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A study

To assess the knowledge and attitude of facility staff towards NSV. in Ghaziabad District (UP)

By

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Post Graduate Diploma in Hospital and Health Management
(2010 – 12)

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Certificate of Approval

The following Dissertation titled "**Assess the knowledge and attitude of facility staff towards NSV. in Ghaziabad District UP"** is here by approval as a certified study in management carried out and presented in a manner satisfactory to warranty its acceptance as a prerequisite for the award of **Post Graduation Diploma in Hospital and Health Management** for which it has been submitted**.** It is understood by this approval by undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

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Certificate from Dissertation Advisory Committee

This is to certify that **Dr. Akash Jain Enroll no PG/10/064**, a graduate student of the Post Graduation Diploma in Hospital and Health Management, has worked under our guidance and supervision. He is submitted this dissertation titled "An **assessment the knowledge and attitude of facility staff towards NSV in Ghaziabad District at UP"** in partial fulfillment of the requirements for the award of the **Post Graduate Diploma in Hospital and Health Management.**

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Dr. S. K. Patel	Dr. Hari Singh
Assistant professor	Country Representative & Project Director
IIHMR	Engender Health
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Date	Date

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CERTIFICATE OF INTERNSHIP COMPLETION

Date: 18/05/12

TO WHOM IT MAY CONCERN

This is to certify that Dr. Akash Jain student of IIHMR, New Delhi has successfully completed his 3 months internship in our organization from February 01, 2012 to April 30, 2012. During this intern he has worked on "**Assess the knowledge and attitude of facility staff towards NSV. in Ghaziabad District (UP)** " under the guidance of me and my team at Engender Health.

We wish him/her good luck for his future assignments.

Dr. Hari Singh

Country Representative & Project Director

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EXECUTIVE SUMMARY

Purpose of this study is to assess the knowledge and attitude of Health care provider towards NSV in their respective operational areas. This study was carried out in Ghaziabad District of Utter Pradesh. Total 62 respondents (Medical officer, paramedical staff and NSV acceptor) from three block level rural public health facilities named; CHC Muradnagar, Dhaulana and Hapur were selected for this study. In addition to private facility was also selected in this study. This study was undertaken with the following objective, to assess the knowledge level of Health care provider toward NSV, to assess the attitude level of Health care provider towards NSV and to develop recommendations for increasing acceptance of NSV. Methodology adopted for the study is, Sample of 62 respondents (depend upon saturation point) were selected through Purposive sampling (non random sampling).An Open ended semi structured in-depth interview guide was developed, pilot tested and finalized. Analysis of the data, In-depth Interviews was content analyzed using standards method.

It was found that Staff from both public and private has good knowledge about NSV but they were lacking on medical reason for the benefit of NSV. Compensation money and proper counseling of potential client emerges as the most potent factor for increasing NSV acceptance. Age related eligibility criteria was lacking on most of the respondent. Most of doctors did not give open cafeteria approach to client. Regular training and Health education of paramedical staff is suggested. Display of IEC materials including leaflets, banners and bill boards can be useful. Nukkad Natak and puppet shows can be plays a important role for promotion for NSV acceptance.

Organizations Profile

Engender Health is a leading global reproductive health organization working to improve the quality of health care in more than 20 countries around the world. In partnership with governments and communities, we train local health professionals to provide high-quality services in maternal health, family planning, and HIV and AIDS. We also work to promote gender equality and to advocate for sound practices and policies that support sexual and reproductive health. Together with our partners, we strive to ensure that every pregnancy is planned, every child is wanted, and every mother has the best chance at survival. Main works of Engender health are

A. Family Planning - Across the globe, we have proven that even in resource-poor settings, family planning services can be safe, effective and affordable. Learn about our work in contraception, informed choice, and more.

B. Maternal Health - Our approach to maternal health is holistic, addressing women's sexual and reproductive health needs throughout their lives. We work to equip health facilities with medical supplies and well-trained staff to provide high quality services.

C. HIV, AIDS, and Sexually Transmitted Infections - To help overcome the global HIV epidemic, we train health providers, improve health services, and advocate for national and international policies that respond to the needs of people living with HIV.

D. Promoting Gender Equity - Addressing gender issues is essential to improving the health of both women and men. Through our Men as Partners program and other initiatives, we mobilize men to support their partners' reproductive health, promote gender equity, and reduce gender-based violence.

