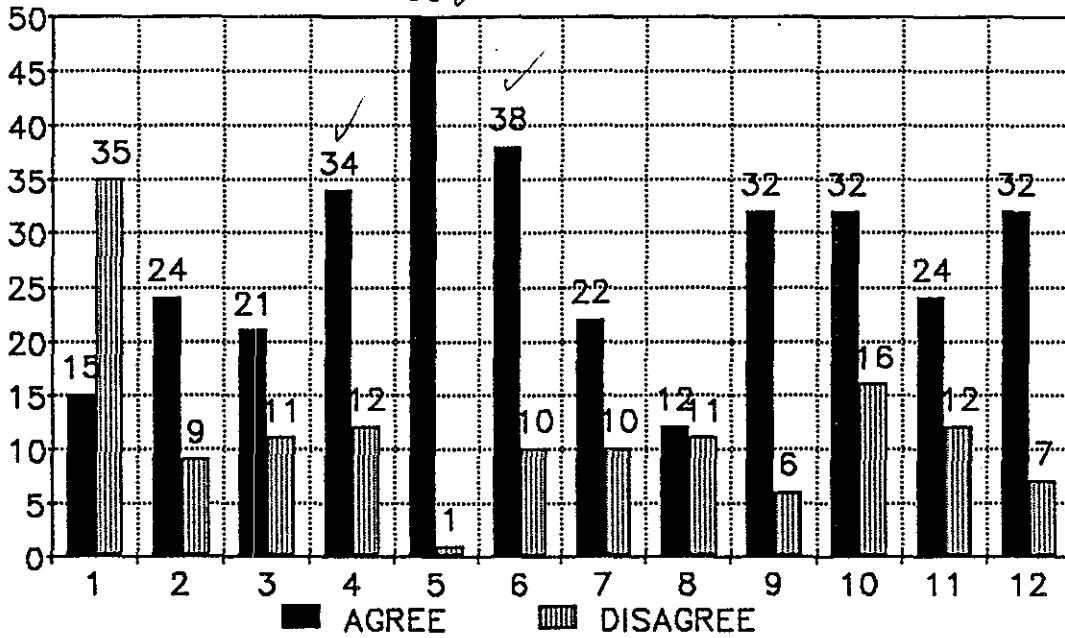
Among the pharmacists who recommend IUDs to their clients/patients, none of them had the product on sale in the pharmacy. While 5 of the pharmacists stated that IUDs were usually provided by the maternity bureaus, the rest complained of the lack of availability of the product. If available in Uzbekistan, the majority of the pharmacists obtain the IUDs from the central pharmacy "Pharmatsia" (20, 37%). Another source is identified as the city storage which may also account for "Pharmatsia".

5. PILL KNOWLEDGE, ATTITUDES AND PRACTICES

5.1. General Knowledge and Practices about contraceptive pills

also need OK responses

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

N=53

The majority of the pharmacists agree on the fact that the pill is easy to use/take (94.3%). At the same time sixty percent believes that it is difficult to remember to take. Most of the pharmacists have agreed with all the descriptions about the contraceptive pills concerning the possibility of side effects and concerns about breast and cervical cancers. 35 pharmacists out of 53 disagree that the pill has positive benefits to women's health even if the majority still thinks that it regulates menstruation. A majority of the pharmacists were not able to state a distinct opinion about the possibilities of onchological diseases (20 people -38%-, 21 people -40%-) or that the usage of pill lessens risk of some cancers (30 people -57%).

5.2. Recommendation of contraceptive pills to clients

Thirty five pharmacists (66%) recommend the pill to clients.

5.3. Reasons for not recommending the pill

	NO	(%)
too many negative side effects	13	43.3
not available/ not regularly available	7	23.4
acute liver pathology	2	6.7
chronic liver pathology	2	6.7
physician's responsibility	2	6.7
not effective	1	3.3
too expensive	1	3.3
clients themselves chose what they wish to buy	1	3.3
not absolute contraception	1	3.3
TNR	30	%100
BASE	18	

Mostly because of its negative side effects, the pharmacists do not recommend the pill to clients. The lack of availability of the product is the other factor that restricts the pharmacists while recommending the pill.

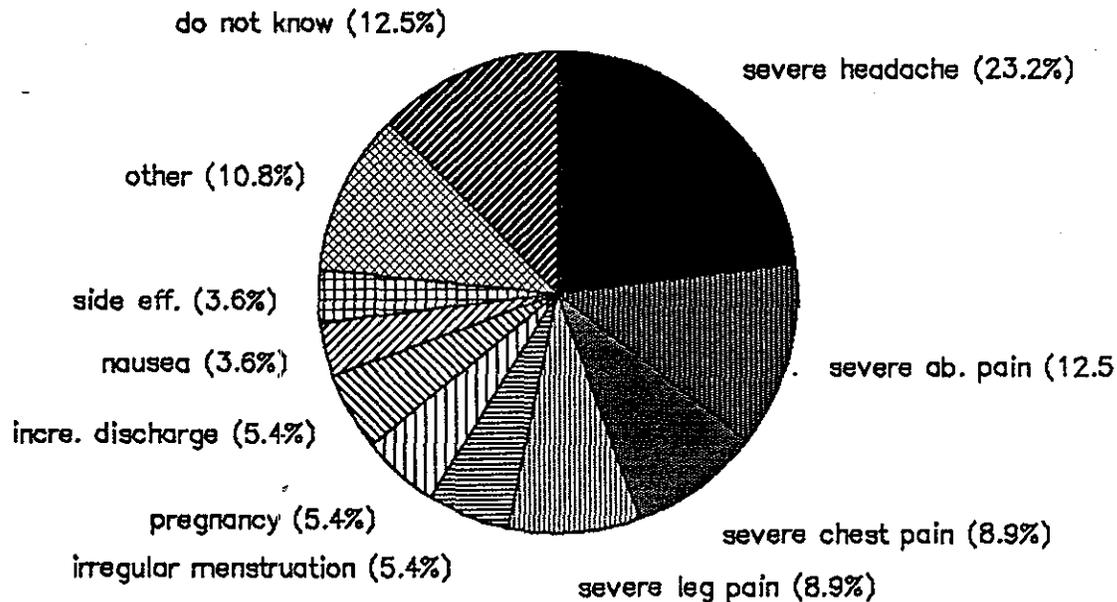
5.4. Reasons for recommending the pill

	NO	(%)
no compliance problems	17	27.9
most effective temporary method	16	26.4
patient preference	9	14.8
cheaper	6	9.8
no major side effects	6	9.8
no other methods in hand	2	3.3
other	4	8.0
TNR	61	%100
BASE	35	

The pill is preferred as a contraceptive method due to its uncomplicated usage methods (28 %). It is also considered the most effective contraceptive method especially after the IUD. The price and availability of the products are additional factors to be considered.

5.5. The major problems experienced when taking the pill

MAJOR PROBLEMS PILL USER MUST SEE A DOCTOR FOR

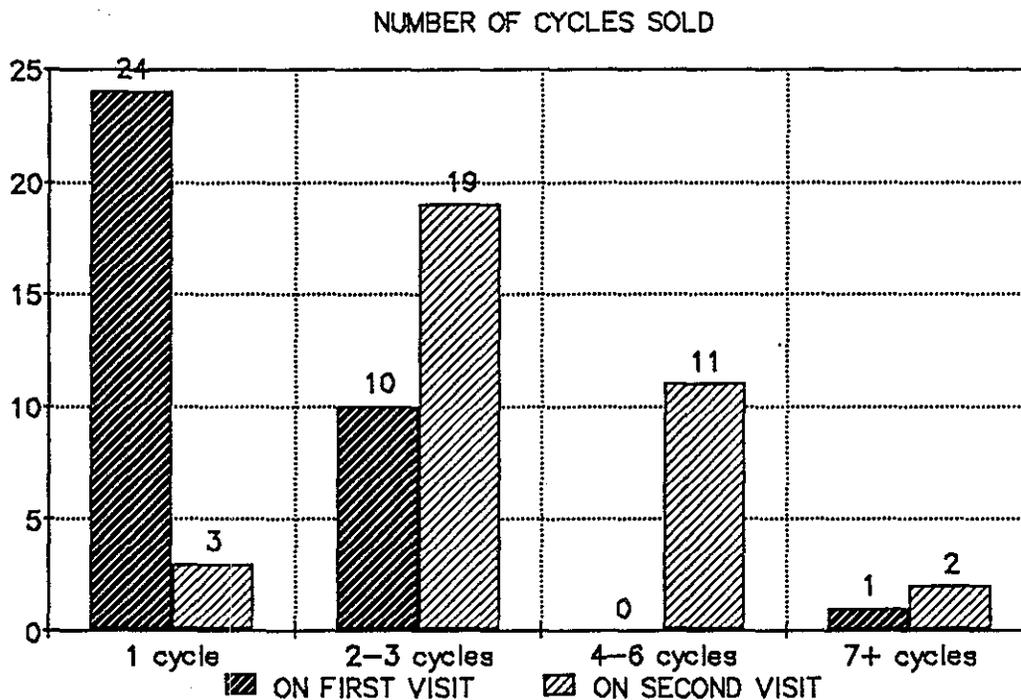


Severe headaches and abdominal pains are the major problem pharmacists consider a doctor's control necessary for. When asked about the minor problems pill users may experience pharmacists have listed common side effects of contraceptive pills in general: Nausea (24%), mild headaches (19%), small weight gain (16%), dizziness (10%) and spotting (8.7%). Other problems mentioned are depression moods, irregular menstrual patterns, rejection of the medicine. One pharmacist has stated that hormonal compounds are not suitable for adolescents since it is an unnatural method. (See table Pill9)

Pharmacists are in general aware of the side effects that may be experienced while using the pill. However, when selling the pill a relatively small number of physicians tell the clients about these side effects (12, 19%). The first advice given to clients when selling the pill is how often to take the pill (24, 39%). The pharmacists also inform the clients on what to do if forget to take the pill (8, 13%)

It is interesting to note that while the pharmacists are aware of the side effects and mostly agree that side effects go away after using the pill for a while, the majority of the pharmacists are in favor of immediately stopping to take the pill, without completing the cycle (25, 53%). Another 12, twenty five percent advice the clients to immediately see a doctor.

5.6. Sales of contraceptive pills



The majority of the pharmacists sell only one cycle of the pill to clients on the first visit. On the second visit the cycles of pills sold increases. This is a result of using the first cycle of pill as a trial period for the user. If the clients body accepts the medicine with no or minor problems, pharmacists go on for selling next cycles for the pills.

On the average pharmacists have sold the pill to about 140 women in the past three months.

Only 12 (20%) of the pharmacists had contraceptive pills on sale in their pharmacies.

5.7. Brands of contraceptive pills currently being sold:

	NO	(%)
Triziston 0.075	6	26
Antiovin 0.05	8	36
Lengion	1	5
Nonovlon	4	18
Regividion	1	5
Assepelin	1	5
Demulen	1	5
TNR	22	100%
BASE	12	

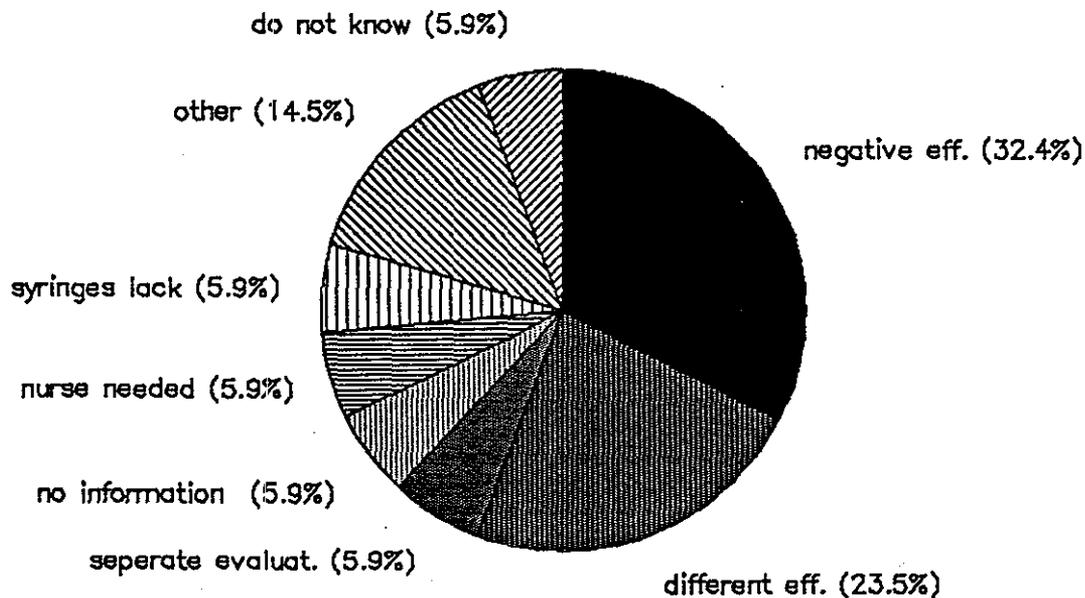
Clients usually inquire about which brands of pills are best suited for them (18, 25%). How often and when to take the pill is another point of concern (29, 41%). The other most popular question is what to do about side effects (11, 16%)

6.1 Familiarity with the injectable contraceptive

Only 10 pharmacists out of 53 sampled were familiar with the injectable method. Most of their knowledge about the method is obtained from medical books at the most.

The method is evaluated unacceptable when informed of consequences such as possibility of amenorrhea and absence of menstruation among the majority of the pharmacists (30, 56.6%)

REASONS FOR REJECTING INJECTABLES



Majority of the pharmacists consider the injectable contraceptive an unhealthy and dangerous method because it may cause amenorrhea or absence of menstruation in some cases. However, a high percentage still thinks that the method may have different side effects on different body structures therefore base their opinions on individual evaluations of the method for each user. Next to all other health related issues stemming from the unusual side effects of the method, concerns regarding the application of the method also draw attention. Pharmacists focus on the lack of availability of trained nurses and sterilized syringes to be used for the purpose before evaluating the effects of the method itself (4, 12%).

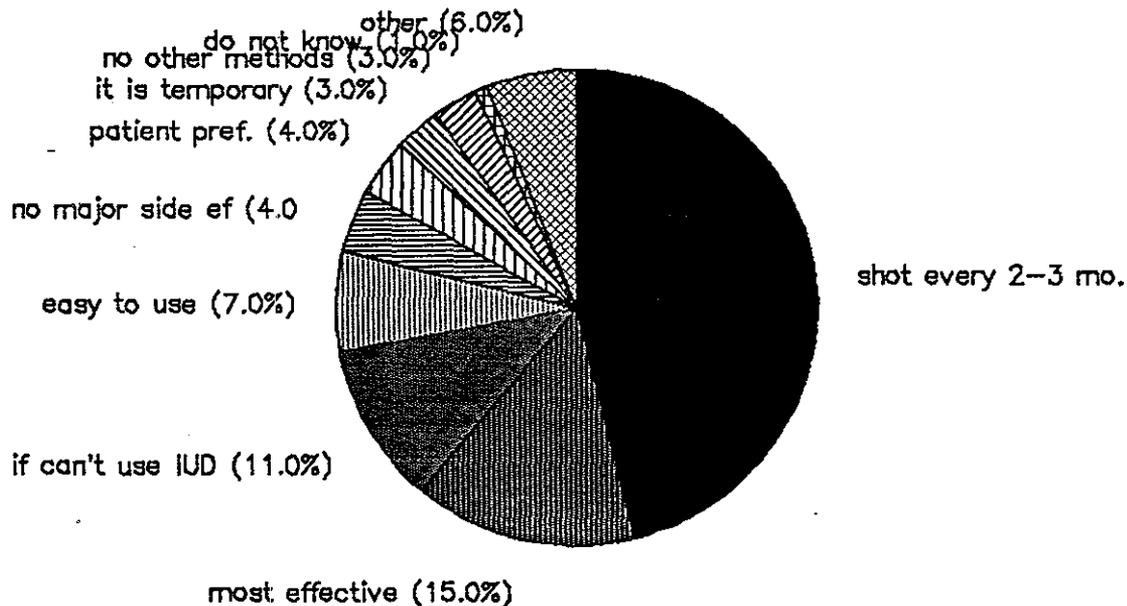
According to pharmacists, the possibility of irregular bleeding patterns would be more acceptable among women compared to the above mentioned side effects. Pharmacists consider side effects of the injectable generally dangerous to health (11, 39%). On the other hand, when irregular bleeding patterns are taken into account, pharmacists are in favor of evaluating the issue on individual bases while claiming that the method would be unacceptable. Individual body structures (3), personal decisions (2) and psychology of the client (1) become more important.

6.2. Training for injections

Thirty eight pharmacists (72%) from the respondent group are trained to give injections, while only 29 of them currently practice giving injections. Pharmacists undertake injections usually for family and friends (24, 71%). Injections for cold and flue are the most common injections.

6.3. Recommending the injectable contraceptive

REASONS FOR RECOMMENDING THE INJECTABLE



Majority of the pharmacists claim they do or would recommend the injectable contraceptive mostly because it only requires renewal of shots every 2-3 months (35, 47%) and as a result is easy to use (5, 7%). Pharmacists consider the method effective. The fact that the IUD is the most common contraceptive method again comes up in this issue since some of the pharmacists recommend the method only if the IUD is not applicable (8, 11%).

It is interesting to note that positive comments on relatively newer and unfamiliar ways of contraception are directed depending first on the direct effects of the product and than on the availability/applicability of the other products already available or familiar. The two important reasons that pharmacists have stated stop themselves from recommending the injectable to clients are the negative side effects (4, 24%) and the intuition that usage of hormonal methods is inappropriate for the Uzbek population (3, 18%).

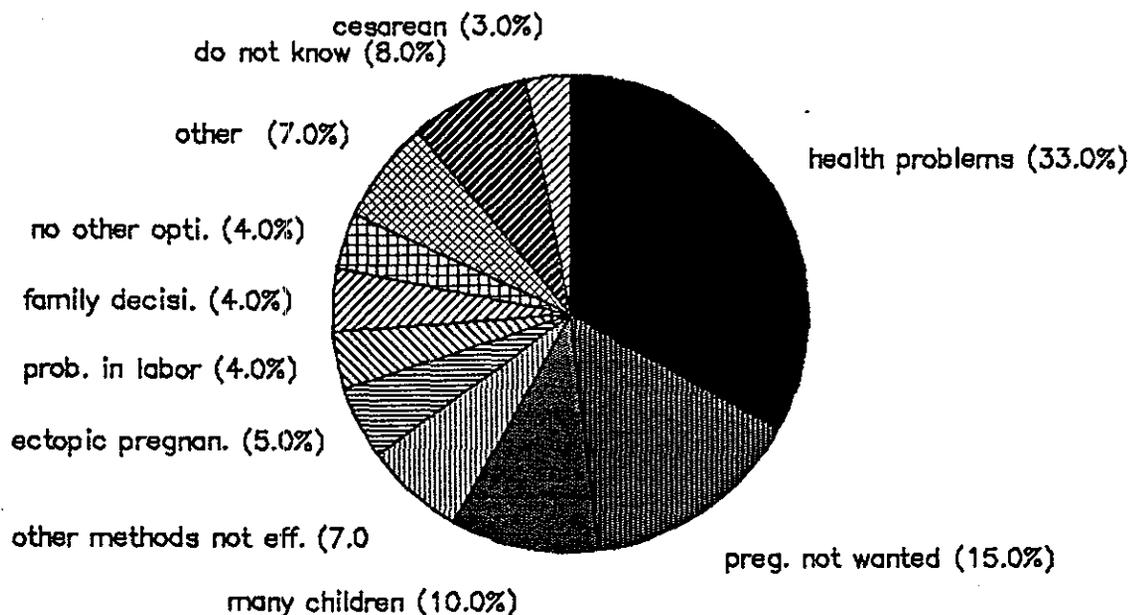
According to pharmacists, the clients would be willing to pay minimum 15-20 roubles and maximum 50000 roubles for one injection including the injection fee. On the other hand, **500 roubles** is the price that (11) 21 % of the pharmacists declare a suitable price for the injectable.

7. VOLUNTARY SURGICAL CONTRACEPTIVE KNOWLEDGE/ATTITUDES AND PRACTICES

7.1 General knowledge and practices concerning voluntary surgical contraceptions

7.1.1. Tubal Ligations

CIRCUMSTANCES UNDER WHICH TUBAL LIGATIONS ARE RECOMMENDED



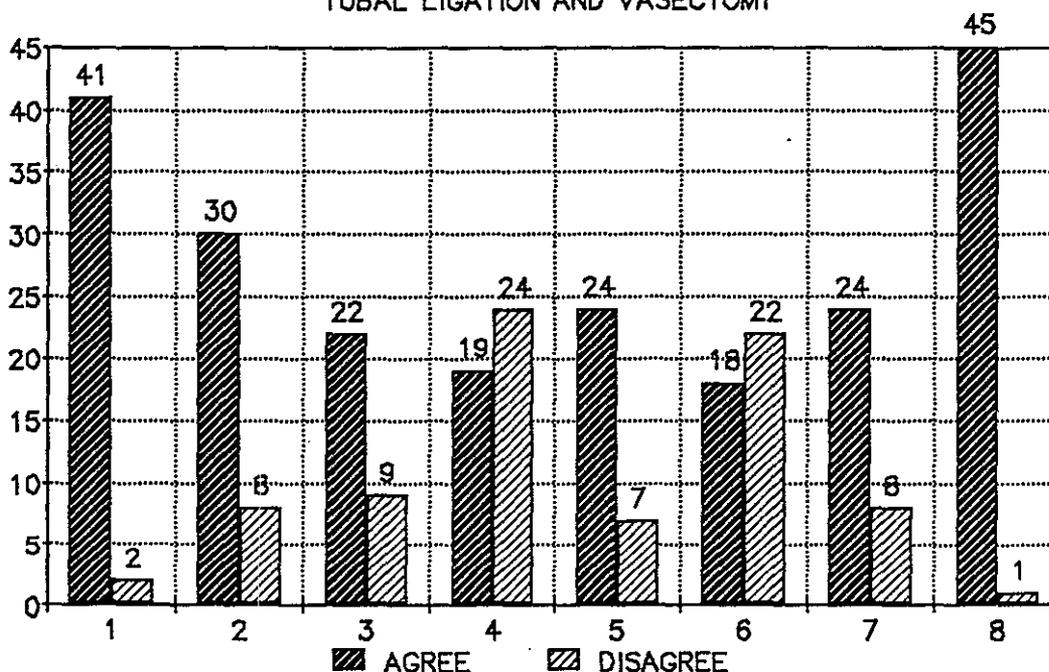
Tubal ligations are rarely recommended unless there are major health problems the patients are experiencing which do not allow healthy pregnancy (21, 28%). Pharmacists also favor the method in case client does not want any more children (11) or if the woman already has "too many" children (7).

Mostly the circumstances that tubal ligations are recommended are based on serious medical reasons, such as in case of pregnancies that would be dangerous to health, in case of ectopic pregnancies, in case of previous problems experienced in labor and previous cesarean operations and abortions. Financial and social status of the woman is another factor that is pointed about when considering tubal ligations.

7.1.2. Vasectomies

Majority of the pharmacists were not able to commend on circumstances under which vasectomies are recommended (20, 36%) Five of them have actually stated that they have not heard of the method. Six of them recommend the operation if the mans partner does not want to bear any more children. Another six have claimed that Uzbek men would not allow such an operation and the method would not be applicable in Uzbekistan. Serious health problems of men and women also come up when considering recommendations of vasectomies (7, 13%). One pharmacist has claimed that vasectomy would be recommended in case the man had a lover.

OPINIONS ABOUT
TUBAL LIGATION AND VASECTOMY



- 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

Overall, pharmacists have the least information/ knowledge about voluntary surgical contraception when compared to other methods of contraception. Most of them agree that tubal ligation and vasectomy are permanent methods, which are mostly feared of because of the operation involved. Majority of the pharmacists believe that a man cannot do heavy work after having a vasectomy, while most of them agree that the method has the least side effects. In general, pharmacists display an indecisive group in relation to the concerns about the sex life of the client after the operation. Most of them cannot state any opinions about this issue (22, 42%).

8. NORPLANT KNOWLEDGE/ATTITUDES AND PRACTICES

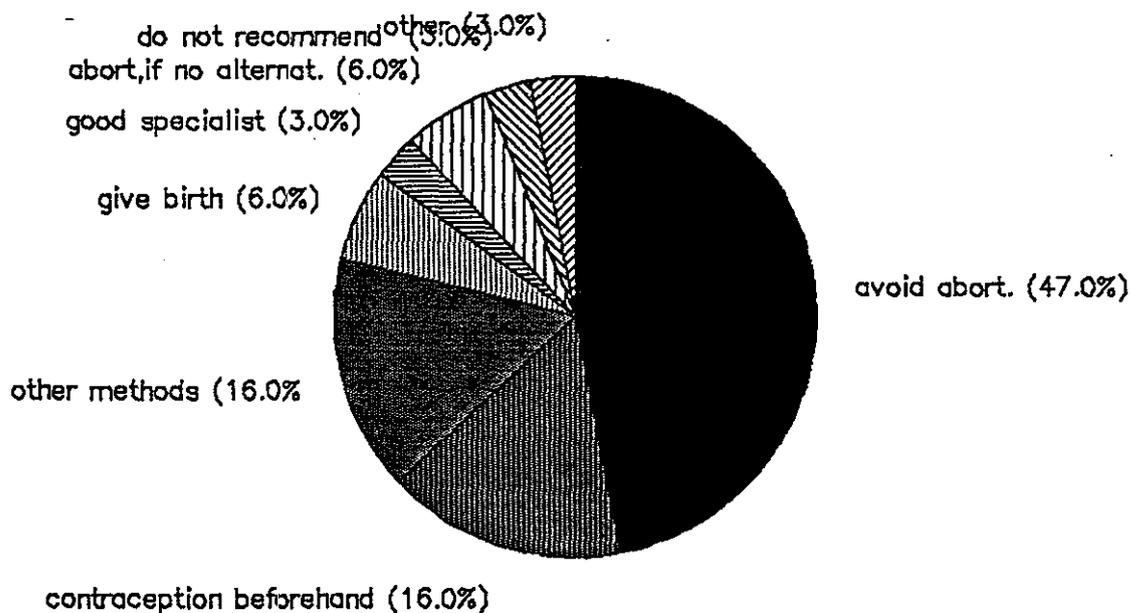
8.1. Familiarity with the Norplant(c) method

Ninety one (48) percent of the pharmacists are not at all familiar to the Norplant(c) method. 5 of the pharmacists who claim that they are somewhat familiar to the method have heard /learned about the method. Still, the majority of the pharmacists are willing to recommend the method if it were available in Uzbekistan (36). The minimum price deemed appropriate for the product is 130 roubles and the maximum price is 50000 roubles. Nineteen percent finds **5000 roubles** and another nineteen percent finds **10000 roubles** a suitable price for the Norplant product.

9. ABORTION

9.1. Advices given to women about abortions

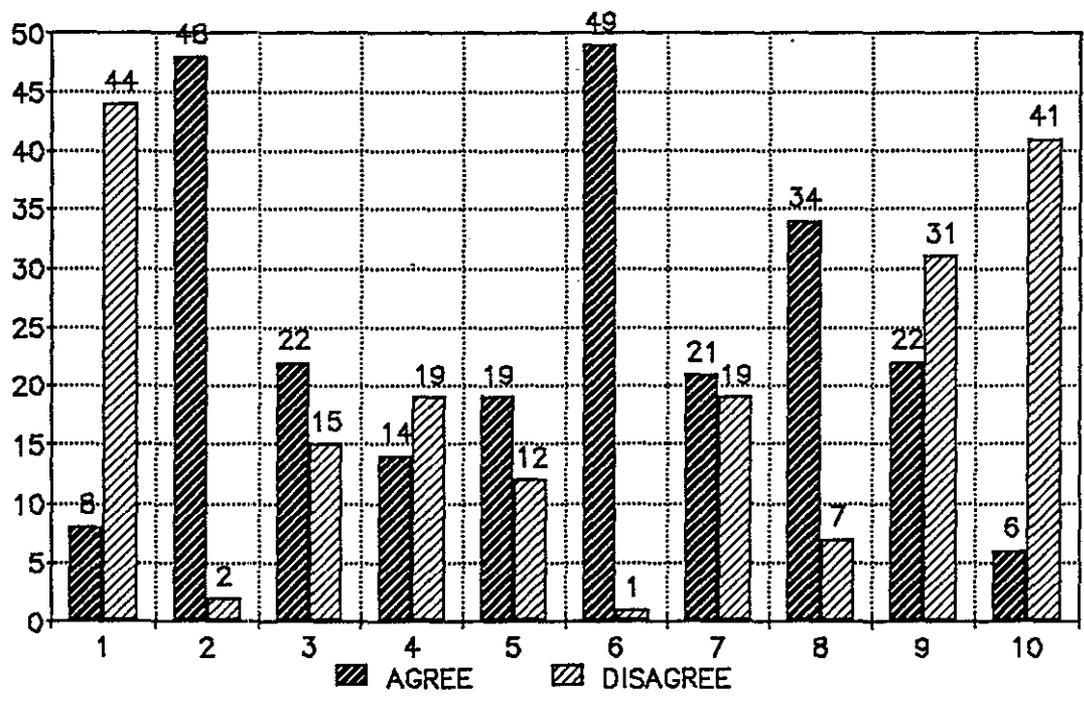
RECOMMENDATIONS ABOUT ABORTIONS



Most of the pharmacists advice their clients to avoid abortions as much as possible. They also advice the clients to provide contraception beforehand to avoid abortions (16%). Instead of abortions other forms of contraceptive methods are recommended. Abortions are approved only in case there are no other alternatives left. When abortion is applied as a last resort, pharmacists recommend that necessary supplies and a good specialist should be found.

Generally, pharmacists are aware of the disadvantages of abortions and do not wish to recommend abortions as a means of contraception. In their opinion, "abortions should be performed only no other alternatives exist".

OPINIONS ABOUT ABORTION



BASE 53

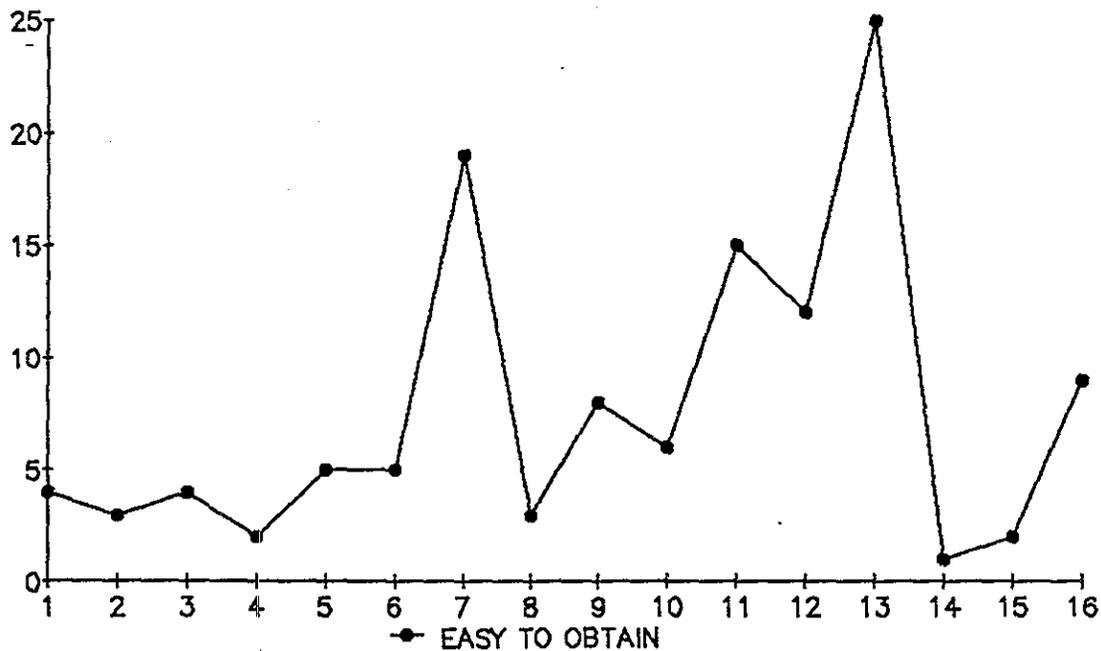
- 1 Repeated abortions are safe and do not impair a woman's fertility
- 2 My clients would like to have an alternative to abortion
- 3 The best technique for abortion is Dilation and Curettage
- 4 The best technique for abortion is Vacuum Aspiration
- 5 The best technique for abortion is using Karman Syringe
- 6 Abortions should always be accompanied with contraceptive counselling
- 7 Abortions are often performed without anesthesia
- 8 abortions are often performed without antibiotics
- 9 It is not the pharmacist's responsibility
- 10 My clients prefer abortion

Majority of the pharmacists share the opinion that their clients would like to have alternatives to abortion. The view that abortions are not safe and may impair a woman's fertility is mainly supported. Majority of the pharmacists do not have in depth information about the abortion techniques. Dilation and curettage are considered the best techniques for abortion (22, 42%) relative to the other methods. While 36% of the pharmacists disagree that abortions are performed without anesthesia, another 40% agree that abortions are often performed without

anesthesia. Consequently, the fact that in Uzbekistan abortions may often be performed without anesthesia may be concluded.

10. 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 Triziston and Nonovion
- 12 Other contraceptive pills
- 13 Condoms
- 14 Vaginal Foaming Tablets
- 15 Injectables
- 16 Contraceptive Pasta

Condoms are comparatively the family health products that are mostly available. Different kinds of contraceptive pills and karman syringes are the only other products that may be sometimes available. Lack of contraceptive service products is an obstacle restricting the contraceptive services that may be offered in Uzbekistan.

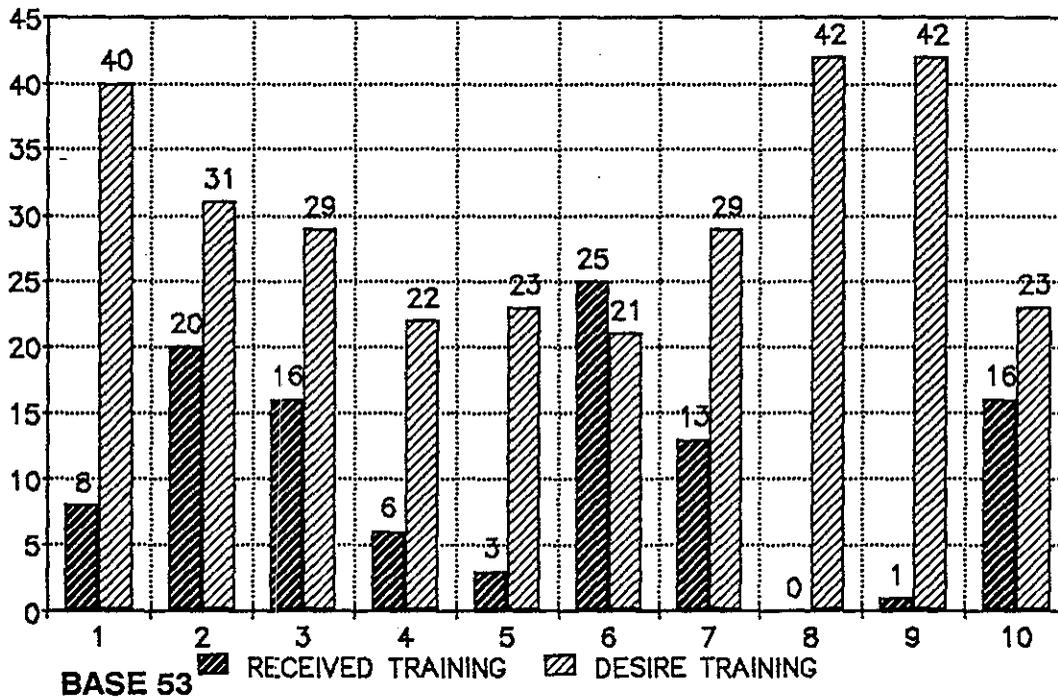
Overall, when asked about the prices of the family health products the majority of the respondents have stated that they do not know the prices either because the product is not available in Uzbekistan or because they have not recently bought the product. According to the small number of responses received, below presented are the recent prices clients have paid for the listed products.

(See all tables SUPPLIES 1-15)

		MINIMUM	MAXIMUM	MOST FREQUENT RESPONSE
(Prices in roubles)				
1	Anesthesia	200	10000	1000
2	Pain killer	105	10000	1000
3	Antibiotics	6	10000	1000
4	Gloves	50	1000	50
5	Syringes	5	200	45
6	Canulas	15	200	200
7	Karman syringes	18	1000	90
8	Soviet IUD products	25	4000	-
9	Imported IUD products	25	35000	-
10	Contraceptive pills	10	500	40-45
12	Condoms	3	600	100
13	Vaginal Foaming Tablets	200	200	200
14	Injectables	50	5000	-
15	Contraceptive Pasta	30	50	50

11. TRAINING

TRAINING



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

Among the family health services condoms (47%), oral contraceptives (38%), IUD and rhytem methods (30% each) that are the main methods that pharmacists have received training in. Overall, majority of the pharmacists desire renewed training about all the methods, especially family health counselling (76%)

12. PRIVATE ACTIVITIES

Private sector activities in the pharmaceutical sector have not yet started in Uzbekistan. The majority of the pharmacists (43, 81%) do not sell products to private patients. The laws forbidding the sales of products to private patients are the main reasons preventing private activities (29, 39%). Pharmacists also claim that they have neither the money nor the place to buy products to sell to private clients (24, 28%). Pharmacists do not want to get harassed by the authorities, either (10, 13%).

12.1 Reasons that private clients would want to get services from private pharmacies instead of pharmacies.

	NO	(%)
personal attention	26	49%
higher quality products	24	45%
shorter waiting time	19	36%
more variety of choices	14	26%
always and easily available products	6	6
more privacy	4	4
longer hours open	4	4
possible to obtain without prescription	2	2
high prices but a variety of choices	1	1
the clients have enough money	1	1
TNR BASE	40 53	100%

Majority of the pharmacists think that personal attention and higher quality products usually would draw the clients to get services from the private

pharmacies. Even though pharmacists are willing to go into private activities they require training and support from other colleagues or from potential associations who would help them in starting providing private services.

The willingness to start private services are not accompanied on the part of the pharmaceutical companies, as stated by the pharmacists. Sixty four percent of the pharmacists have never been visited by pharmaceutical company representatives. Additionally, the small percentage that rarely visit the pharmacies have never provided services about their contraceptive services (10 of 32%) (32%).

13. SUMMARY

Even though the ~~majority~~[?] of pharmacists in Uzbekistan have received some training on family planning and contraception issues, (especially IUDs, contraceptive pills and condoms), it does not seem to be one of the major points of concern that pharmacists involve in in their general practice. As stated earlier, the majority of the pharmacists in general are enthusiastic about getting more information, training and material about contraceptives and family planning practices. The general attitude shows that pharmacists would more actively participate and learn about contraception only if they had the source or opportunity to have a good number and a high quality of related products available in hand.

In Uzbekistan, IUDs, contraceptive pills and condoms are the three common methods of contraceptives used and recommended. Of the three, IUDs are preferred because of suitability in usage, availability and because of the fact that it fits the Uzbek populations attitudes and believes the most.

Abortion is not considered as one of the contraceptive methods. It is evaluated as the last resort to apply to if there are no other alternatives. The majority of the pharmacists believe that abortions should be avoided by contracepting beforehand. While most of the pharmacists are not informed of the methods of abortion and the materials used during the operation, the majority is aware of the negative effects on women's health.

IUDs are the kind of contraceptives most commonly sold. Recommendations and practices of pharmacists towards contraceptives are based on the knowledge they have gathered at school and through other choices. Additionally they are directed by the physicians' recommendations and the variety of products available in hand.

While starting any educational program in Uzbekistan, for pharmacists to be more involved in the issue, first family planning should be brought up as a more common issue. The population should be informed that pharmacists may serve the needs for contraceptive counseling if educated and if the service is demanded from them. Also, both the population and the service providers should be informed that there are a variety of methods available and these methods could also in fact be made available in Uzbekistan to enable participation in family planning activities by the principal service providers.

APPENDIX

Appendix 1.

List of Obgyns.