E. Partnering with Youth- We believe all young people have the right to health, respect, and appropriate services that respond to their specific needs. In particular, we work to increase their access to critical sexual and reproductive health information and services.

F. Improving clinical quality - We improve the quality of health care in the world's poorest communities by training providers to be responsive and informative, preventing infection, and increasing communication among staff. Our pioneering process has been used around the world.

G. Advocacy and Policy - We work locally, globally, and in the United States to influence evidence-based policy change that will lead to lasting improvements in reproductive health care services.

H. Major Projects- Engender Health is the managing partner of several major projects—consortiums of organizations working in partnership to achieve the maximum impact on public health. These projects range from global to country-specific

Engender Health works to improve the health and well-being of people in the poorest communities of the world. We do this by sharing our expertise in sexual and reproductive health and transforming the quality of health care. We promote gender equity, advocate for sound practices and policies, and inspire people to assert their rights to better, healthier lives. Working in partnership with local organizations, we adapt our work in response to local need.

Chapter 1

INTRODUCTION

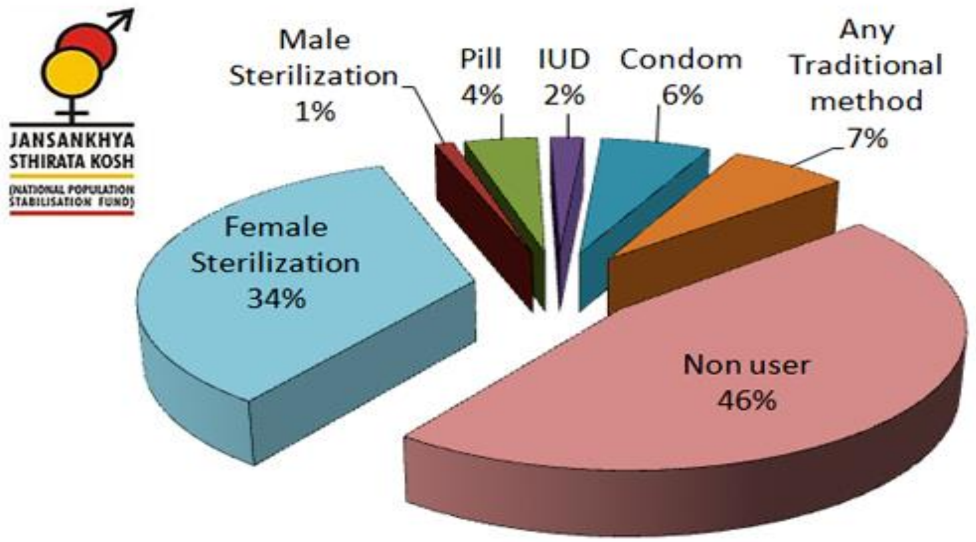
1.1 FAMILY PLANNING IN INDIA

The Ministry of Health and Family Welfare is the government unit responsible for formulating and executing family planning related government plans in India .

In the 1965-2009 period, contraceptive usage has more than tripled (from 13% of married women in 1970 to 48% in 2009) and the fertility rate has more than halved (from 5.7 in 1966 to 2.6 in 2009), but the national fertility rate is still high enough to cause long-term population growth.

.In the early 1970s, Indira Gandhi, Prime Minister of India, had implemented a forced sterilization programme, but failed. Officially, men with two children or more had to submit to sterilization, but many unmarried young men, political opponents and ignorant, poor men were also believed to have been sterilized. This program is still remembered and criticized in India, and is blamed for creating a public aversion to family planning, which hampered Government programmes for decades.[9]

According to DLHS 3(2007-08), around 53 percent of currently married women age 15-44 use any method of family planning in India, but a majority of them have adopted a permanent method of family planning (35 percent). The findings from the survey suggest that unmet need for family planning still remains high in some regions. The ranking and mapping of districts by contraceptive prevalence rate helps to focus the programme more effectively in the districts where contraceptive prevalence is low.



Current use of Family Planning Methods

An inverted Red Triangle is the symbol for family planning health and contraception services in India.

1.2 NSV (No scalpel Vasectomy) :-

Sterilization is currently the world's most widely used contraceptive method, in developing and developed countries and it is projected to remain so over the next two decades. From all methods of family planning, Sterilization accounts nearly half of all contraceptive use. Today, one out of four couples worldwide use sterilization as their family planning method.