MH Number 3

Name	Age
Abduganieva M.A.	36
Ahmedjanova G.Kh.	36
Adylova N.	60
Bahtiyarova G.R.	28
Grebennikov A.N.	65
Demina L.I.	53
Abdusalamova B.A.	34
Iskandarova N.I.	58
Karimova R.C.	54
Madjidova Kh.M.	57
Pereyaslova T.N.	39
Rasulova D.C.	42
Teshabaeva R.	34
Talibjanova M.A.	56
Khakimova R.A.	44
Chinarov T.	51
Sherbina Z.G.	46
Yaminova M.	24
Nasyrova G.A.	33

MH Number 4

Name	Age
Abramova T.P.	56
Ctepanenko G.N.	55
Fudim M.P.	53
Kagramanyan J.M.	44
Khusanhodjaeva Z.N.	41
Khusnutdinova R.I.	39
Erecpohova E.A.	36
Ahundjanova M.Kh.	33
Khaitbaeva M.C.	31
Dadabaeva M.V.	28

Name	Age
Pogrebec N.P.	54
Culeimanova N.C.	58
Carsenbaeva M.A.	39
Cultanova G.N.	35
Tarhanova M.A.	30
Uro-Nile A.A.	31
Khodorkovskaya O.A.	38
Akramova D.G.	25

MH Number 13

Name	Age
Pyak E.M.	71
Petrosova L.K.	67
Gish L.K.	61
Yuldasheva M.	57
Achilova K.Kh.	56
Artikova D.A.	53
Abidova M.Kh.	52
Calihova L.I.	46
Nizamutdinova Z.D.	45
Khamidulina R.G.	45
Dneprova E.C.	43
Mirkamalova D.	42
Gulyamova Z.A.	40
Capaeva Z.C.	38
Turapova Sh.T.	37
Ibragimov E.G.	36
Keltaeva M.T.	35
Tadjieva N.U.	33
Azimova D.Kh.	32
Azimova M.K.	29
Shukurov F.I.	27
Elmuradova Z.M.	27
Coi I.B.	24

MH "RZO"

Name	Age
Tursunova N.	25
Shakirova V.	62
Gazieva M.	49
Abdullajanova L.	54

Name	Age
Muhryakova O.A.	37
Nuritdinova C.N.	44
Proshickaya B.L.	71
Ceitmamutova G.P.	35
Cataeva D.P.	24
Cimeiko M.M.	47
Tatikishvilli Z.Sh.	27
Teplickaya E.V.	34
Khasanova C.D.	25
Chernysheva L.V.	62
Shamshieva D.P.	34
Shahidova Z.A.	19
Yusuphodjaeva D.D.	33
Yarovaya M.A.	35

MH Number 7

Name	Age
Tahirova K.T.	55
Pak K.D.	62
Artykova M.M.	42
Tuichieva Z.L.	40
Feldman E.Ya.	35
Gushina E.D.	63
Razygraeva A.A.	58
Arutyunova J.M.	54
Khalikova M.R.	56
Kogai E.D.	47
Rahmanov U.M.	32
Durjanbaeva C.A.	26
Bezrukova D.M.	30

MH Number 9

Name	Age
Bahreiddinova N.B.	41
Jabbarova V.I.	33
Gulyamova M.I.	33
Giyasova N.T.	32
Kovalenko G.G.	62
Kotlyarevskaya A.M.	61
Mishanina T.A.	46
Nasreddinova M.N.	39

MH Number 5

Name	Age
Abdugafarova D.C.	38
Adnogulova N.G.	41
Abduhakimova M.G.	26
Abduganieva Sh.Kh.	34
Arinova E.Kh.	42
Gufranova K.C.	48
Djuraeva M.	42
Ismailova G.B.	34
Karimova Z.	39
Keizer T.B.	25
Mamadaliyeva Sh.	34
Pirmuhamedova M.Kh.	59
Rassadina M.V.	26
Rustamova I.P.	30
Cabirova M.	53
Cagdullaeva M.A.	40
Cagdieva M.T.	33
Tulyaganova C.Sh.	46
Faiziyeva U.	30
Khodjaeva G.	45

MH Number 6

Name	Age
Alimbaeva Sh.A.	24
Ahtamova L.Kh.	24
Abdurahmanova Yu.M.	52
Arustomyan A.V.	26
Ashurmatova I.A.	34
Arnautova E.E.	33
Bavbekova Z.B.	40
Babamuratova M.	37
Gordina V.K.	58
Gazaryanc E.G.	65
Dolgova V.N.	44
Esimova B.C.	35
Iocek M.M.	73
Kim L.I.	43
Kazakova L.C.	43
Kogai L.C.	27
Inbaev N.V.	39
Markarova L.R.	47
Mihalko L.A.	56

Name	Age
Malitskaya G.	48
Avagyumova V.	40
Frolova M.	71
Kasimova M.	33

MH of Textile Factory

Name	Age
Apjanova V.I.	53
Zakipova D.A.	30
Kadipova D.R.	34
Ushakova E.L.	36
Shahmupova B.N.	34

MH of Rick Plant

Name	Age
Dumer N.N.	35
Nafikova F.Z.	62
Chevrenidi E.A.	53

Appendix 2.

List of Pharmacists.

Drugstore #	Name	Age
3	Maiiddinova Muborak Muhamedjanovna	26
3	Abdullaev Usuf Muratovich	32
3	Djuraev Bahrambek Mahmudovich	38
3	Mahmudova Mahfuza	51
6	Obidova Dilfuza Mirsaatovna	34
6	Usupova Uktam Gapurovna	40
12	Lutfullaeva Farida Alimovna	52
16	Sultanov M.S.	52
37	Rahmatova Dinara Shavkatovna	26
37	Tursunova Gulnora Sharipovna	31
37	Abdurahmanova Donohon Sotvoldievna	34
37	Neverova Nina Alekseevna	45
44	Efimkova Alla Vladimirovna	32
44	Mirabbarov Ibragim Ulchievich	37
44	Shukurov Temir Shaahmedovich	53
49	Asanova Rano Gafurovna	54
65	Golovcova L. A.	37
65	Abinov M.	39
65	Sharapova S.V.	41
65	Pulatov A.S.	57
65	Nafikova G.G.	58
65	Stroganova N.L.	66
75	Akbarova A.	38
75	Khakimhodjaeva G.T.	55
78	Altynbekova Sara Aldybergenovna	58
84	Sabitov A.	43
84	Karimov Anvar	52
89	Kayumov M.K.	60
89	Ishanhodjaeva M.	65
96	Atakuzieva Iroda Isakovna	30
96	Rasulova Nafisa Abdurahimovna	33
112	Sidikova Tajihan Vahabovna	40
113	Sabirov B.K.	27
113	Rahimberdieva G.O.	31
113	Abdullaeva Kh.	36
113	Kasymova F.A.	48
113	Asanov R.A.	58
119	Khakimova N.J.	49
119	Turabova M.Kh.	52
119	Karimova M.J.	52
123	Irgasheva Dilobar Ilhamovna	36
123	Sherembaev Abdukahhar Ganievich	39
125	Saidov Mirgies Abbasovich	38
147	Femina Irina Viktorovna	26

Drugstore #	Name	Age
147	Kadyrova Zuhra Vafadjanovna	36
147	Mahmudov Salih Kurbanovich	52
156	Shakirov Kh.S.	54
157	Ergashev Muhitdin Zaidinovich	32
159	Usubbaev Akramdjan Muhamidovich	22
159	Ibragimov Abdumalik	29

There are 168 drugstores in Tashkent. See the list of them below (drugstores were grouped by districts).

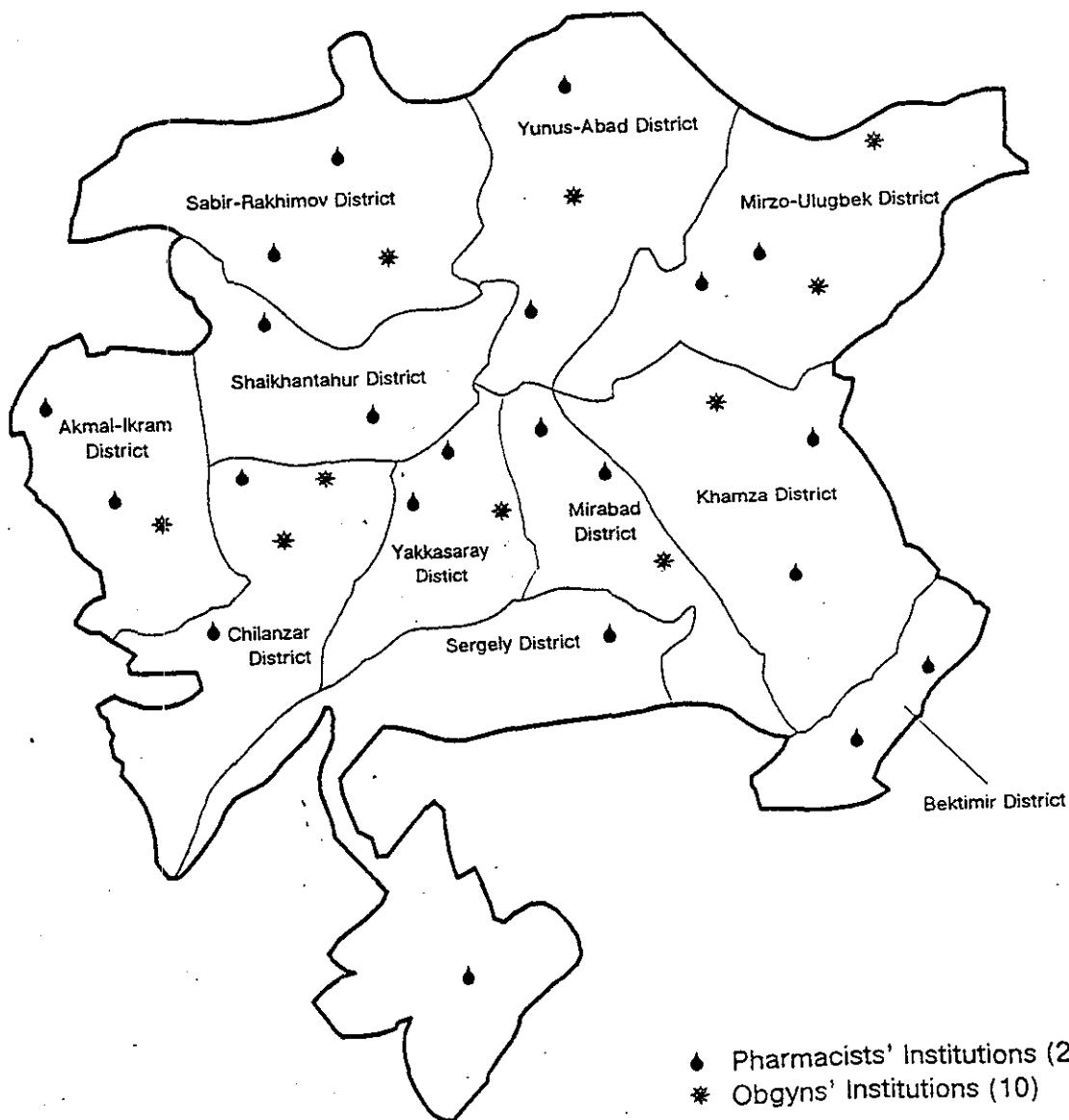
<i>Drugstore</i>	<i>District (Raion)</i>	<i>Employed Pharmacists</i>
N4	Mirabad	26
N13	Mirabad	8
N15	Mirabad	19
N24	Mirabad	2
N72	Mirabad	12
N78	Mirabad	5
N74	Mirabad	2
N93	Mirabad	2
N147	Mirabad	10
N8	Mirabad	3
N3	Yunus Abad	15
N20	Yunus Abad	6
N34	Yunus Abad	2
N45	Yunus Abad	2
N55	Yunus Abad	4
N66	Yunus Abad	3
N80	Yunus Abad	3
N81	Yunus Abad	5
N87	Yunus Abad	28
N97	Yunus Abad	3
N120	Yunus Abad	2
N123	Yunus Abad	5
N140	Yunus Abad	4
N146	Yunus Abad	3
N148	Yunus Abad	13
N163	Yunus Abad	3
N166	Yunus Abad	2
Special Store N6	Yunus Abad	2
N10	Chilanzar	15
N22	Chilanzar	7
N44	Chilanzar	9
N40	Chilanzar	24
N46	Chilanzar	2
N50	Chilanzar	3
N51	Chilanzar	1
N59	Chilanzar	25
N60	Chilanzar	2
N63	Chilanzar	7
N62	Chilanzar	5
N69	Chilanzar	10
N82	Chilanzar	4
N150	Chilanzar	2
N112	Chilanzar	3
N121	Chilanzar	2
N144	Chilanzar	6
N149	Chilanzar	7
N153	Chilanzar	4
N167	Chilanzar	7
N130	Chilanzar	4

<i>Drugstore</i>	<i>District (Raion)</i>	<i>Employed Pharmacists</i>
N37	Mirzo Ulugbek	15
N39	Mirzo Ulugbek	4
N48	Mirzo Ulugbek	2
N52	Mirzo Ulugbek	13
N58	Mirzo Ulugbek	14
N68	Mirzo Ulugbek	14
N73	Mirzo Ulugbek	24
N79	Mirzo Ulugbek	6
N102	Mirzo Ulugbek	2
N104	Mirzo Ulugbek	2
N108	Mirzo Ulugbek	7
N111	Mirzo Ulugbek	5
N114	Mirzo Ulugbek	2
N96	Mirzo Ulugbek	10
N117	Mirzo Ulugbek	9
N122	Mirzo Ulugbek	18
N124	Mirzo Ulugbek	2
N141	Mirzo Ulugbek	2
N168	Mirzo Ulugbek	2
N165	Mirzo Ulugbek	2
N143	Mirzo Ulugbek	2
N129	Mirzo Ulugbek	2
N 11	Sabir Rakhimov	2
N16	Sabir Rakhimov	6
N23	Sabir Rakhimov	4
N42	Sabir Rakhimov	8
N77	Sabir Rakhimov	25
N84	Sabir Rakhimov	9
N98	Sabir Rakhimov	8
N101	Sabir Rakhimov	2
N106	Sabir Rakhimov	8
N116	Sabir Rakhimov	6
N128	Sabir Rakhimov	5
N131	Sabir Rakhimov	3
N132	Sabir Rakhimov	7
N162	Sabir Rakhimov	1
N61	Sabir Rakhimov	3
N1	Yakkasaray	45
N14	Yakkasaray	25
N53	Yakkasaray	3
N113	Yakkasaray	21
N56	Yakkasaray	22
N156	Yakkasaray	3
Special N4	Yakkasaray	2
Special N5	Yakkasaray	2
N25	Sergely	9
N31	Sergely	3
N65	Sergely	24
N67	Sergely	5
N95	Sergely	9
N110	Sergely	2
N127	Sergely	3
N119	Sergely	11

<i>Drugstore</i>	<i>District (Raion)</i>	<i>Employed Pharmacists</i>
N157	Bektemir	2
N158	Bektemir	3
N159	Bektemir	10
N160	Bektemir	2
N161	Bektemir	2
N2	Khamza	14
N17	Khamza	3
N27	Khamza	3
N29	Khamza	7
N38	Khamza	17
N47	Khamza	4
N49	Khamza	2
N70	Khamza	2
N71	Khamza	7
N86	Khamza	2
N91	Khamza	2
N92	Khamza	2
N100	Khamza	2
N107	Khamza	2
N115	Khamza	2
N118	Khamza	8
N125	Khamza	2
N126	Khamza	3
N142	Khamza	2
N152	Khamza	6
N5	Shaikhantaur	4
N6	Shaikhantaur	8
N9	Shaikhantaur	2
N12	Shaikhantaur	3
N21	Shaikhantaur	2
N26	Shaikhantaur	2
N28	Shaikhantaur	2
N30	Shaikhantaur	6
N33	Shaikhantaur	19
N41	Shaikhantaur	4
N43	Shaikhantaur	3
N57	Shaikhantaur	3
N85	Shaikhantaur	2
N88	Shaikhantaur	19
N90	Shaikhantaur	2
N94	Shaikhantaur	10
N145	Shaikhantaur	9
N150	Shaikhantaur	46
N155	Shaikhantaur	9
N164	Shaikhantaur	3
N169	Shaikhantaur	3
Special N 1	Shaikhantaur	4
@ Central AB	Shaikhantaur	17
N7	Mirzo Ulugbek	20
N18	Mirzo Ulugbek	9
N19	Mirzo Ulugbek	11
N32	Mirzo Ulugbek	2
N35	Mirzo Ulugbek	10
N36	Mirzo Ulugbek	6

<i>Drugstore</i>	<i>District (Raion)</i>	<i>Employed Pharmacists</i>
N54	Akmal Ikramov	2
N64	Akmal Ikramov	2
N75	Akmal Ikramov	5
N76	Akmal Ikramov	8
N83	Akmal Ikramov	32
N99	Akmal Ikramov	10
N89	Akmal Ikramov	8
N103	Akmal Ikramov	2
N109	Akmal Ikramov	14
N151	Akmal Ikramov	2
N154	Akmal Ikramov	5
Special N2	Akmal Ikramov	2

GEOGRAPHICAL DISTRIBUTION OF THE SAMPLE SIGHTS



Appendix 3.

List of Interviewers.

Name	Phone	Interviews
Anna Gavrilenko	62-1649	29
Nazym Murtazin	46-9307	18
Dila Akbarova	93-3778	8
Natalia Shitova	77-5548	6
Margarita Vdovina	54-8067	10
Lida Tyamaeva	40-1939	24
Vera Zinovyeva		10
E. Lee		12
Nela Galieva	78-8224	10
Sveta Nikonova	98-2789	11
Natalia Peretrutova	24-5926	15
Luda Khafizova	24-1785	18
Lubov Matasova	41-0041	5
Luiza Topyldieva		12
Lubov Chupik	98-2654	3
N. Fedorovskaya		4
Natalia Terentieva	98-1146	5

Appendix 4

FAMILY HEALTH PROVIDERS SURVEY

PILOT RESULTS

Date of the pilot work: November 16-18, 1993

Number of interviews : 10

Area of speciality of the respondents: 9 gynecologists and 1 nurse (all female)

Ethnic background: 6 Russians, 2 Uzbeks, 1 other nationality

Years in the profession: average 21 years

Years in the area of speciality: average 18 years

Age: average 44 years

■ The survey instrument in general is successfully structured to gather the relative information regarding the knowledge levels of the health service providers.

The main concern about the instrument is the section concerning the private sector activities. Due to the fact that legal environment in which the private health service activities are to be evaluated or determined have not yet been clearly identified and service providers have not been actually informed fully as to the limits of the privatization process in the health sector in Uzbekistan, the respondents seemed hesitant to answer most of the questions in this sector. Only two of the respondents have stated that they see private patients. Only one of them has stated that she charges her patients for her services. The questions still stay the same.

The minor changes we have implemented in the instrument are as follows:

Section II

Q.13. It is better to jot down all the countries of origin that are mentioned as the brand names. That will be information for us to evaluate to find out about the imported materials also.

Q.23. Same concern as in Q.13 applies.

Q.28. Added to the choices are:

"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 (Please write....."

Q.30-31. Added to the choices are:

"Less than one month" 1

After one month 2

After two months 3

After three months 4

After six months 5

After one year 6

Do not advise 7

Do not know 8

Other

Section V

Q.42. First choice is changed as:

" Keep taking the pill for three months, or till the end of the period of the prescribed pill, and if the side effects do not go away return to doctor"

The rest of the choices stay the same.

Section VII

Q.65. Added to the choices is:

"No patients who come in with this sort of problem" 5
Other (Please write

Section X

Q.81. The question is changed as:

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

We would like to know the categories that the respondents desire training in, regardless of the fact if they have previously received training or not. Even if they have received training in the area, they might still be interested in learning more about the service.

■ Answers to the open ended or semi open ended questions are jot down in detail to enable thorough analysis.

■ In short the questionnaire still maintains the format previously provided since we have not come across to any handicaps.

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

K.9

- 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 clients visit you in this facility? (DO NOT READ CATEGORIES) (MULTIPLE ANSWERS POSSIBLE, MARK ALL INDICATED) (PROBE) What else?

K.10

Q.7 How many clients have you served in the past month? (RECORD THE EXACT NUMBER

K.11

_____ patients

Q.8 How many of these clients have you served for family planing proposes? (INTERVIEWER, DO NOT READ THE CHOICES, RECORD THE EXACT NUMBER, AND THEN CIRCLE IN THE RANGES ON YOUR OWN IF POSSIBLE)

K.12

_____ family health patients

Q.8a Do you require a prescription or note from a doctor to disperse a contraceptive?

K.13

- Yes 1
- No 2
- Depends on the contraceptive (specify) 3

Do you ever recommend contraceptives to your customers which ones?

III. METHODS RECOMMENDED

Q.9. What factors do you consider important when recommending a particular contraceptive method? (PROBE) What else? Anything else?

K.14

Q.10a. Assuming all methods were available for families to control their family size, which methods would you recommend for most people who would like to delay or space their next birth?

(DO NOT READ, RECORD BELOW UNDER K.15) (MULTIPLE ANSWERS POSSIBLE)

Q.10b. Which methods would you recommend for most people who would like to have no more children?

(DO NOT READ, RECORD BELOW UNDER K 16) (MULTIPLE ANSWERS POSSIBLE)

Q.10c. Which methods would you never recommend?

(DO NOT READ, RECORD BELOW UNDER K 17) (MULTIPLE ANSWERS POSSIBLE)

(CIRCLE ALL RESPONSES MENTIONED FOR EACH QUESTION. DON'T READ LIST OF METHODS BUT PROMPT BY ASKING: ANY OTHER METHODS)

	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

Do they sell contraceptives? which methods? 4

Q.11 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		DIFFICULT TO OBTAIN	EASY TO OBTAIN	RECENT PRICE YOU PAID PER UNIT	RECENT PRICE CLIENT PAID PER UNIT
Abortion supplies					
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	-----	-----
Contraceptives					
IUDs (types)					
_____	K.26	1	2	-----	-----
_____	K.27	1	2	-----	-----
PILLS (types)					
_____	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.11a. 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 Causes 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.11b. Do you recommend the IUD to your patients?

K.43

Yes, I do 1 — GO TO Q.13

No, I do not 2 — CONTINUE WITH Q.12a

Q.12a. 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.12b. 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 | } GO TO Q 21 |
| If I receive more/better information on it | 3 | |
| If it did not have so many side effects | 4 | |
| If a reliable source of obtaining existed | 5 | |
| DO NOT KNOW | 6 | |
| Other(Please specify.....) | | |

IF 12 B IS ANSWERED, GO TO SECTION V. PILL KNOWLEDGE/ATTITUDES/PRACTICE Q.21

Q.13. What do you like about the IUD that makes you recommend it to your clients? (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.14. Which physical, medical or other reasons would stop you from recommending 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)..... | |

Q.15. Do you have IUDs for sale here right now? (IF THE ANSWER IS YES PLEASE ASK TO SEE THE PRODUCT)

- | | | | |
|-----|------|-----------------|------------------------------|
| | K.48 | | K.49 |
| Yes | 1 | GO TO K.49----- | could show the product 1 |
| No | 2 | GO TO Q.16 | could not show the product 2 |

Q.16 How many IUDs have you sold in the last three months? (TRY TO GET A CLOSE ENOUGH EXACT NUMBER)

K.50

_____ IUDS

Q.17. On the average, about how long do you recommend that an IUD be left in place before removal?

- K.51
- 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

Q.18. For what reasons do you recommend removal of an IUD? (DO NOT READ CATEGORIES) (PROBE) Any other reasons? (CIRCLE ALL RESPONSES GIVEN)

- K.52
- 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

Q.19. What are the problems, if any, a patient may experience with an IUD? (DO NOT READ AND CIRCLE ALL RESPONSES GIVEN).

- K.53
- 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.20. What is your source for obtaining the IUD you use/sell most often? (READ ALL CHOICES AND CIRCLE ALL MENTIONED)

- K.54
- 1
- 2
- 3
- 4
- 5

Q.24 What do you like about the pill that makes you recommend it to your patients? (DO NOT READ LIST. PROBE) What else? (MARK ALL ANSWERS GIVEN)

- K.69
- 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.25 How many women have you sold the pill in the past three months? (RECORD THE EXACT NUMBER)

K.70
_____ women

Q.26. How many cycles of pills do you usually sell to a woman at the first visit?

- K.71
- one cycle 1
- two-three cycles 2
- four-six cycles 3
- seven or more cycles 4

Q.27. How many cycles of pills do you usually sell to a woman at the second visit?

- K.72
- one cycle 1
- two-three cycles 2
- four-six cycles 3
- seven or more cycles 4

Q.28. When selling 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.73
- 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.29. 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.74
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.30. 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.75
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 SAYS, BUT NOT MENTIONED ABOVE) _____

Q.31. What types of questions do your clients most frequently ask about oral contraceptives? (PROBE.) What else? Anything else?

	K.76
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) _____

Q.32. For what major problems should a pill user go back to her doctor for? (DO NOT READ THE CHOICES. PROBE.) Any other problems? What else? (CIRCLE ALL MENTIONED.)

- | | |
|--|------|
| | K.77 |
| 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.33. Do you sell pills here now? (IF THE ANSWER IS YES, ASK TO SEE THE PRODUCT. MARK THE BRAND AND THE ESTROGIN-PROGESTIN CONTENT)

- | | | |
|-----|---------------------------------------|------------------------|
| | K.78 | K.79 |
| Yes | 1 <input type="checkbox"/> GO TO K.79 | Brand name and content |
| No | 2 <input type="checkbox"/> GO TO Q.34 | _____ |

Q.34. What is your major source for obtaining the pills you dispense? (READ ALL CHOICES)

K.80

VI INJECTABLE CONTRACEPTIVE KNOWLEDGE/ATTITUDES/PRACTICES

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

Q.35. How familiar are you with the injection as a contraceptive method? Would you say(READ THE CATEGORIES)

- | | |
|---------------------|---|
| | K.81 |
| Very familiar | 1 <input type="checkbox"/> CONTINUE WITH Q 36 |
| Somewhat familiar | 2 <input type="checkbox"/> |
| Not at all familiar | 3 <input type="checkbox"/> GO TO Q 37 |

Q.36. Where did you learn what you know about the injectable contraceptive? K.82

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.37. The injectible contraceptive can cause amenorhea or absence of menstruation in women users. How acceptable do you think this would be to your female clients? (READ CATEGORIES, MARK ONLY ONE ANSWER)

K.83

Acceptable, not a problem
Only somewhat acceptable
Not at all familiar

1 GO TO 392 3 CONTINUE WITH Q 38

Q.38. Why would this not be acceptable or be only somewhat acceptable to your clients? (WRITE DOWN ALL THE REMARKS OF THE RESPONDENT)

K.84

Q.39. 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 clients?

K.85

Acceptable, not a problem
Only somewhat acceptable
Not at all familiar

1 GO TO Q 412 3 CONTINUE WITH Q 40

Q.40. Why would this not be acceptable or be only somewhat acceptable to your patients? (WRITE DOWN ALL THE REMARKS OF THE RESPONDENT)

K.86

Q.41. Taking into consideration that one shot of the injectible contraceptive offers three months of protection, what price do you think your clients would be willing to pay for one injection and the injection fee?

K.87

_____ roubles

Q.42. Are you trained to give an injection?

K.88

Yes, I am 1

No, I am not 2

Q.43. Do you give injections for any reasons?

K.89

Please specify

Yes I do 1 GO TO K.90 _____ K.90No I do not 2 GO TO Q.44 _____

Q.44. Would you recommend the injectable contraceptive to your clients and inject it if it were available in Uzbekistan?

K.91

- Yes. I would 1 GO TO Q 46
 No. I would not 2
 I don't know 3 CONTINUE WITH Q 45

Q.45. Why would you not recommend the injectable contraceptive to your clients if it were available?

K.92

- Not effective 1
 Causes amenorrhea 2
 Causes painful menstruation 3
 Causes excessive bleeding 4
 Causes irregular bleeding 5
 Causes negative side effects 6 GO TO Q 47
 Don't know enough about it 7
 Hormonal methods inappropriate for
 Uzbek population 8
 Don't know 9
 Other (Please specify.....)

Q.46. 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.93

- 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.....)

VII. VOLUNTARY SURGICAL CONTRACEPTIVE KNOWLEDGE, ATTITUDES, PRACTICES

Now I would like to ask you a couple of questions about voluntary surgical contraception methods.

Q.47. Under what circumstances do you think that a woman have a tubal ligation? (WRITE DOWN ALL THE REMARKS OF THE RESPONDENT)

K.94

Q.48. Under what circumstances do you recommend that a man have a vasectomy? (WRITE DOWN ALL THE REMARKS OF THE RESPONDENT)

K.95

ASK ALL REpondENTS

Q.49. 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.96	1	2	3	4	5
A man cannot do heavy work after he has a vasectomy	K.97	1	2	3	4	5
After a vasectomy, a man can still have sex as much as before	K.98	1	2	3	4	5
After voluntary surgical contraception, there is no harm to a man's or woman's health	K.99	1	2	3	4	5
Tubal ligation, vasectomy decreases a person's sex drive	K.100	1	2	3	4	5
Following the operation the method has the least side effects	K.101	1	2	3	4	5
Vasectomy is similar to castration	K.102	1	2	3	4	5
Many people fear of the method because of the operation	K.103	1	2	3	4	5

VIII. NORPLANT KNOWLEDGE AND ATTITUDES

Q.50. How familiar are you with a new contraceptive called Norplant? Would you say you are..... (READ CATEGORIES)

K.104

Very familiar	1 <input type="checkbox"/>	CONTINUE WITH Q.51
Somewhat familiar	2 <input type="checkbox"/>	
Not at all familiar	3 <input type="checkbox"/>	GO TO THE DESCRIPTION OF NORPLANT BEFORE Q.52

Q.51. Where did you learn what you know about Norplant?
(RECORD ALL REMARKS OF THE RESPONDENT)

K.105

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.52. Would you recommend Norplant to your clients if it were available in Uzbekistan?

K.106

Yes	1
No	2
Do not know	3

Q.53. Taking into consideration that one insertion of 6 Norplant rods offer five years of protection, what price do you think your clients would be willing to pay for the Norplant product and the insertion fee?

K.107.

_____ roubles

IX ABORTION KNOWLEDGE, ATTITUDES, PRACTICES

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

Q.54. 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...

		<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>
Repeated abortions are safe and do not impair a woman's fertility	K.108	1	2	3	4	5
My clients would like to have an alternative to abortion	K.109	1	2	3	4	5
The best technique for abortion is Dilation and Curettage.	K.110	1	2	3	4	5
The best technique for abortion is vacuum aspiration	K.111	1	2	3	4	5
The best technique for abortion is using Karman syringe	K.112	1	2	3	4	5
Abortions should always be accompanied with contraceptive counselling	K.113	1	2	3	4	5
Abortions are often performed without anesthesia	K.114	1	2	3	4	5
Abortions are often performed without antibiotics	K.115	1	2	3	4	5
It is not the pharmacist's responsibility to counsel a woman about contraception	K.116	1	2	3	4	5
My clients prefer abortion	K.117	1	2	3	4	5

Q.55. What advice do you give to women about abortion? (PROBE) Anything else? (RECORD ALL REMARKS MADE BY THE RESPONDENT)

K.118

XI. TRAINING

Q.56. 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.119	1	2	
Oral contraceptives	K.120	1	2	
IUDs	K.121	1	2	
Tubal ligation	K.122	1	2	
Vasectomy	K.123	1	2	
Condoms	K.124	1	2	
Female barrier methods	K.125	1	2	
Injections	K.126	1	2	
Norplant	K.127	1	2	
Rhytem (natural method)	K.128	1	2	NO ANSWER
Other (Specify.....)	K.129.....	1.....	2.....	3.....

Q.57. 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.130	1	2	
Oral contraceptives	K.131	1	2	
IUDs	K.132	1	2	
Tubal ligation	K.133	1	2	
Vasectomy	K.134	1	2	
Condoms	K.135	1	2	
Female barrier methods	K.136	1	2	
Injections	K.137	1	2	
Norplant	K.138	1	2	
Rhytem	K.139	1	2	NO ANSWER
Other (Specify.....)	K.140.....	1.....	2.....	3.....

Q.58. Would you be willing to participate in a network in which you would be identified as a family health specialist by a logo/symbol (such as poster, sticker etc.) placed in your office?

	K.141
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 clients to be persons who come to you for medical services in a location other than your official one, and pay you directly for the products they purchase.

Q.59. Do you sell products to private clients outside the pharmacy where you usually work?

- | | | |
|------------|-------|--------------------|
| | K.142 | |
| Yes | 1 | GO TO Q.61 |
| No | 2 | |
| Don't know | 3 | CONTINUE WITH Q.60 |

Q.60. Why do you not sell products to private clients? (DO NOT READ LIST AND MARK ALL RESPONSES)

- | | |
|---|-------|
| | K.143 |
| People will not pay for my products | 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 sell products | 5 |
| I have no money to buy any products to sell | 6 |
| Other (Please write.....) | |

ASK ALL RESPONDENTS

Q.61. Why do you think that private clients would want to get services from a private pharmacy instead of Pharmatsia? (MULTIPLE ANSWERS ALLOWED)

- | | |
|---------------------------|-------|
| | K.144 |
| More privacy | 1 |
| Shorter waiting time | 2 |
| Personal attention | 3 |
| Longer hours open | 4 |
| Higher quality products | 5 |
| Other (Please write.....) | |

Q.62. What would be the most helpful in assisting you in starting a private pharmacy? (ONLY ONE ANSWER) (DO NOT READ THE CHOICES)

- | | |
|--|-------|
| | K.145 |
| Support of colleagues also starting a private practice | 1 |
| Shared space where I could sell to clients | 2 |
| Training to set up such a business | 3 |
| A private professional association | 4 |
| I am not interested | 5 |
| Other | 6 |

Q.63. How often do pharmaceutical company representatives visit you for any purpose? (READ ALL CHOICES. ONLY ONE ANSWER)

	K.146	
Frequently	1] CONTINUE WITH Q.64
Occasionally	2	
Rarely	3	
Never	4] GO TO Q.67
Don't know (DO NOT READ)	5	

Q.64. What is the pharmaceutical company whose representatives visit you the most frequently?

K.147

Q.65. How often do any of the pharmaceutical company representatives who visit you provide you with information about their contraceptive products? Would you say..... (READ ALL CATEGORIES)

	K.148
Frequently	1
Occasionally	2
Rarely	3
Never	4
Don't know (DO NOT READ)	5

Q.66. Has a pharmaceutical company ever offered you a gift or monetary incentive for promoting their product?

	K.149
Yes	1
No	2

Q.67. Would you be interested in participating in an incentive program with a pharmaceutical company?

	K.150
Yes	1
No	2
Other.....	

Q.68. Ethnic background

	K.151
Uzbek	1
Russian	2
Other	3

Q.69. For how long have you been practically working in the field of medicine?

K.152
_____ years

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

T:	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	1.8	-	-	-	-	-	-	-	-	-	-	-	-	-	-
T:	53	53	53	53	53	67	53	53	53	66	104	70	72	53	53	53	53	53	53	53	53
B:	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53

Frequency List (Pharmacists)

	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
1 :	32	26	37	33	28	41	39	27	2	11	2	15	2	-	8	30	1	39	1	3	30
2 :	60.4	49.1	69.8	62.3	52.0	77.4	73.6	50.9	3.8	20.8	3.8	28.3	3.8	-	15.1	56.6	1.9	73.6	4.8	16.7	30.6
3 :	8	6	15	12	25	1	2	9	3	4	4	15	3	-	7	3	2	14	3	5	7
4 :	15.1	11.3	28.3	22.6	47.2	1.9	3.8	17.0	5.7	7.5	7.5	28.3	5.7	-	13.2	5.7	3.8	26.4	14.3	27.8	7.1
5 :	13	21	1	8	-	11	12	17	17	16	19	9	21	22	2	3	11	-	1	3	5
6 :	24.5	39.6	1.9	15.1	-	20.8	22.6	32.1	32.1	30.2	35.8	17.0	39.6	41.5	3.8	5.7	20.8	-	4.8	16.7	5.1
7 :	-	-	-	-	-	-	-	-	22	9	25	8	12	20	2	10	36	-	4	5	13
8 :	-	-	-	-	-	-	-	-	41.5	17.0	47.2	15.1	22.6	37.7	3.8	18.9	67.9	-	19.0	27.8	13.3
9 :	-	-	-	-	-	-	-	-	9	13	3	6	15	11	34	7	3	-	1	1	7
A :	-	-	-	-	-	-	-	-	17.0	24.5	5.7	11.3	28.3	20.8	64.2	13.2	5.7	-	4.8	5.6	7.1
B :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	6
C :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4.8	5.6	6.1
D :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	14
E :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4.8	-	14.3
F :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	5
G :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9.5	-	5.1
H :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	9
I :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	19.0	-	9.2
J :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	1
K :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9.5	-	1.0
L :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
M :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4.8	-	1.0
N :	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	21	18	98
O :	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	14	14	39

Frequency List (Pharmacists)

	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67
1 :	8	-	-	5	1	26	1	20	13	6	7	6	1	4	6	7	3	12	11	-	35
	9.2	-	-	12.8	2.6	26.8	1.2	37.0	24.5	11.3	13.2	11.3	1.9	7.5	11.3	13.2	5.7	22.6	20.8	-	66.0
2 :	16	39	-	34	3	13	1	8	22	3	4	6	-	6	4	4	3	4	1	7	18
	18.4	100.0	-	87.2	7.7	13.4	1.2	14.8	41.5	5.7	7.5	11.3	-	11.3	7.5	7.5	5.7	7.5	1.9	13.2	34.0
3 :	11	-	-	-	5	11	27	1	6	14	11	19	19	15	14	6	13	23	19	8	-
	12.6	-	-	-	12.8	11.3	33.7	1.9	11.3	26.4	20.8	35.8	35.8	28.3	26.4	11.3	24.5	43.4	35.8	15.1	-
4 :	8	-	-	-	17	9	13	7	9	10	10	15	31	23	8	6	19	9	5	24	-
	9.2	-	-	-	43.6	7.3	16.2	13.0	17.0	18.9	18.9	28.3	58.5	43.4	15.1	11.3	35.8	17.0	9.4	45.3	-
5 :	5	-	-	-	3	27	8	5	3	20	21	7	2	5	21	30	15	5	17	14	-
	5.7	-	-	-	7.7	27.8	10.0	9.3	5.7	37.7	39.6	13.2	3.8	9.4	39.6	56.6	28.3	9.4	32.1	26.4	-
6 :	9	-	-	-	8	3	3	3	-	-	-	-	-	-	-	-	-	-	-	-	-
	10.3	-	-	-	20.5	3.1	3.7	5.6	-	-	-	-	-	-	-	-	-	-	-	-	-
7 :	15	-	-	-	-	1	12	9	-	-	-	-	-	-	-	-	-	-	-	-	-
	17.2	-	-	-	-	1.0	15.0	16.7	-	-	-	-	-	-	-	-	-	-	-	-	-
8 :	4	-	-	-	1	2	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-
	4.6	-	-	-	2.6	2.1	3.7	1.9	-	-	-	-	-	-	-	-	-	-	-	-	-
9 :	2	-	-	-	-	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	2.3	-	-	-	-	1.0	3.7	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A :	1	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.1	-	-	-	2.6	1.0	1.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B :	1	-	-	-	-	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.1	-	-	-	-	2.1	1.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C :	1	-	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.1	-	-	-	-	1.0	2.5	-	-	-	-	-	-	-	-	-	-	-	-	-	-
D :	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.1	-	-	-	-	-	1.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
E :	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.1	-	-	-	-	-	1.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
F :	1	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.1	-	-	-	-	-	2.5	-	-	-	-	-	-	-	-	-	-	-	-	-	-
G :	2	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	2.3	-	-	-	-	-	1.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
H :	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
I :	87	39	-	39	39	97	80	84	53	53	53	53	53	53	53	53	53	53	53	53	53
J :	39	39	-	39	39	39	39	39	53	53	53	53	53	53	53	53	53	53	53	53	53

Frequency List (Pharmacists)