During past years in India, from 1952 until 1977, the government of India promoted vasectomy more heavily than any other method of contraception. During India's "Emergency Period" (1975–77), the administration took on extraordinary powers and applied many of them toward the goal of reducing India's population. Almost 7 percent of all Indian couples were sterilized during this time, many through coercive means. The Ministry of Health and Family Welfare is the government unit responsible for formulating and executing family planning related government plans in India**.** In the 1965-2009 period, contraceptive usage has more than tripled (from 13% of married women in 1970 to 48% in 2009) and the fertility rate has more than halved (from 5.7 in 1966 to 2.6 in 2009), Indira Gandhi, Prime Minister of India, had implemented a forced sterilization programme, but failed. Officially, men with two children or more had to submit to sterilization, but many unmarried young men, political opponents and ignorant, poor men were also believed to have been sterilized. This program is still remembered and criticized in India, and is blamed for creating a public aversion to family planning, which hampered Government programmes for decades. The Gandhi government in 1977, and in the ensuing years, the entire family planning programme was toned down. By the 1980s, vasectomy, which had been the dominant family planning method in India for 20 years, was almost entirely replaced by female sterilization.

Male participation in family planning has seen a very fluctuating trend in India. Vasectomy played a dominant role in India's national family planning program, from the program's inception in the 1950s through the mid-1970s, it accounted for 65% of the 32.7 million sterilizations performed between 1956 and 1980. By the late 1970s, however, vasectomy acceptance had begun to decline drastically. This decline has been attributed to laparoscopic female sterilization becoming more widely available and popular, as well as a public backlash against the national program's high- pressured approach to vasectomy (large camps, cash incentives and reportedly coercive practices). Through the 1980s and 90s vasectomy continued to decline.

According to NFHS-2 data, among all the contraceptive methods available condom usage is only 3% and male sterilization is 2%, though by contrast, female sterilization is about 36%. In order to promote male participation in family planning, the Union Ministry of Health and

Family Welfare, launched the “No Scalpel Vasectomy Project” in 1998. Though as per NFHS-3 data, male sterilization has dropped to 1%. In order to reverse this decline, the central government renewed its attention to vasectomy in hopes of revitalizing the method. Over the past decade, the number of procedures performed in the public sector doubled and vasectomy’s contribution to the sterilization mix rose from 1.9 % to 5.1%. In eight states— Delhi, Haryana, Himachal Pradesh, Manipur, Punjab, Sikkim, Tripura, and West Bengal—vasectomy’s contribution to the sterilization mix is greater than 10 percent

In Uttar Pradesh, vasectomy accounts for 2.3% of the sterilization mix as per 2008-09 data available in the state. A major factor contributing to vasectomy’s resurgence has been the program’s focus on No-Scalpel Vasectomy (NSV), commonly known as the ‘no cut, no suture’ (*Bina Chira-Bina Tanka*) operation. The increased uptake of vasectomy has also coincided with a revised compensation plan for vasectomy acceptors, as well as providers—80% of the procedures were performed after September 2007 when the new scheme was put in place. In Uttar Pradesh (UP) 12% of married women of reproductive age—4.1 million couples—have an unmet need for limiting. Vasectomy prevalence is 0.2%, one fourth the national rate of 0.8%. In 8 of UP’s 18 divisions, vasectomy accounted for less than 1% of the sterilizations performed in 2008/09. Surveys conducted on large scale do indicate that the level of NSV acceptance continues to remain low [3]. A lot of social and economical reasons have been attributed to and the most important was that the couples do not want to take the risk on the bread earner of the family. The most common reason for the non-involvement of men is misinformation about vasectomy. Research shows that there is a wide spread belief among men and women that vasectomy makes men physically weak, impotent and unable to enjoy sex. However, those who were aware and have adopted the method say that NSV is advantageous.