	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88
1 :	1	16	11	24	3	24	2	5	18	1	12	6	22	2	1	23	8	26	11	2	38
	3.3	26.2	31.4	68.6	8.6	38.7	2.5	10.6	25.4	1.8	34.3	27.3	57.9	3.8	9.1	43.4	23.5	49.1	39.3	3.8	71.7
2 :	13	6	3	10	19	7	19	25	11	5	23	8	2	8	5	15	2	11	2	2	15
	43.3	9.8	8.6	28.6	54.3	11.3	23.7	53.2	15.5	8.9	65.7	36.4	5.3	15.1	45.5	28.3	5.9	20.8	7.1	3.8	28.3
3 :	1	17	1	-	11	5	15	5	13	13	-	1	1	43	2	15	1	16	2	3	-
	3.3	27.9	2.9	-	31.4	8.1	18.8	10.6	18.3	23.2	-	4.5	2.6	81.1	18.2	28.3	2.9	30.2	7.1	5.7	-
4 :	5	6	1	1	2	7	7	12	16	1	-	4	1	-	2	-	10	-	1	11	-
	16.7	9.8	2.9	2.9	5.7	11.3	8.7	25.5	22.5	1.8	-	18.2	2.6	-	18.2	-	29.4	-	3.6	20.8	-
5 :	2	9	2	-	-	8	13	-	5	7	-	1	1	-	1	-	1	-	1	1	-
	6.7	14.8	5.7	-	-	12.9	16.2	-	7.0	12.5	-	4.5	2.6	-	9.1	-	2.9	-	3.6	1.9	-
6 :	2	1	2	-	-	4	8	-	2	5	-	1	7	-	-	-	1	-	1	7	-
	6.7	1.6	5.7	-	-	6.5	10.0	-	2.8	8.9	-	4.5	18.4	-	-	-	2.9	-	3.6	13.2	-
7 :	2	1	1	-	-	1	2	-	1	3	-	1	1	-	-	-	2	-	1	3	-
	6.7	1.6	2.9	-	-	1.6	2.5	-	1.4	5.4	-	4.5	2.6	-	-	-	5.9	-	3.6	5.7	-
8 :	-	1	1	-	-	4	1	-	1	2	-	-	1	-	-	-	1	-	1	1	-
	-	1.6	2.9	-	-	6.5	1.2	-	1.4	3.6	-	-	2.6	-	-	-	2.9	-	3.6	1.9	-
9 :	1	1	1	-	-	2	2	-	1	3	-	-	2	-	-	-	1	-	3	3	-
	3.3	1.6	2.9	-	-	3.2	2.5	-	1.4	5.4	-	-	5.3	-	-	-	2.9	-	10.7	5.7	-
A :	2	2	6	-	-	-	1	-	3	1	-	-	-	-	-	-	1	-	3	4	-
	6.7	3.3	17.1	-	-	-	1.2	-	4.2	1.8	-	-	-	-	-	-	2.9	-	10.7	7.5	-
B :	1	1	2	-	-	-	1	-	-	1	-	-	-	-	-	-	2	-	2	2	-
	3.3	1.6	5.7	-	-	-	1.2	-	-	1.8	-	-	-	-	-	-	5.9	-	7.1	3.8	-
C :	-	-	1	-	-	-	1	-	-	1	-	-	-	-	-	-	2	-	-	5	-
	-	-	2.9	-	-	-	1.2	-	-	1.9	-	-	-	-	-	-	5.9	-	-	9.4	-
D :	-	-	1	-	-	-	1	-	-	1	-	-	-	-	-	-	2	-	-	1	-
	-	-	2.9	-	-	-	1.2	-	-	1.8	-	-	-	-	-	-	5.9	-	-	1.9	-
E :	-	-	1	-	-	-	1	-	-	3	-	-	-	-	-	-	-	-	-	8	-
	-	-	2.9	-	-	-	1.2	-	-	5.4	-	-	-	-	-	-	-	-	-	15.1	-
F :	-	-	1	-	-	-	1	-	-	2	-	-	-	-	-	-	-	-	-	-	-
	-	-	2.9	-	-	-	1.2	-	-	3.6	-	-	-	-	-	-	-	-	-	-	-
G :	-	-	-	-	-	-	1	-	-	7	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	1.2	-	-	12.5	-	-	-	-	-	-	-	-	-	-	-
H :	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	1.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
I :	-	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	3.7	-	-	-	-	-	-	-	-	-	-	-	-	-	-
T :	50	61	35	35	35	62	80	47	71	56	35	22	38	53	11	55	34	53	28	53	53
B :	18	35	35	35	35	35	35	35	35	35	35	12	35	53	10	53	30	53	27	53	53

Frequency List (Pharmacists)

	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109
1 :	29	4	42	1	11	11	6	2	6	4	16	6	9	6	1	-	4	36	2	36	-
	54.7	11.8	79.2	5.9	14.9	14.9	10.9	3.8	11.3	7.5	30.2	11.3	17.0	11.3	1.9	-	66.7	67.9	3.8	67.9	-
2 :	24	1	8	1	8	21	2	-	2	5	8	1	13	2	-	5	1	8	2	8	2
	45.3	2.9	15.1	5.9	10.8	28.4	3.6	-	3.8	9.4	15.1	1.9	24.5	3.8	-	9.4	16.7	15.1	3.8	15.1	5.9
3 :	-	3	3	1	5	1	1	9	15	9	10	12	9	9	5	48	1	9	4	4	10
	-	8.8	5.7	5.9	6.8	1.4	1.8	17.0	28.3	17.0	18.9	22.6	17.0	17.0	9.4	90.6	16.7	17.0	7.5	7.5	18.9
4 :	-	1	-	2	2	4	1	32	15	13	9	12	9	15	40	-	-	-	2	4	38
	-	2.9	-	11.8	2.7	5.4	1.8	60.4	28.3	24.5	17.0	22.6	17.0	28.3	75.5	-	-	-	3.8	7.5	71.7
5 :	-	1	-	1	3	1	2	10	15	22	10	22	13	21	7	-	-	-	2	1	3
	-	2.9	-	5.9	4.1	1.4	3.6	18.9	28.3	41.5	18.9	41.5	24.5	39.6	13.2	-	-	-	3.8	1.9	5.7
6 :	-	9	-	4	3	3	2	-	-	-	-	-	-	-	-	-	-	-	1	-	-
	-	26.5	-	23.5	4.1	4.1	3.6	-	-	-	-	-	-	-	-	-	-	-	1.9	-	-
7 :	-	15	-	1	35	2	3	-	-	-	-	-	-	-	-	-	-	-	1	-	-
	-	44.1	-	5.9	47.3	2.7	5.9	-	-	-	-	-	-	-	-	-	-	-	1.9	-	-
8 :	-	-	-	3	1	1	3	-	-	-	-	-	-	-	-	-	-	-	10	-	-
	-	-	-	17.6	1.4	1.4	5.5	-	-	-	-	-	-	-	-	-	-	-	18.9	-	-
9 :	-	-	-	1	2	4	3	-	-	-	-	-	-	-	-	-	-	-	1	-	-
	-	-	-	5.9	2.7	5.4	5.5	-	-	-	-	-	-	-	-	-	-	-	1.9	-	-
A :	-	-	-	1	1	7	5	-	-	-	-	-	-	-	-	-	-	-	10	-	-
	-	-	-	5.9	1.4	9.5	9.1	-	-	-	-	-	-	-	-	-	-	-	18.9	-	-
B :	-	-	-	1	1	4	2	-	-	-	-	-	-	-	-	-	-	-	2	-	-
	-	-	-	5.9	1.4	5.4	3.6	-	-	-	-	-	-	-	-	-	-	-	3.8	-	-
C :	-	-	-	-	1	3	3	-	-	-	-	-	-	-	-	-	-	-	2	-	-
	-	-	-	-	1.4	4.1	5.5	-	-	-	-	-	-	-	-	-	-	-	3.8	-	-
D :	-	-	-	-	1	1	2	-	-	-	-	-	-	-	-	-	-	-	1	-	-
	-	-	-	-	1.4	1.4	3.6	-	-	-	-	-	-	-	-	-	-	-	1.9	-	-
E :	-	-	-	-	-	1	20	-	-	-	-	-	-	-	-	-	-	-	1	-	-
	-	-	-	-	-	1.4	36.4	-	-	-	-	-	-	-	-	-	-	-	1.9	-	-
F :	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-
	-	-	-	-	-	1.4	-	-	-	-	-	-	-	-	-	-	-	-	3.8	-	-
G :	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-
	-	-	-	-	-	4.1	-	-	-	-	-	-	-	-	-	-	-	-	3.8	-	-
H :	-	-	-	-	-	6	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
	-	-	-	-	-	8.1	-	-	-	-	-	-	-	-	-	-	-	-	1.9	-	-
I :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13.2	-	-
T :	53	54	53	17	74	74	55	53	53	53	53	53	53	53	53	53	6	53	53	53	53
B :	53	29	53	11	42	53	53	53	53	53	53	53	53	53	53	53	5	53	53	53	53

Frequency List (Pharmacists)

	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130
1 :	8	13	6	-	7	3	21	36	17	8	20	16	6	3	25	13	-	1	16	-	40
	15.1	24.5	11.3	-	13.2	5.7	39.6	67.9	23.9	15.1	37.7	30.2	11.3	5.7	47.2	24.5	-	1.9	30.2	-	75.5
2 :	7	6	6	1	12	4	10	5	5	45	33	37	47	50	28	40	53	52	37	21	13
	13.2	11.3	11.3	1.9	22.6	7.5	18.9	9.4	7.0	84.9	62.3	69.8	88.7	94.3	52.8	75.5	100.0	98.1	69.8	39.6	24.5
3 :	7	6	14	3	5	12	6	4	2	-	-	-	-	-	-	-	-	-	-	32	-
	13.2	11.3	26.4	5.7	9.4	22.6	11.3	7.5	2.8	-	-	-	-	-	-	-	-	-	-	-	60.4
4 :	15	8	5	46	16	22	16	2	11	-	-	-	-	-	-	-	-	-	-	-	-
	28.3	15.1	9.4	86.8	30.2	41.5	30.2	3.8	15.5	-	-	-	-	-	-	-	-	-	-	-	-
5 :	16	20	22	3	13	12	-	6	11	-	-	-	-	-	-	-	-	-	-	-	-
	30.2	37.7	41.5	5.7	24.5	22.6	-	11.3	15.5	-	-	-	-	-	-	-	-	-	-	-	-
6 :	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	1.4	-	-	-	-	-	-	-	-	-	-	-	-
7 :	-	-	-	-	-	-	-	-	6	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	8.5	-	-	-	-	-	-	-	-	-	-	-	-
8 :	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	1.4	-	-	-	-	-	-	-	-	-	-	-	-
9 :	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	1.4	-	-	-	-	-	-	-	-	-	-	-	-
A :	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	1.4	-	-	-	-	-	-	-	-	-	-	-	-
B :	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	1.4	-	-	-	-	-	-	-	-	-	-	-	-
C :	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	1.4	-	-	-	-	-	-	-	-	-	-	-	-
D :	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	2.8	-	-	-	-	-	-	-	-	-	-	-	-
E :	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	1.4	-	-	-	-	-	-	-	-	-	-	-	-
F :	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	2.8	-	-	-	-	-	-	-	-	-	-	-	-
G :	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	1.4	-	-	-	-	-	-	-	-	-	-	-	-
H :	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	2.8	-	-	-	-	-	-	-	-	-	-	-	-
I :	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	4.2	-	-	-	-	-	-	-	-	-	-	-	-
J :	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	2.8	-	-	-	-	-	-	-	-	-	-	-	-
T :	53	53	53	53	53	53	53	53	71	53	53	53	53	53	53	53	53	53	53	53	53
B :	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53

Frequency List (Pharmacists)

	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151
1 :	31	29	22	23	21	29	42	42	23	-	43	9	7	4	11	2	5	-	10	47	42
	58.5	54.7	41.5	43.4	39.6	54.7	79.2	79.2	43.4	-	81.1	17.0	9.3	4.0	11.8	3.8	15.2	-	58.8	88.7	79.2
2 :	22	24	31	30	32	24	11	11	30	22	6	43	29	19	15	7	6	1	7	6	7
	41.5	45.3	58.5	56.6	60.4	45.3	20.8	20.8	56.6	41.5	11.3	81.1	38.7	18.3	16.1	13.2	18.2	5.9	41.2	11.3	13.2
3 :	-	-	-	-	-	-	-	-	-	31	4	1	10	25	22	8	1	6	-	-	4
	-	-	-	-	-	-	-	-	-	58.5	7.5	1.9	13.3	25.7	23.7	15.1	3.0	35.3	-	-	7.5
4 :	-	-	-	-	-	-	-	-	-	-	-	-	11	4	15	34	1	10	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	14.7	4.0	16.1	64.2	3.0	58.8	-	-	-
5 :	-	-	-	-	-	-	-	-	-	-	-	-	13	24	4	2	1	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	17.3	23.8	4.3	3.8	3.0	-	-	-	-
6 :	-	-	-	-	-	-	-	-	-	-	-	-	2	14	25	-	1	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	2.7	13.9	28.0	-	3.0	-	-	-	-
7 :	-	-	-	-	-	-	-	-	-	-	-	-	2	6	-	-	1	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	2.7	5.9	-	-	3.0	-	-	-	-
8 :	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	2	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	1.3	1.0	-	-	6.1	-	-	-	-
9 :	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	1	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	2.0	-	-	3.0	-	-	-	-
A :	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	1.0	-	-	3.0	-	-	-	-
B :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.0	-	-	-	-
C :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6.1	-	-	-	-
D :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.0	-	-	-	-
E :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.0	-	-	-	-
F :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.0	-	-	-	-
G :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.0	-	-	-	-
H :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.0	-	-	-	-
I :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15.2	-	-	-	-
T :	53	53	53	53	53	53	53	53	53	53	53	53	75	101	73	53	33	17	17	53	53
B :	53	53	53	53	53	53	53	53	53	53	53	53	44	53	53	53	17	17	17	53	53

Frequency List (Pharmacists)

	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172
I :	3	1	3	8	4	6	2	1	5	1	1	1	1	2	1	1	2	7	4	2	2
2 :	5.7	1.9	5.7	15.1	7.5	11.3	3.8	1.9	9.4	1.9	1.9	1.9	1.9	3.8	1.9	1.9	3.8	13.2	7.5	3.8	3.8
3 :	2	1	1	1	1	1	2	2	1	2	3	1	1	3	2	2	1	1	3	1	4
4 :	3.8	1.9	1.9	1.9	1.9	1.9	3.8	3.8	1.9	3.8	5.7	1.9	1.9	5.7	3.8	3.8	1.9	1.9	5.7	1.9	7.5
5 :	2	2	1	2	2	1	1	1	2	2	3	1	1	2	2	2	1	2	2	4	47
6 :	3.8	3.8	1.9	3.8	3.8	1.9	1.9	1.9	3.8	3.8	5.7	1.9	1.9	3.8	3.8	3.8	1.9	3.8	3.8	7.5	88.7
7 :	3	3	4	1	2	2	4	3	1	3	1	1	2	1	2	1	49	16	4	46	-
8 :	5.7	5.7	7.5	1.9	3.8	3.8	7.5	5.7	1.9	5.7	1.9	1.9	3.8	1.9	3.8	1.9	92.5	30.2	7.5	86.8	-
9 :	2	1	7	1	1	2	5	3	2	1	1	2	37	2	3	1	-	12	5	-	-
A :	3.8	1.9	13.2	1.9	1.9	3.8	9.4	5.7	3.8	1.9	1.9	3.8	69.8	3.8	5.7	1.9	-	22.6	9.4	-	-
B :	4	2	1	1	3	1	6	2	33	1	1	2	11	1	3	2	-	3	6	-	-
C :	7.5	3.8	1.9	1.9	5.7	1.9	11.3	3.8	62.3	1.9	1.9	3.8	20.8	1.9	5.7	3.8	-	5.7	11.3	-	-
D :	1	2	1	4	1	1	3	1	9	1	3	36	-	2	1	44	-	1	2	-	-
E :	1.9	3.8	1.9	7.5	1.9	1.9	5.7	1.9	17.0	1.9	5.7	67.9	-	3.8	1.9	83.0	-	1.9	3.8	-	-
F :	1	2	1	1	5	2	2	33	-	2	1	9	-	1	1	-	-	1	1	-	-
G :	1.9	3.8	1.9	1.9	9.4	3.8	3.8	62.3	-	3.8	1.9	17.0	-	1.9	1.9	-	-	1.9	1.9	-	-
H :	1	1	1	9	2	2	1	7	-	2	1	-	-	2	1	-	-	2	1	-	-
I :	1.9	1.9	1.9	17.0	3.8	3.8	1.9	13.2	-	3.8	1.9	-	-	3.8	1.9	-	-	3.8	1.9	-	-
J :	3	7	2	1	1	7	2	-	-	2	28	-	-	1	2	-	-	8	1	-	-
K :	5.7	13.2	3.8	1.9	1.9	13.2	3.8	-	-	3.8	52.8	-	-	1.9	3.8	-	-	15.1	1.9	-	-
L :	4	1	31	1	3	4	2	-	-	23	10	-	-	1	29	-	-	-	2	-	-
M :	7.5	1.9	58.5	1.9	5.7	7.5	3.8	-	-	43.4	18.9	-	-	1.9	54.7	-	-	-	3.8	-	-
N :	5	2	-	2	28	1	1	-	-	13	-	-	-	4	6	-	-	-	1	-	-
O :	9.4	3.8	-	3.8	52.8	1.9	1.9	-	-	24.5	-	-	-	7.5	11.3	-	-	-	1.9	-	-
P :	2	2	-	1	-	1	21	-	-	-	-	-	-	1	-	-	-	-	1	-	-
Q :	3.8	3.8	-	1.9	-	1.9	39.6	-	-	-	-	-	-	1.9	-	-	-	-	1.9	-	-
R :	1	23	-	1	-	1	1	-	-	-	-	-	-	2	-	-	-	-	20	-	-
S :	1.9	43.4	-	1.9	-	1.9	1.9	-	-	-	-	-	-	3.8	-	-	-	-	37.7	-	-
T :	1	1	-	2	-	5	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
U :	1.9	1.9	-	3.8	-	9.4	-	-	-	-	-	-	-	1.9	-	-	-	-	-	-	-
V :	1	2	-	17	-	1	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-
W :	1.9	3.8	-	32.1	-	1.9	-	-	-	-	-	-	-	5.7	-	-	-	-	-	-	-
X :	1	-	-	-	-	3	-	-	-	-	-	-	-	7	-	-	-	-	-	-	-
Y :	1.9	-	-	-	-	5.7	-	-	-	-	-	-	-	13.2	-	-	-	-	-	-	-
Z :	2	-	-	-	-	12	-	-	-	-	-	-	-	17	-	-	-	-	-	-	-
AA :	3.8	-	-	-	-	22.6	-	-	-	-	-	-	-	32.1	-	-	-	-	-	-	-
AB :	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AC :	1.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AD :	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AE :	1.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AF :	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AG :	5.7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AH :	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AI :	3.8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AJ :	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AK :	1.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AL :	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AM :	1.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AN :	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AO :	1.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AP :	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AQ :	1.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AR :	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AS :	3.8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AT :	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AV :	3.8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AW :	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53
AX :	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53

Frequency List (Pharmacists)

	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189
1 :	3	2	1	1	1	2	-	-	-	-	-	-	-	-	-	1	-
	5.7	3.8	1.9	1.9	1.9	3.8	-	-	-	-	-	-	-	-	-	1.9	-
2 :	2	2	1	1	3	1	-	-	-	1	-	1	-	-	1	-	-
	3.8	3.8	1.9	1.9	5.7	1.9	-	-	-	1.9	-	1.9	-	-	1.9	-	-
3 :	4	3	4	1	1	2	-	1	1	1	1	-	1	-	1	-	13
	7.5	5.7	7.5	1.9	1.9	3.8	-	1.9	1.9	1.9	1.9	-	1.9	-	1.9	-	24.5
4 :	44	46	2	1	1	48	-	1	-	1	-	1	-	-	2	-	-
	83.0	86.8	3.8	1.9	1.9	90.6	-	1.9	-	1.9	-	1.9	-	-	3.8	-	-
5 :	-	-	2	2	1	-	5	1	3	-	2	-	1	-	-	-	13
	-	-	3.8	3.8	1.9	-	9.4	1.9	5.7	-	3.8	-	1.9	-	-	-	24.5
6 :	-	-	43	47	46	-	-	1	1	1	-	-	-	-	-	-	15
	-	-	81.1	88.7	86.8	-	-	1.9	1.9	1.9	-	-	-	-	-	-	28.3
7 :	-	-	-	-	-	-	1	1	-	-	1	-	-	1	-	-	12
	-	-	-	-	-	-	1.9	1.9	-	-	1.9	-	-	1.9	-	-	22.6
8 :	-	-	-	-	-	-	2	-	1	-	-	2	5	-	1	2	-
	-	-	-	-	-	-	3.8	-	1.9	-	-	3.8	9.4	-	1.9	3.8	-
9 :	-	-	-	-	-	-	-	-	1	-	1	1	-	2	-	-	-
	-	-	-	-	-	-	-	-	1.9	-	1.9	1.9	-	3.8	-	-	-
A :	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	1	-
	-	-	-	-	-	-	1.9	-	-	-	-	-	1.9	-	-	1.9	-
B :	-	-	-	-	-	-	1	2	-	1	-	1	-	-	-	-	-
	-	-	-	-	-	-	1.9	3.8	-	1.9	-	1.9	-	-	-	-	-
C :	-	-	-	-	-	-	2	1	-	-	-	1	-	-	-	-	-
	-	-	-	-	-	-	3.8	1.9	-	-	-	1.9	-	-	-	-	-
D :	-	-	-	-	-	-	4	1	-	-	-	1	1	1	1	1	-
	-	-	-	-	-	-	7.5	1.9	-	-	-	1.9	1.9	1.9	1.9	1.9	-
E :	-	-	-	-	-	-	-	1	-	3	1	3	-	1	1	2	-
	-	-	-	-	-	-	-	1.9	-	5.7	1.9	5.7	-	1.9	1.9	3.8	-
F :	-	-	-	-	-	-	-	1	-	-	3	1	-	2	4	2	-
	-	-	-	-	-	-	-	1.9	-	-	5.7	1.9	-	3.8	7.5	3.8	-
G :	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1	-
	-	-	-	-	-	-	-	-	-	-	-	1.9	1.9	-	-	1.9	-
H :	-	-	-	-	-	-	-	1	-	-	-	-	2	-	2	-	-
	-	-	-	-	-	-	-	1.9	-	-	-	-	3.8	-	3.8	-	-
I :	-	-	-	-	-	-	-	6	-	5	1	7	-	4	-	12	-
	-	-	-	-	-	-	-	11.3	-	9.4	1.9	13.2	-	7.5	-	22.6	-
J :	-	-	-	-	-	-	-	1	-	1	1	1	-	2	2	2	-
	-	-	-	-	-	-	-	1.9	-	1.9	1.9	1.9	-	3.8	3.8	3.8	-
K :	-	-	-	-	-	-	-	34	-	39	2	31	-	38	-	27	-
	-	-	-	-	-	-	-	64.2	-	73.6	3.8	58.5	-	71.7	-	50.9	-
L :	-	-	-	-	-	-	-	1	-	-	-	1	-	2	-	2	-
	-	-	-	-	-	-	-	1.9	-	-	-	-	-	3.8	-	3.8	-
M :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1.9	-	-
N :	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
O :	-	-	-	-	-	-	-	1	-	-	1	-	-	-	3	-	-
	-	-	-	-	-	-	-	1.9	-	-	1.9	-	-	-	5.7	-	-
P :	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-
	-	-	-	-	-	-	-	-	-	-	1.9	-	-	-	1.9	-	-
Q :	-	-	-	-	-	-	-	-	2	-	1	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	3.8	-	1.9	-	-	-	-	-	-
R :	-	-	-	-	-	-	-	5	-	6	-	9	-	3	-	7	-
	-	-	-	-	-	-	-	9.4	-	11.3	-	17.0	-	5.7	-	13.2	-
S :	-	-	-	-	-	-	-	29	-	38	-	28	-	38	-	26	-
	-	-	-	-	-	-	-	54.7	-	71.7	-	52.8	-	71.7	-	49.1	-

T :	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	1.2	-	-	-	-	-	-	-	-	-	-
T :	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53
B :	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53

TABLES

TABLE:BACKGROUND.1:SEX OF THE RESPONDENT

	GENERAL
FEMALE	37
MALE	16
TNR	53
BASE	53

TABLE: BACKGROUND. 2: ETHNIC BACKGROUND

	GENERAL
UZBEK	42
RUSSIAN	7
OTHER	4
TNR	53
BASE	53

TABLE:BACKGROUND.3:AGE OF THE RESPONDENT

GENERAL	

23 YEARS OLD	1
25 YEARS OLD	1
26 YEARS OLD	2
27 YEARS OLD	1
28 YEARS OLD	3
29 YEARS OLD	1
30 YEARS OLD	2
31 YEARS OLD	5
32 YEARS OLD	2
33 YEARS OLD	2
34 YEARS OLD	2
35 YEARS OLD	1
36 YEARS OLD	3
38 YEARS OLD	6
39 YEARS OLD	2
40 YEARS OLD	1
41 YEARS OLD	2
45 YEARS OLD	2
49 YEARS OLD	1
51 YEARS OLD	1
52 YEARS OLD	3
53 YEARS OLD	1
54 YEARS OLD	2
55 YEARS OLD	3
58 YEARS OLD	1
60 YEARS OLD	1
66 YEARS OLD	1
TNR	53
BASE	53

TABLE:BACKGROUND.4:AREA OF SPECIALITY

	GENERAL
FAMILY MEDICINE	1
INTERNAL MEDICINE	1
PHARMACY	51
TNR	53
BASE	53

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TABLE:BACKGROUND.5:YEARS IN THE PROFESSION

	GENERAL

1 YEARS	5
3 YEARS	2
4 YEARS	2
5 YEARS	2
8 YEARS	4
9 YEARS	2
10 YEARS	5
11 YEARS	3
12 YEARS	2
13 YEARS	1
14 YEARS	1
15 YEARS	4
16 YEARS	3
18 YEARS	1
19 YEARS	2
22 YEARS	1
25 YEARS	1
26 YEARS	1
28 YEARS	1
29 YEARS	1
30 YEARS	1
31 YEARS	4
32 YEARS	1
33 YEARS	1
37 YEARS	1
43 YEARS	1
TNR	53
BASE	53

TABLE:BACKGROUND.6:FAMILY HEALTH TRAINING RECEIVED EITHER DURING OR AFTER THE PROFESSIONAL TRAINING

	GENERAL

YES, MORE THAN FIVE YEARS AGO	2
YES, DURING THE LAST FIVE YEARS	7
NO	44
TNR	53
BASE	53

TABLE:BACKGROUND.7:YEARS IN THE FIELD OF MEDICINE

	GENERAL

1-1.5 YEARS	3
4 YEARS	2
6 YEARS	2
8 YEARS	3
9 YEARS	2
10 YEARS	4
11 YEARS	1
12 YEARS	1
13 YEARS	1
14 YEARS	3
15 YEARS	4
16 YEARS	5
17 YEARS	2
18 YEARS	1
19 YEARS	1
20 YEARS	1
21 YEARS	1
22 YEARS	2
28 YEARS	1
29 YEARS	1
30 YEARS	3
31 YEARS	2
33 YEARS	1
35 YEARS	1
36 YEARS	1
37 YEARS	2
42-43 YEARS	2
TNR	53
BASE	53
Wgt.avg	12.5

TABLE:GEN.1:THE MOST COMMON REASONS CLIENTS VISIT THE FACILITY

	GENERAL

(i) TO BUY DURGS/TO BUY DRUGS UPON MEDICAL PRESCRIPTION	23
TO GET INFORMATION ABOUT CERTAIN DRUGS	11
TO GET ADVICE ON WHICH MEDICINE TO USE FOR CERTAIN PURPOSES	2
VARIOUS DISEASES AND TREATMENT FOR THESE DISEASES	1
QUESTIONS ON FAMILY PLANNING AND CONTRACEPTION	5
COLD AND FLUE INFECTIONS AND RELATED COMPLAINTS	8
GYNECOLOGICAL DISEASES	3
ALLERGIES	1
DIABETES	1
HYPERTENSION	1
HEART DISEASES	2
STOMACH DISEASES	1
PEDIATRICAL DISEASES	1
OTHER HEALTH PROBLEMS	6
	67
TNR	67
BASE	53

TABLE:GEN.2:NUMBER OF CLIENTS THAT HAVE BEEN SERVED IN THE PAST MONTH

	GENERAL

NONE	2
3 PATIENTS/CLIENTS	1
10 PATIENTS/CLIENTS	1
50 PATIENTS/CLIENTS	1
150 PATIENTS/CLIENTS	4
250 PATIENTS/CLIENTS	1
300 PATIENTS/CLIENTS	4
400 PATIENTS/CLIENTS	1
500 PATIENTS/CLIENTS	1
600 PATIENTS/CLIENTS	2
900 PATIENTS/CLIENTS	1
1000 PATIENTS/CLIENTS	3
1500 PATIENTS/CLIENTS	2
1700 PATIENTS/CLIENTS	1
2000 PATIENTS/CLIENTS	3
2400 PATIENTS/CLIENTS	1
2500 PATIENTS/CLIENTS	2
2800 PATIENTS/CLIENTS	1
3000 PATIENTS/CLIENTS	4
5000 PATIENTS/CLIENTS	4
6000 PATIENTS/CLIENTS	2
7000 PATIENTS/CLIENTS	3
8000 PATIENTS/CLIENTS	1
9000 PATIENTS/CLIENTS	1
15000 PATIENTS/CLIENTS	1
25000 PATIENTS/CLIENTS	1
30000 PATIENTS/CLIENTS	1
36000 PATIENTS/CLIENTS	1
VERY MANY PATIENTS	2

TNR	53
BASE	53

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TABLE:GEN.3:NUMBER OF CLIENTS THAT HAVE BEEN SERVED FOR FAMILY PLANNING PURPOSES

	GENERAL
NONE	11
2-3 PATIENTS	2
5 PATIENTS	1
10 PATIENTS	3
12 PATIENTS	1
15 PATIENTS	2
20 PATIENTS	2
25 PATIENTS	1
30 PATIENTS	2
40 PATIENTS	2
50 PATIENTS	2
60 PATIENTS	4
65 PATIENTS	1
100 PATIENTS	3
120 PATIENTS	1
200 PATIENTS	2
300 PATIENTS	2
400 PATIENTS	1
500 PATIENTS	4
700 PATIENTS	2
800 PATIENTS	1
1000 PATIENTS	1
2000 PATIENTS	1
6000 PATIENTS	1
TNR	53
BASE	53

2

TABLE:GEN.4:WHETHER A PRESCRIPTION OR A NOTE FROM A DOCTOR IS REQUIRED TO DISPERSE A CONTRACEPTIVE

	GENERAL
YES	27
NO	15
DEPENDS ON THE CONTRACEPTIVE	11
TNR	53
BASE	53

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

	GENERAL -----
CURRENT STATUS OF HEALTH OF WOMEN/ILLNESSES IF ANY	16
WHAT THE PHYSICANS RECOMMEND TO THE CLIENTS/THE PRESCRIPTIONS	7
THE EFFECTIVENESS OF THE CONTRACEPTIVE METHOD	5
AGE OF WOMEN	4
RESTRICTED NUMBER OF CHOICES/INSUFFICIENT PRODUCTS,/BAD STANDARDS	4
I THINK THE CONTRACEPTIVE PILLS ARE THE BEST METHODS FOR CONTRACEPTION	4
I DO NOT RECOMMEND ANYTHING, PHYSICANS DO	3
APPROPRIATE USAGE OF THE CONTRACEPTIVE METHOD	3
MEETING THE DEMANDS OF THE CLIENTS WITH THE METHODS AVAILABLE	3
I ADVISE THEM TO USE CONDOMS INSTEAD OF TABLETS	3
CURRENT LIFE STANDARDS OF WOMEN	2
NUMBER OF CHILDREN IN THE FAMILY	2
I AM AGAINST ALL MEDICINE/ TABLETS OF CONTRACEPTION	2
I ADVISE THEM TO PREFER THE NATURAL RHYTEM METHOD	2
VARIETY OF CONTRACEPTIVE METHODS AVAILABLE	1
I ADVISE THEM TO USE IUDS	1
I NEVER RECOMMEND ANYTHING BECAUSE IT IS AGAINST THE TRADITIONS AND LIFE-STYLE OF THE UZBEK POPULATION	1
THE BODY TEMPERATURE	1
WOMEN HYGENE	1
DO NOT KNOW	1
TNR	66
BASE	53

TABLE:METHOD.2:FACTORS RECOMMENDED FOR DELAYING/SPACING BIRTH, FOR STOPPING BIRTH, OR FACTORS THAT ARE NEVER RECOMMENDED

	DELAY ING/ SPAC ING	STOP PING	NEVER RECOM MEND
PILL	22	9	8
CONDOM	30	9	-
SPERMICIDES	3	2	1
FEMALE STERILIZATION	-	15	11
MALE STERILIZATION	-	3	10
IUD	35	25	1
INJECTABLE	-	-	1
NORPLANT	-	-	-
RHYTHM	5	2	2
RECOMMEND ALL METHODS	-	-	-
DEPENDS ON CONDITION OF THE PATIENT OR HOW SUITABLE METHOD IS FOR PATIENT	5	3	2
DEPENDS ON WHAT PATIENT WANTS	1	1	-
DO NOT RECOMMEND ANY PARTICULAR METHOD	3	1	4
ABORTION	-	-	32
TNR	104	70	72
BASE	53	53	53

TABLE: IUD.1: OPINIONS ABOUT A LIST OF STATEMENTS CONCERNING IUDS

	IS EASY TO INSERT	OF WOMB BY ITSELF	NANT AFTER REMOV ED	TION AFTER INSER TION	CAUSE PELVIC INFEC TION	SOME MAY MAY CAUSE HEAVY BLEED ING	SOME MAY MAY CAUSE HEAVY BLEED ING	REDU CES SOME TYPE OF CANCER	CAN BE INSER TED BY MID WIFE	IS GOOD FOR WOMEN DESIR ING NO MORE CHILD REN
STRONGLY DISAGREE	2	11	2	15	2	-	8	30	1	
DISAGREE A LITTLE	3	4	4	15	3	-	7	3	2	
AGREE A LITTLE	17	16	19	9	21	22	2	3	11	
STRONGLY AGREE	22	9	25	8	12	20	2	10	36	
DON'T KNOW	9	13	3	6	15	11	34	7	3	
TNR	53	53	53	53	53	53	53	53	53	
BASE	53	53	53	53	53	53	53	53	53	
Wgt.avg	3.6	3.2	3.4	2.5	3.7	3.8	3.9	2.3	3.7	

TABLE:IUD.2:THOSE WHO RECOMMEND IUD TO THEIR CLIENTS

	GENERAL
RECOMMEND	39
DO NOT RECOMMEND	14
TNR	53
BASE	53

TABLE: IUD.3: THE REASONS FOR NOT RECOMMENDING IUD
 (ASKED OF THOSE WHO DO NOT RECOMMEND IUDS)

	GENERAL

CAUSES EXCESSIVE BLEEDING	4
NOT MY AREA OF SPECIALIZATION	4
CAN'T GET ENOUGH SUPPLIES, NOT AVAILABLE	3
PHYSICIAN'S PRESCRIPTION/ RECOMMENDATION IS NECESSARY	2
ILLOGICAL TO RECOMMEND SOMETHING WE DO NOT HAVE	2
NOT EFFECTIVE	1
CAUSES PELVIC INFECTIONS	1
TOO EXPENSIVE FOR PATIENTS	1
POOR IUD QUALITY	1
USER LOSES WEIGHT	1
DO NOT KNOW	1
	TNR 21
	BASE 14

TABLE:IUD.4:THE FACTORS THAT MIGHT CONVINCe THE PHARMACISTS TO START RECOMMENDING IUDS TO CLIENTS
 (ASKED OF THOSE WHO DO NOT RECOMMEND IUDS)

	GENERAL

NOTHING	3
IF I RECEIVE MORE/BETTER INFORMATION ON IT	5
IF IT DID NOT HAVE SO MANY SIDE EFFECTS	3
IF A RELIABLE SOURCE OF OBTAINING EXISTED	5
CLIENTS DEMAND	1
IT IS NOT THE PHARMACIST'S JOB	1
	TNR 18
	BASE 14

TABLE: IUD.5: THE REASONS FOR RECOMMENDING IUD
 (ASKED OF THOSE WHO RECOMMEND IUDS)

	GENERAL

MOST EFFECTIVE	
TEMPORARY METHOD	30
ONCE INSERTED, DOES NOT	
REQUIRE FREQUENT SUPPLY	14
NO COMPLIANCE PROBLEMS	13
CAN BE INSERTED	
IMMEDIATELY POST-PARTUM	9
IF PATIENT CAN'T TAKE	
THE PILL	7
NO MAJOR SIDE EFFECTS	7
PATIENT PREFERENCE	6
CHEAPER THAN OTHER METHODS	5
CAN BE INSERTED	
IMMEDIATELY POST-ABORTION	5
PROVIDE REST AND HEALTHY	
CONTRACEPTION FOR THE CLIENT	
IF THE CLIENT HAS RECENTLY	
GIVEN BIRTH	1
IF THE CLIENT IS NOT WILLING	
TO BEAR A CHILD FOR A LONG	
PERIOD OF TIME	1
TNR	98
BASE	39

TABLE: IUD.6: THE PHYSICAL, MEDICAL AND OTHER REASONS THAT WOULD STOP THE PHARMACISTS FROM RECOMMENDING AN IUD TO A WOMAN

	GENERAL

ABNORMAL UTERINE BLEEDING	16
CAUSES EXCESSIVE BLEEDING	15
ABNORMAL UTERINE SIZE	
AND SHAPE	11
CAUSES PELVIC INFECTION	9
POSSIBLE PREGNANCY	8
ANAEMIA	8
NULLIPARITY	5
DO NOT KNOW	4
CANCER IN THE UTERUS, VAGINAL CANCER, CERVICAL CANCER	2
NO REASON FOR NOT RECOMMENDING IF THE CLIENT IS HEALTHY	2
WEAK ORGANISM, WEAK FUNCTIONS	1
LOW LEVEL OF HEMOGLOBIN	1
RENAL DISEASES	1
BLOOD DISEASES	1
LEUKEMIA	1
IF THE CLIENT DOES NOT HAVE ANY CHILDREN	1
VARIOUS RELATED ACHES	1
TNR	87
BASE	39

TABLE: IUD.7: WHETHER THE IUD IS PRESENTLY BEING SOLD IN THE PHARMACY

	GENERAL
YES	-
NO	39
TNR	39
BASE	39

TABLE: IUD.8: WHETHER THE PHARMACIST COULD SHOW THE IUD PRODUCT

	GENERAL
COULD SHOW THE PRODUCT	-
COULD NOT SHOW THE PRODUCT	-
TNR	-
BASE	1

TABLE:IUD.9:NUMBER OF IUDS THAT HAVE BEEN SOLD IN THE LAST THREE MONTHS

	GENERAL
PROVIDED BY THE MATERNITY HOSPITALS/BIRTH CONTROL CLININCS	5
DO NOT SELL/NOT AVAILABLE	34
TNR	39
BASE	39

TABLE:IUD.10:RECOMMENDED TIME PERIOD FOR AN IUD TO BE LEFT IN PLACE BEFORE REMOVAL

	GENERAL
LESS THAN ONE YEAR	1
1 YEAR	3
2 YEARS	5
3 YEARS	17
4 YEARS	3
5 YEARS	8
6 YEARS	-
7 YEARS	1
MORE THAN 7 YEARS	-
DO NOT KNOW	1
TNR	39
BASE	39

TABLE:IUD.11:REASONS FOR REMOVING AN IUD

	GENERAL

EXCESSIVE BLEEDING	27
LIFE SPAN IS OVER	26
USER NEEDS A REST	13
SEXUALLY TRANSMITTED	
DISEASE/PELVIC INFECTION	11
PREGNANCY	9
INVASION OF THE IUD INTO	
MYOMETRIUM	3
WEIGHT LOSS	2
IF THE CLIENT WISHES TO GET	
PREGNANT AND BEAR A CHILD	2
HEADACHE	1
DORSAL ACHE	1
ECTOPIC PREGNANCY	1
VARIOUS ACHES	1
TNR	97
BASE	39

TABLE: IUD.12: THE PROBLEMS THAT A PATIENT MAY EXPERIENCE WITH AN IUD

	GENERAL

NO PROBLEMS MENTIONED	1
CRAMPS	1
HEAVY BLEEDING	27
BACKACHE	13
PELVIC INFECTION	8
INFERTILITY	3
INCREASED DISCHARGE	12
DO NOT KNOW	3
INVASION OF THE IUD	
INTO THE MYOMETRIUM	3
GETTING BLOATED/SWOLLEN	1
IRREGULAR MENSTRUATION	1
LOW LEVELS OF HEMOGLOBIN	2
EROSION/INFECTION OF	
THE CERVIX	1
OTHER ACHES	1
COMPLAINTS CAUSED BY INSERTION	
OF AN INAPPROPRIATE SIZE	
OF AN IUD	2
OTHER	1
	TNR 80
	BASE 39

TABLE: IUD.13: SOURCES FOR OBTAINING THE IUD SOLD/USED MOST OFTEN

	GENERAL

CENTRAL PHARMACY/PHARMATSIA	20
CITY STORAGE	8
BAZAAR	1
MATERNITY CLINICS	7
IMPORTED	5
FROM RUSSIA	3
DO NOT BUY	9
DO NOT KNOW	1
TNR	54
BASE	39

TABLE:PILL.1:OPINIONS 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 MENSTRUATION	IS EASY TO TAKE	IS DIFFICULT TO GET PREGNANT AFTER TAKING IT	CAUSES DEFORMED 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 INFERTILITY	SIDE EFFECTS GO AWAY AFTER USING IT FOR A COUPLE OF MONTHS
STRONGLY DISAGREE	13	6	7	6	1	4	6	7	3	12	11	--
DISAGREE A LITTLE	22	3	4	6	-	6	4	4	3	4	1	7
AGREE A LITTLE	6	14	11	19	19	15	14	6	13	23	19	8
STRONGLY AGREE	9	10	10	15	31	23	8	6	19	9	5	24
DON'T KNOW	3	20	21	7	2	5	21	30	15	5	17	14
TNR	53	38% 53	53	53	53	53	53	57% 53	53	53	53	53
BASE	53	53	53	53	53	53	53	53	53	53	53	53
Wgt.avg	2.4	3.7	3.6	3.2	3.6	3.4	3.6	3.9	3.8	2.8	3.3	3.8

TABLE:PILL.2:PHARMACISTS WHO RECOMMEND THE PILL TO CLIENTS

	GENERAL
RECOMMEND	35
DO NOT RECOMMEND	18
TNR	53
BASE	53

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

	GENERAL

CAUSES TOOMANY	
NEGATIVE SIDE EFFECTS	13
NOT AVAILABLE	5
ACUTE LIVER PATHOLOGY	2
CHRONIC LIVER PATHOLOGY	2
NOT REGULARLY AVAILABLE	2
IT IS THE	
PHYSICIAN'S RESPONSIBILITY	2
NOT EFFECTIVE	1
TOO EXPENSIVE FOR PATIENTS	1
CLIENTS THEMSELVES CHOSE	
WHAT THEY WISH TO BUY	1
NOT ABSOLUTE CONTRACEPTION	1
PATIENTS USUALLY FORGET	
TO TAKE THE PILLS REGULARLY	-
TNR	30
BASE	18

NY

TABLE:PILL.4:THE REASONS FOR RECOMMENDING THE PILL
 (ASKED OF THOSE WHO RECOMMEND THE PILL TO CLIENTS)

	GENERAL
NO COMPLIANCE PROBLEMS	17
MOST EFFECTIVE	
TEMPORARY METHOD	16
PATIENT PREFERENCE	9
CHEAPER	6
NO MAJOR SIDE EFFECTS	6
SINCE THERE ARE NOT ANY OTHER	
METHODS AVAILABLE IN HAND	2
REGULATES MENSTRUATION	1
MOST EFFECTIVE	
METHOD AFTER IUD	1
IN CASE THE CLIENT DOES NOT	
WANT ANY MORE CHILDREN	1
PHYSICIAN'S	
RECOMMENDATION/PRESCRIPTION	1
DO NOT KNOW	1
TNR	61
BASE	35

TABLE:PILL.5:NUMBER OF WOMEN THAT HAVE BOUGHT THE PILL IN THE PAST THREE MONTHS

GENERAL	

NONE	11
15 WOMEN	3
20 WOMEN	1
25 WOMEN	1
30 WOMEN	2
50 WOMEN	2
60 WOMEN	1
90 WOMEN	1
100 WOMEN	1
150 WOMEN	6
200 WOMEN	2
250 WOMEN	1
300 WOMEN	1
900 WOMEN	1
DO NOT KNOW	1
TNR	35
BASE	35
Wgt.avg	5.9

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

	GENERAL
ONE CYCLE	24
TWO-THREE CYCLES	10
FOUR-SIX CYCLES	-
SEVEN OR MORE CYCLES	1
TNR	35
BASE	35

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

	GENERAL
ONE CYCLE	3
TWO-THREE CYCLES	19
FOUR-SIX CYCLES	11
SEVEN OR MORE CYCLES	2
TNR	35
BASE	35

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

	GENERAL

TELL WOMEN HOW OFTEN TO TAKE THE PILL	24
TELL WOMEN WHAT TO DO IF FORGET TO TAKE THE PILL	8
TELL WOMEN ABOUT SIDE EFFECTS	7
TELL WOMEN WHEN TO START NEXT CYCLE	7
TELL WOMEN WHAT TO DO ABOUT SIDE EFFECTS	5
DO NOT OFFER ANY SPECIAL INSTRUCTIONS	4
TO READ THE PROSPECTUS	4
TO USE THE PILLS UNDER THE PHYSICIAN'S CONTROL	2
TO TAKE THE PILLS AT NIGHT	1
TNR	62
BASE	35

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

	GENERAL

NAUSEA	19
MILD HEADACHES	15
SMALL WEIGHT GAIN	13
DIZZINESS	8
SPOTTING/BLEEDING	7
NO PROBLEMS MENTIONED	2
DEPRESSION MOODS	2
IF THE CLIENT'S BODY	
REJECTS THE MEDICINE	2
MALFUNCTIONING OF THE BODY	1
IRREGULAR MENSTRUAL CYCLES	1
HEPATIC COMPLICATIONS	1
INCREASED DISCHARGE	1
STOMACH ACHE	1
BACK ACHE	1
HORMONAL COMPOUNDS ARE NOT	
APPROPPRIATE/NECESSARY FOR	
ADOLESCENTS	1
WEIGHT LOSES	1
ALLERGIES	1
DO NOT KNOW	3
	TNR 80
	BASE 35

TABLE:PILL.10:ADVICES GIVEN TO CLIENTS WHO COME BACK 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	5
STOP TAKING PILLS IMMEDIATELY	25
TRY OTHER METHODS OF CONTRACEPTION	5
SEE THE DOCTOR	12
TNR	47
BASE	35

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

	GENERAL

WHICH BRANDS ARE	
BEST SUITED FOR THEM	18
HOW OFTEN TO TAKE IT	16
WHEN TO BEGIN TAKING THE PILL	13
WHAT TO DO ABOUT SIDE EFFECTS	11
WHAT HAPPENS IF THEY FORGET TO	
TAKE IT ON TIME	5
WHETHER USER GAINS WEIGHT	2
WHETHER CLIENT'S CURRENT STATE	
OF HEALTH ALLOWS USAGE OF	
CONTRACEPTIVE PILLS	1
QUESTIONS ON SAFETY/EFFECTIVENESS	1
QUESTIONS ON WHAT IS AVAILABLE	
IN THE PHARMACY	1
NONE	3
TNR	71
BASE	35

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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	13
SEVERE ABDOMINAL PAIN	7
SEVERE CHEST PAIN, SHORTNESS OF BREATH	5
SEVERE LEG PAIN	5
IRREGULAR MENSTRUAL CYCLES	3
PREGNANCY	3
IRREGULAR BLEEDING PATTERNS/INCREASED DISCHARGE	3
NAUSEA	2
INTENSE SIDE EFFECTS	2
NO PROBLEMS MENTIONED	1
VISION LOSS OR BLURRING	1
LUMBAR ACHES	1
DORSAL ACHES	1
PAIN IN MAMMARY GLANDS	1
HEART PROBLEMS	1
DO NOT KNOW	7
TNR	56
BASE	35

TABLE:PILL.13:WHETHER PILLS ARE PRESENTLY BEING SOLD IN THE PHARMACY

	GENERAL
YES	12
NO	23
TNR	35
BASE	35

TABLE:PILL.14:BRAND NAME AND CONTENT OF THE PILLS BEING SOLD

	GENERAL

TRIZISTON 0.075	6
ANTIOVIN 0.05	8
LENGION	1
MONOVLON	4
REGIVIDION	1
ASSEPELIN	1
DEMULEN	1
TNR	22
BASE	12

TABLE:PILL.15:MAJOR SOURCES FOR OBTAINING THE PILLS DISPENSED

	GENERAL

CENTRAL PHARMACY	22
IMPORTED	2
IMPORTED FROM HUNGARY	1
IMPORTED FROM CHECKHOSLOVAKIA	1
IMPORTED FROM TURKEY	1
CITY STORAGE	7
REGULARLY PROVIDED	
WITH CONTRACEPTIVES	1
DEPENDS ON THE FOREIGN	
CURRENCY AVAILABLE IN HAND	1
NONE	2
TNR	38
BASE	35

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

	GENERAL
VERY FAMILIAR	2
SOMEWHAT FAMILIAR	8
NOT AT ALL FAMILIAR	43
TNR	53
BASE	53

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

	GENERAL

MEDICAL MAGAZINES	1
MEDICAL BOOKS	5
AT THE INSTITUTE	2
VARIOUS INFORMATION GUIDES	2
COLLEAGUES	1
TNR	11
BASE	10

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 PHARMACISTS

	GENERAL
ACCEPTABLE, NOT A PROBLEM	23
ONLY SOMEWHAT ACCEPTABLE	15
NOT AT ALL ACCEPTABLE	15
TNR	53
BASE	53

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

GENERAL	

MAY HAVE DIFFERENT EFFECTS ON DIFFERENT BODY STRUCTURES	8
THE METHOD SHOULD BE SEPERATELY EVALUATED FOR EACH WOMEN	2
HORMONAL DISORDERS	1
NEGATIVE SIDE EFFECTS ON WOMEN HEALTH/UNNATURAL METHODS/PSYCHOLOGICALLY INAPPROPRIATE	10
PREVENTING DISPOSAL OF HARMFUL MATERIALS OUT OF THE SYSTEM	1
MAY CAUSE INFERTILITY	1
NO INFORMATION AVAILABLE ABOUT IT	2
IT IS DANGEROUS	1
BECAUSE IT CAUSES AMENORRHEA AND ABSENCE OF MENSTRUTAION	1
MALFUNCTIONING OF THE UTERUS	1
A NURSE IS NEEDED	2
LIMITED NUMBER OF SYRINGES	2
CANNOT ANSWER/DO NOT KNOW	2
TNR	34
BASE	30

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	

15-20 ROUBLES	2
150 ROUBLES	2
200 ROUBLES	3
500 ROUBLES	11
600 ROUBLES	1
1000 ROUBLES	7
2000 ROUBLES	3
2500 ROUBLES	1
3000 ROUBLES	3
5000 ROUBLES	4
6000 ROUBLES	2
10000 ROUBLES	5
50000 ROUBLES	1
DO NOT KNOW	8
TNR	53
BASE	53
	7

TABLE:INJEC.8:PHARMACISTS WHO ARE TRAINED TO GIVE AN INJECTION

	GENERAL
TRAINED	38
ARE NOT TRAINED	15
TNR	53
BASE	53

TABLE:INJEC.9:PHARMACISTS WHO GIVE INJECTIONS FOR ONE REASON OR ANOTHER

	GENERAL
GIVE INJECTIONS	29
DO NOT GIVE INJECTIONS	24
TNR	53
BASE	53

TABLE:INJEC.10:REASONS FOR GIVING INJECTIONS

	GENERAL

IN CASE OF COLD AND FLUE	4
IN CASE OF HIGH TEMPERATURE	1
IN CASE OF ILLNESS	3
INJECTIONS OF ANTIBIOTICS	1
IN CASE OF BLEEDING	1
FOR FAMILY	9
FOR ACQUAINTANCES/RELATIVES	15
TNR	34
BASE	29

TABLE:INJEC.11:PHARMACISTS WHO WOULD RECOMMEND THE INJECTABLE CONTRACEPTIVE TO CLIENTS IF IT WERE AVAILABLE IN UZBEKISTAN

	GENERAL
WOULD RECOMMEND	42
WOULD NOT RECOMMEND	8
DO NOT KNOW	3
TNR	53
BASE	53

TABLE:INJEC.12:THE REASONS FOR NOT RECOMMENDING THE INJECTABLE CONTRACEPTIVE
 (THOSE WHO WOULD NOT RECOMMEND THE INJECTABLE CONTRACEPTIVE)

	GENERAL

CAUSES NEGATIVE SIDE EFFECTS	4
HORMONAL METHODS INAPPROPRIATE FOR UZBEK POPULATION	3
CAUSES EXCESSIVE BLEEDING	2
NOT EFFECTIVE	1
CAUSES AMENORRHEA	1
CAUSES PAINFUL MENSTRUATION	1
CAUSES IRREGULAR BLEEDING	1
DON'T KNOW	
ENOUGH ABOUT IT	1
HORMONAL DISORDERS/DISEASES	1
NOT APPROPRIATE	
FOR REGULAR USAGE	1
DON'T KNOW	1
	17
TNR	17
BASE	11

TABLE:VOLUN.1:CIRCUMSTANCES UNDER WHICH TUBAL LIGATIONS ARE RECOMMENDED

GENERAL	

IF DUE TO CERTAIN HEALTH PROBLEMS PREGNANCY IS DANGEROUS FOR THE WOMAN/POOR HEALTH CONDITIONS	21
IF THE WOMAN DOES NOT WANT TO GET PREGNANT	11
IF THE WOMEN ALREADY HAS MANY CHILDREN	7
IF THE PILLS OR INJECTIONS OR OTHER CONTRACEPTIVE METHODS ARE NOT EFFECTIVE	4
IN CASE OF ECTOPIC PREGNANCY ACCORDING TO MEDICAL ANALYSIS	4
IF PROBLEMS ARE EXPERIENCED WHEN IN LABOR	3
DEPENDS ON THE DECISION OF THE FAMILY	3
IF THERE ARE NO OTHER OPTIONS LEFT	3
IF PREVIOUSLY THE WOMEN HAS HAD A CESAREAN OPERATION	2
IF THE WOMAN IS TOO OLD FOR PREGNANCY	1
IF THE WOMAN'S BODY REJECTS THE MEDICINE/IF OTHER METHODS ARE HARMFUL TO HEALTH	1
IF THE WOMEN HAS HAD ABORTIONS FREQUENTLY	1
DEPENDS ON THE SOCIAL STATUS OF THE WOMAN	1
DEPENDS ON THE FINANCIAL STATUS OF THE WOMAN	1
IF THE WOMAN CANNOT USE ANY OF THE METHODS OF CONTRACEPTION	1
DO NOT KNOW	6
TNR	74
BASE	53

TABLE:VOLUN.2:CIRCUMSTANCES UNDER WHICH VASECTOMIES ARE RECOMMENDED

	GENERAL

IF THE WOMAN DOES NOT WANT TO BEAR ANY MORE CHILDREN	6
HAVE NEVER HEARD OF SUCH A METHOD/DO NOT KNOW THIS METHOD	5
IN CASE OF SERIOUS ILLNESSES	3
UZBEK MEN WOULD NOT ALLOW FOR OR DO SUCH THINGS/INAPPROPRIATE FOR THE LIFE STYLES OF UZBEK MAN	3
THESE METHODS DO NOT EXIST IN UZBEKISTAN/NOT APPLICABLE	3
HARMFUL FOR MAN	3
IF THE WOMAN HAS MANY CHILDREN	2
IF THE PARTNER'S CURRENT STATE OF HEALTH DOES NOT ALLOW PREGNANCY	2
DEPENDS ON THE MAN'S CURRENT STATE OF HEALTH	2
UNNATURAL METHOD, THEREFORE I AM AGAINST IT	2
RARELY	2
IF INFERTILE	1
IF THE MAN HAS A LOVER	1
DO NOT KNOW/CANNOT ANSWER	20
TNR	55
BASE	53

TABLE:VOLUN.3:OPINIONS ABOUT A LIST OF STATEMENTS CONCERNING TUBAL LIGATION AND VASECTOMY

	TUBAL LIGATION AND VASECTOMY ARE PERMANENT METHODS	A MAN CANNOT DO HEAVYWORK AFTER HE HAS A VASECTOMY	AFTER A VASECTOMY A MAN CAN STILL HAVE SEX AS MUCH AS BEFORE	AFTER VOLUNTARY SURGICAL CONTRA CEPTION THERE IS NO HARM TO 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	2	6	4	16	6	9	6	1
DISAGREE A LITTLE	-	2	5	8	1	13	2	-
AGREE A LITTLE	9	15	9	10	12	9	9	5
STRONGLY AGREE	32	15	13	9	12	9	15	40
DON'T KNOW	10	15	22	10	22	13	21	7
TNR	53	53	53	53	53	53	53	53
BASE	53	53	53	53	53	53	53	53
Wgt.avg	3.9	3.6	3.8	2.8	3.8	3.1	3.8	4.0

TABLE:NORPLANT1:FAMILIARITY WITH THE NEW CONTRACEPTIVE METHOD NORPLANT (C)

	GENERAL
VERY FAMILIAR	-
SOMEWHAT FAMILIAR	5
NOT AT ALL FAMILIAR	48
TNR	53
BASE	53

TABLE:NORPLANT2:THE SOURCE OF INFORMATION OBTAINED ABOUT NORPLANT (C)

	GENERAL
MEDICAL BOOKS/OTHER BOOKS	4
TV	1
COLLEAGUES	1
TNR	6
BASE	5

TABLE: NORPLANT3: PHARMACISTS WHO WOULD RECOMMEND NORPLANT TO PATIENT IF IT WERE AVAILABLE IN UZBEKISTAN

	GENERAL
WOULD RECOMMEND	36
WOULD NOT RECOMMEND	8
DO NOT KNOW	9
TNR	53
BASE	53

TABLE:NORPLANT4: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
130 ROUBLES	2
-1000 ROUBLES	2
1000 ROUBLES	4
1200 ROUBLES	2
1500 ROUBLES	2
2000 ROUBLES	1
3000 ROUBLES	1
5000 ROUBLES	10
6000 ROUBLES	1
10000 ROUBLES	10
15000 ROUBLES	2
20000 ROUBLES	2
25000 ROUBLES	1
30000 ROUBLES	1
50000 ROUBLES	2
AT NO PRICE/WORTHLESS	2
FOR A LOW PRICE, SINCE	
COMPARATIVLEY DO NOT HAVE VERY	
MANY ADVANTAGES OVER IUD	1
CANNOT SAY EXACTLY/DO NOT KNOW	7
TNR	53
BASE	53

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TABLE:ABORTION.1:OPINIONS ABOUT A LIST OF STATEMENTS ABOUT ABORTION

	REPEATED ABORTIONS ARE SAFE AND DO NOT IMPAIR A WOMAN'S FERTILITY	MY CLIENTS WOULD LIKE TO HAVE AN ALTERNATIVE TO ABORTION	THE BEST TECHNIQUE FOR ABORTION IS DILATION AND CURETTAGE	THE BEST TECHNIQUE FOR ABORTION IS VACUM ASPIRATION	THE BEST TECHNIQUE FOR ABORTION IS USING KARMAN SYRINGE	ABORTIONS SHOULD ALWAYS BE ACCOMPANIED WITH CONTRA CEPTIVE COUNSELLING	ABORTIONS ARE OFTEN PERFORMED WITHOUT ANEST HESIA	ABORTIONS ARE OFTEN PERFORMED WITHOUT ANTIBI OTICS	IT IS NOT THE PHARMACIST'S RESPONSI BILITY TO COUNSEL A WOMAN ABOUT CONTRA CEPTION	MY CLIENTS PREFER ABORTION
STRONGLY DISAGREE	36	-	8	13	6	-	7	3	21	36
DISAGREE A LITTLE	8	2	7	6	6	1	12	4	10	5
AGREE A LITTLE	4	10	7	6	14	3	5	12	6	4
STRONGLY AGREE	4	38	15	8	5	46	16	22	16	2
DON'T KNOW	1	3	16	20	22	3	13	12	-	6
TNR	53	53	53	53	53	53	53	53	53	53
BASE	53	53	53	53	53	53	53	53	53	53
Wgt.avg	1.6	3.8	3.5	3.3	3.6	4.0	3.3	3.7	2.3	1.8

TABLE:ABORTION.2:ADVICES GIVEN TO WOMEN ABOUT ABORTION (OF PHYSICIANS WHO ASSIST OR PERFORM ABORTIONS)

	GENERAL

TO AVOID ABORTIONS	17
TO AVOID ABORTIONS/PREGNANCY AS MUCH AS POSSIBLE	11
CONTRACEPTION BEFOREHAND TO PREVENT ABORTIONS	11
TO TRY OTHER METHODS OF CONTRACEPTION THAN ABORTION/TO TRY OTHER METHODS NOT HARMFUL FOR HEALTH	6
HAVE AS LITTLE ABORTIONS AS POSSIBLE	5
I AM TOTALLY AGAINST ABORTIONS	3
ABORTION, ONLY IN CASE OF NO OTHER POSSIBLE SOLUTION	2
TO GIVE BIRTH TO THE CHILD IF PREGNANT	2
IF THERE ARE NO OTHER ALTERNATIVES, TO FIND THE NECESSARY SUPPLIES TO PERFORM ABORTIONS	2
RECOMMEND A GOOD SPECIALIST	2
EXPLAIN WOMEN ABOUT DISADVANTAGES AND HARMFUL EFFECTS OF ABORTIONS IN ORDER TO CHANGE THEIR DECISIONS OF HAVING ABORTIONS	1
TO PROVIDE INFORMATION ABOUT OTHER METHODS OF CONTRACEPTION WHICH DO NOT HAVE SUCH SIDE EFFECTS/USAGE OF OTHER METHODS	1
TO USE INJECTIONS	1
TO USE NATURAL RHYTEM METHOD	1
TO USE IUDS	1
TO USE CONDOMS	1
TO GIVE BIRTH TO THE CHILD IF THERE IS A SMALL NUMBER OF CHILDREN IN THE FAMILY	1
DO NOT RECOMMEND ABORTIONS ON THE FIRST PREGNANCY	1
DO NOT RECOMMEND ANYTHING	2
TNR	71
BASE	53

2

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

	ANAES THESIA	PAIN KILLER	ANTIBI OTICS	GLOVES	SYRIN GES	CANULAS	KARMAN SYRIN GES	OTHER ABOR TION SUPP LIES	SOVIET IUD PROD UCTS' NUMBER ED IUDS	IMPOR TED IUD PROD UCTS	TRIZ ISTON AND NONOV LON	OTHER CONTRAC EPTIVE PILLS	CONDOMS	VAGINAL TABLETS	INJEC TABLES	CONTRA CEPTIVE PASTA
DIFFICULT TO OBTAIN	49	50	49	44	39	39	28	39	32	26	37	33	28	41	39	27
EASY TO OBTAIN	4	3	4	2	5	5	19	3	8	6	15	12	25	1	2	9
NOT AVAILABLE/NO ANSWER	-	-	-	7	9	9	6	11	13	21	1	8	-	11	12	17
TNR	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53
BASE	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53

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TABLE: SUPPLIES.2: RECENT PRICE PHARMACIST HAS PAID FOR ANAESTHESIA

	GENERAL

6 RB	1
16 RB	1
20 RB	2
40 RB	3
100 RB	1
160 RB	2
200 RB	2
250 RB	2
280 RB	1
300 RB	7
380 RB	1
400 RB	2
2000 RB	2
DO NOT KNOW	23
DISPERSED ONLY IN	
MATERNITY HOSPITALS	1
NOT ON SALE	2
TNR	53
BASE	53

TABLE: SUPPLIES.2A: RECENT PRICES CLIENT HAS PAID FOR ANAESTHESIA

	GENERAL

200 RB	3
300 RB	1
380 RB	1
500 RB	4
1000 RB	7
3000 RB	1
5000 RB	1
6000 RB	1
10000 RB	1
CONSTANT CHANGE IN PRICE	2
DO NOT KNOW	31
	53
TNR	53
BASE	5

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

	GENERAL

105 RB	8
110 RB	1
200 RB	2
300 RB	1
360 RB	1
454 RB	1
462-464 RB	4
468 RB	1
500 RB	9
554 RB	1
600 RB	1
1000 RB	2
1500 RB	1
2298 RB	1
4200 RB	2
DID NOT BUY	17
TNR	53
BASE	53

TABLE: SUPPLIES.3A: RECENT PRICES CLIENT HAS PAID FOR PAIN KILLERS

	GENERAL

105 RB	4
130 RB	1
200 RB	2
300 RB	2
600 RB	1
800 RB	3
950 RB	1
1000 RB	5
3000 RB	2
4200 RB	1
10000 RB	3
DO NOT KNOW	28
TNR	53
BASE	53
91-8-9	

TABLE: SUPPLIES.4: RECENT PRICE PHARMACIST HAS PAID FOR ANTIBIOTICS

	GENERAL

6 RB	6
10 RB	1
19 RB	1
38 RB	2
100 RB	2
200 RB	1
207 RB	1
300 RB	2
382 RB	2
392-395 RB	7
400 RB	4
435 RB	1
468 RB	1
482 RB	1
500 RB	5
1000 RB	1
5000 RB	3
DO NOT KNOW	12
TNR	53
BASE	53

TABLE: SUPPLIES.4A: RECENT PRICES CLIENT HAS PAID FOR ANTIBIOTICS

	GENERAL
6 RB	2
38 RB	2
100 RB	1
392-398 RB	4
500 RB	5
1000 RB	6
1500 RB	3
2500 RB	2
3000 RB	1
5000 RB	2
10000 RB	2
DIFFERENT PRICES	1
DO NOT KNOW	21
NOT AVAILABLE	1
TNR	53
BASE	53

TABLE: SUPPLIES.5: RECENT PRICE PHARMACIST HAS PAID FOR GLOVES

	GENERAL

10 RB	1
25 RB	2
30 RB	1
50 RB	3
150 RB	3
300 RB	2
361 RB	1
DO NOT KNOW/DID NOT BUY	33
NOT AVAILABLE/CANNOT ANSWER	7
TNR	53
BASE	53
...avg	

TABLE: SUPPLIES.5A: RECENT PRICES CLIENT HAS PAID FOR GLOVES

	GENERAL

50 RB	5
100 RB	1
250 RB	2
500 RB	1
1000 RB	2
DO NOT KNOW/DID NOT BUY	33
NOT AVAILABLE/CANNOT ANSWER	9
TNR	53
BASE	53
ajj

TABLE: SUPPLIES.6: RECENT PRICE PHARMACIST HAS PAID FOR SYRINGES

	GENERAL

5 RB	1
14-15 RB	2
32-35 RB	2
45 RB	3
50 RB	1
66 RB	1
100 RB	1
120 RB	2
150 RB	2
200 RB	2
DO NOT KNOW	23
NOT AVAILABLE/CANNOT ANSWER	13
TNR	53
BASE	53
.vg	5

TABLE: SUPPLIES.6A: RECENT PRICES CLIENT HAS PAID FOR SYRINGES

	GENERAL
60 RB	1
100 RB	3
150 RB	3
180 RB	1
200 RB	1
300 RB	1
350 RB	3
1000 RB	1
1500 RB	1
DO NOT KNOW	28
NOT AVAILABLE	10
TNR	53
BASE	53
	107

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TABLE: SUPPLIES.7: RECENT PRICE PHARMACIST HAS PAID FOR CANULAS

	GENERAL

15 RB	1
17 RB	1
40 RB	1
45 RB	1
50 RB	2
150 RB	2
DO NOT KNOW	36
NOT AVAILABLE/CANNOT ANSWER	9
TNR	53
BASE	53
BASE	53

TABLE: SUPPLIES.7A: RECENT PRICES CLIENT HAS PAID FOR CANULAS

	GENERAL

15 RB	1
100 RB	1
150 RB	1
200 RB	2
DO NOT KNOW THE PRICE	37
NOT AVAILABLE/CANNOT ANSWER	11
TNR	53
BASE	53
avg	..0

TABLE: SUPPLIES, 8: RECENT PRICE PHARMACIST HAS PAID FOR KARMAN SYRINGES

	GENERAL

15 RB	2
16 RB	3
18 RB	2
20 RB	1
28 RB	2
30 RB	1
50 RB	2
52 RB	1
56 RB	2
80 RB	1
87 RB	1
100 RB	4
140 RB	1
152 RB	2
250 RB	1
374 RB	3
NOT AVAILABLE/CANNOT ANSWER	7
DO NOT KNOW THE PRICE	17
TNR	53
BASE	53
W. avg	2.7

TABLE: SUPPLIES.8A: RECENT PRICES CLIENT HAS PAID FOR KARMAN SYRINGES

	GENERAL

18 RB	1
20 RB	2
28 RB	2
50 RB	2
80 RB	3
100 RB	3
150 RB	1
374 RB	1
500 RB	1
1000 RB	2
NOT AVAILABLE/DO NOT KNOW THE PRICE	29
DO NOT KNOW	6
TNR	53
BASE	53

TABLE: SUPPLIES.9: RECENT PRICE PHARMACIST HAS PAID FOR SOVIET IUD PRODUCTS

	GENERAL
10 RB	1
25-27 RB	2
45 RB	2
50 RB	1
100 RB	1
2500 RB	2
DO NOT KNOW/CANNOT ANSWER	44
TNR	53
BASE	53

TABLE: SUPPLIES.9A: RECENT PRICES CLIENT HAS PAID FOR SOVIET IUD PRODUCTS

	GENERAL
25 RB	2
45 RB	1
4000 RB	1
DO NOT KNOW/CANNOT ANSWER	49
TNR	53
BASE	53

TABLE: SUPPLIES.10: RECENT PRICE PHARMACIST HAS PAID FOR A CONDOM

	GENERAL
3 RB	7
4 RB	1
10 RB	2
25 RB	16
30 RB	12
35 RB	3
170 RB	1
350 RB	1
500 RB	2
DO NOT KNOW	8
TNR	53
BASE	53
AVG	---

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TABLE: SUPPLIES.10A: RECENT PRICES CLIENT HAS PAID FOR A CONDOM

GENERAL	

3 RB	4
5 RB	3
10 RB	2
25 RB	4
30 RB	5
100 RB	6
150 RB	2
170 RB	1
200 RB	1
250 RB	1
300 RB	2
500 RB	1
600 RB	1
DO NOT KNOW	20
TNR	53
BASE	53
avg	87

TABLE: SUPPLIES.11: RECENT PRICE PHARMACIST HAS PAID FOR VAGINAL FOAMING TABLETS

	GENERAL
25 RB	2
200 RB	1
NOT AVAILABLE	4
DO NOT KNOW	46
TNR	53
BASE	53
BASE	53

TABLE: SUPPLIES.11A: RECENT PRICES CLIENT HAS PAID FOR VAGINAL FOAMING TABLETS

	GENERAL
200 RB	2
NOT AVAILABLE	4
DO NOT KNOW	47
TNR	53
BASE	53
avg. avo	2.8

TABLE: SUPPLIES.12: RECENT PRICE PHARMACIST HAS PAID FOR INJECTABLES

	GENERAL

50-52 RB	3
5000 RB	2
DID NOT BUY/NOT AVAILABLE	4
DO NOT KNOW	44
TNR	53
BASE	53
---	3

TABLE: SUPPLIES.12A: RECENT PRICES CLIENT HAS PAID FOR INJECTABLES

	GENERAL
50-52 RB	2
5000 RB	2
NOT AVAILABLE/DID NOT BUY	3
DO NOT KNOW	46
TNR	53
BASE	53
Wgt. a	3.2

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TABLE: SUPPLIES.13: RECENT PRICE PHARMACIST HAS PAID FOR CONTRACEPTIVE PASTAS

	GENERAL
18 RB	1
30 RB	1
37 RB	4
38 RB	2
40 RB	2
DO NOT KNOW	43
TNR	53
BASE	53

TABLE: SUPPLIES.13A: RECENT PRICES CLIENT HAS PAID FOR CONTRACEPTIVE PASTAS

	GENERAL

30 RB	1
37 RB	1
38 RB	1
40 RB	1
50 RB	2
DO NOT KNOW	47
TNR	53
BASE	53
Wgt...	

TABLE: SUPPLIES.14: RECENT PRICE PHARMACIST HAS PAID FOR IMPORTED IUD PRODUCTS

	GENERAL
10 RB	1
25-27 RB	3
50 RB	1
100 RB	1
2500 RB	1
DO NOT KNOW/CANNOT ANSWER	46
TNR	53
BASE	53
mg. day	53

TABLE: SUPPLIES.14A: RECENT PRICES CLIENT HAS PAID FOR IMPORTED IUD PRODUCTS

	GENERAL

25 RB	2
45 RB	1
35000 RB	2
DO NOT KNOW/CANNOT ANSWER	48
TNR	53
BASE	53
Subtotal	113

TABLE: SUPPLIES.15: RECENT PRICES PHARMACISTS HAVE PAID FOR CERTAIN CONTRACEPTIVE PILLS

	TRIZIS TON	BISEKU RIN	NONOV LON	ANTIO VIN	OTHER CONTRA CEPTIVE PILLS
40 KOPEK	-	-	-	-	-
2	-	-	-	-	1
10	-	1	1	1	1
13	-	-	-	-	2
20	5	3	2	1	-
25	-	1	-	-	-
29	1	-	1	-	-
30	2	1	-	5	1
36	-	1	1	-	-
40	1	-	-	1	-
41	1	-	-	-	-
42	2	-	-	-	-
43	4	-	-	1	1
45	-	-	1	-	1
50	-	-	3	-	4
70	-	-	-	1	-
80	-	-	-	2	2
90	-	-	1	-	-
92	-	-	1	-	2
95	-	-	2	-	-
96	1	-	-	-	-
120	-	-	-	-	1
150	-	-	-	-	-
200	1	-	1	-	3
396	-	-	1	-	1
500	-	2	1	-	-
DID NOT BUY/DO NOT KNOW	5	6	9	3	7
NO ANSWER	29	38	28	38	26
1000	1	-	-	-	-
TNR	53	53	53	53	53
BASE	53	53	53	53	53

TABLE: SUPPLIES.15A: RECENT PRICES CLIENT HAS PAID FOR CERTAIN CONTRACEPTIVE PILLS

	TRIZIS TON	BISEKU RIN	MONOV LON	ANTIO VIN	OTHER CONTRA CEPTIVE PILLS
20	-	-	-	-	1
29	-	1	1	-	-
30	1	1	-	-	-
36	1	1	1	-	-
41	1	-	-	-	-
42	1	1	-	-	-
43	1	-	-	1	-
50	-	-	2	-	2
80	-	-	1	2	-
92	-	-	-	-	1
95	2	1	1	-	-
100	1	-	1	-	-
150	1	-	1	1	1
500	1	3	3	1	2
1000	1	-	1	2	2
2000	-	-	1	-	1
10000	1	-	-	-	-
DO NOT KNOW	6	5	7	4	12
DID NOT BUY/DO NOT KNOW	1	1	1	2	2
NO ANSWER	34	39	31	38	27
20000	-	-	1	2	2
TNR	53	53	53	53	53
BASE	53	53	53	53	53

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

	FAMILY HEALTH COUNS ELLING	ORAL CONTRA CEP TIVES	IUDS	TUBAL LIGA TION	VASEC TOMY	CONDOMS	FEMALE BARRIER METHODS	INJEC TIONS	NORP LANT	RHYTEM
YES	8	20	16	6	3	25	13	-	1	16
NO	45	33	37	47	50	28	40	53	52	37
TNR	53	53	53	53	53	53	53	53	53	53
BASE	53	53	53	53	53	53	53	53	53	53

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

	FAMILY HEALTH COUN. SELLING	ORAL CONTRAC EPTIVES	IUDS	TUBAL LIGA TION	VASEC TOMY	CONDOMS	FEMALE BARRIER METHODS	INJEC TIONS	NOR PLANT	RHYTEM
YES	40	31	29	22	23	21	29	42	42	23
NO	13	22	24	31	30	32	24	11	11	30
TNR	53	53	53	53	53	53	53	53	53	53
BASE	53	53	53	53	53	53	53	53	53	53

TABLE:TRAIN.3:PHARMACISTS 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
YES	43
NO	6
DON'T KNOW	4
TNR	53
BASE	53

TABLE:PRIVATE.1:PHARMACISTS WHO SELL PRODUCTS TO PRIVATE PATIENTS OUTSIDE THE PHARMACY WHERE THEY USUALLY WORK

	GENERAL
YES	9
NO	43
DON'T KNOW	1
TNR	53
BASE	53

TABLE:PRIVATE.2:THE REASONS FOR NOT SELLING PRODUCTS TO PRIVATE CLIENTS
 (ASKED OF THOSE WHO DO NOT SELL PRODUCTS TO PRIVATE CLIENTS)

	GENERAL

IT IS AGAINST THE LAW	29
I HAVE NO MONEY TO BUY ANY PRODUCTS TO SELL	13
I DO NOT HAVE A PLACE WHERE I COULD SELL PRODUCTS	11
I DO NOT WANT TO BE HARASSED BY THE AUTHORITIES	10
I DO NOT HAVE ENOUGH TIME AFTER WORK	7
I CONSIDER IT SPECULATIVE	2
DO NOT WANT/NOT USED TO IT	2
NOT APPLICABLE IN OUR COUNTRY	1
TNR	75
BASE	44

TABLE:PRIVATE.3:THE REASONS THAT PRIVATE CLIENTS WOULD WANT TO GET SERVICES FROM A PRIVATE PHARMACY INSTEAD OF PHARMATSIA

	GENERAL

PERSONAL ATTENTION	26
HIGHER QUALITY PRODUCTS	24
SHORTER WAITING TIME	19
MORE VARIETY OF CHOICES/MORE DRUGS/SUFFICIENT AMOUNT OF DRUGS	14
ALWAYS AND EASILY AVAILABLE PRODUCTS	6
MORE PRIVACY	4
LONGER HOURS OPEN	4
POSSIBLE TO OBTAIN WITHOUT PRESCRIPTION	2
PRICES ARE HIGH BUT THERE IS A VARIETY OF CHOICES AND A GOOD NUMBER OF DRUGS	1
THE CLIENTS HAVE ENOUGH MONEY	1
NO ASWER	-
	TNR 101
	BASE 53

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TABLE:PRIVATE.4:THE FACTORS THAT WOULD BE THE MOST HELPFUL IN ASSISTING PHARMACISTS IN STARTING A PRIVATE PHARMACY

	GENERAL

SUPPORT OF COLLEGUES	
ALSO STARTING A PRIVATE PRACTICE	11
SHARED SPACE WHERE I COULD SELL TO CLIENTS	15
TRAINING TO SET UP SUCH A BUSINESS	22
A PRIVATE PROFESSIONAL ASSOCIATION	15
I AM NOT INTERESTED	4
OTHER	26
TNR	93
BASE	53

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TABLE:PRIVATE.6:THE PHARMACEUTICAL COMPANY WHOSE REPRESENTATIVES VISIT THE MOST FREQUENTLY

	GENERAL

PAIN KILLERS	5
ANTIBIOTICS	6
NOROVLON	1
INTA	1
BACTRIM	1
BENZOLEKS	1
AMPICILIN	1
PENICILIN	2
BARALGIN	1
TERMALGIN	1
RUTIN	1
ADELPHAN	2
IUD HALKASI	1
CONDOMS	1
TRIZISTON	1
STOMACH PILLS	1
DRUGS THAT ARE NEW IN THE MARKET	1
OTHER	5
TNR	33
BASE	17

TABLE:PRIVATE.9:PHARMACISTS INTERESTED IN PARTICIPATING IN AN INCENTIVE PROGRAM WITH A PHARMACEUTICAL COMPANY

	GENERAL
YES	47
NO	6
TNR	53
BASE	53

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