The RESPOND Project

In recent years, the governments of India and of Uttar Pradesh have taken steps to increase rates of male sterilization. In 2007, the Ministry of Health increased the amount of compensation for wages lost offered to vasectomy acceptors to Rs. 1,100 (about $20 USD) for operations performed in the public sector. Today, India is one of the leading nations in the world with regard to the use of non scalpel vasectomy (NSV), and vasectomy prevalence in the national contraceptive method mix increased from less than 1 percent in 1997 to about 3 percent in 2003.However, overall use of this method remains low. **[Expanding Contraceptive Use in Urban Uttar Pradesh][9].**

The RESPOND Project partners Engender Health and Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU•CCP) are providing technical assistance to the Government of Uttar Pradesh (GoUP) to expand awareness about, acceptance of, and access to no-scalpel vasectomy (NSV) services.3 RESPOND's technical assistance is closely aligned with the State's National Rural Health Mission (NRHM) Action Plan for 2009–2010, is supportive of and synergistic with the State's planned interventions and activities, and sets the stage for expansion and scale-up of NSV interventions in 2010–2011 and beyond[9].

RESPOND's technical assistance follows a holistic Supply-Demand-Advocacy (S-D-A) Programming Model that complements the GoUP's strategic approach. On the supply side, strengthening service delivery components, NSV training, backstopping, and service site readiness will result in the increased availability of NSV service sites with skilled, motivated, well-supported NSV service providers. On the demand side, engaging communities and providing correct information about NSV will increase knowledge, improve the image of NSV services, and motivate couples to consider NSV. Advocacy is targeted at improving policies and creating a supportive environment for NSV services, with policies based on evidence, and maximizing resources to meet the needs of demand generation while ensuring quality NSV services. Together, these components are expected to lead to a better-resourced and more productive, supported, and sustainable program, and to the improved health of the Uttar Pradesh population[10].

Activities include under Respond Project are:-

- Improving the capacity of local medical colleges to train health staff in no-scalpel vasectomy
- Developing mobile camps where services are provided on special days
- Ensuring clients receive the information and counseling they need
- Dispelling myths and misconceptions about vasectomy among both clients and health care professionals
- Developing posters and other communications media (such as puppet theater and folk drama) to inform men and women of no-scalpel vasectomy
- Training community outreach workers- ASHA/ANM/AWW
- Creating video and radio segments to run on state-wide stations to raise awareness

- Advocating for no-scalpel vasectomy to be a key part of the state's health and family planning strategy

As NSV is a very simple, safe, effective and an advanced terminal technique of contraception for males, there is definite change in the mindset of people in India towards family planning and for adopting NSV as a family planning method.

Male sterilization (vasectomy) is one of the least-used methods of contraception in urban Uttar Pradesh, with a prevalence of only 0.5 percent. Female sterilization in urban Uttar Pradesh exceeds vasectomy by a factor of 37 to 1, even though vasectomy is safer, simpler, less expensive, and equally effective.

Chapter 2

STUDY DESIGN

2.1 RATIONALE OF THE STUDY

The rational of the study is to looks at the knowledge and attitude of the Health Care provider in public and private facility, an attempt is made to check the influence of provider knowledge and attitude on NSV acceptance in the District.

2.2 Research question

What is the knowledge and attitude of Health care provider towards NSV in district?

How the Knowledge, Attitude and Practice (KAP) influence NSV acceptance.

2.3 Objective of the study

To find out the knowledge and attitude level of health care provider towards NSV in both public and private health institutions

Specific objectives:

To examine the attitudes of health care providers towards NSV
To examine the knowledge of health care providers towards NSV
To examine the differences in KAP of public and private facility provider.

2.4 Methodology

2.4.1 Study population:

The study comprise Medical Officers, staff Nurses, OT attendant, dresser, Lab. Technician , Data entry operator, OPD attendant, accountant at CHC level then MOIC ,MO AYUSH, Mid wife, Health worker, Lab. Technician , accountant at PHC level and ANM at SC level. In addition this study was also interviewed at private hospital offering NSV services.

NSV acceptors in the district were also part of the study to know their perception on facility staff.

2.4.2 Sample Size:

The total number of respondents interviewed in the study was 62.

Medical officers	:	17
Paramedical Staff	:	35
NSV acceptors	:	10

2.4.3 Study area:

Ghaziabad District

CHC:	Muradnagar, Dhaulana, Hapur
PHC:	Niwari, Kakra, Gyaspur, Surana
SC:	Kumheda, Suthari, Dabana, Bandipur, Khurampur, Sultanpur
Private Institute:	Narendra Mohan Hospital, Mohan Nagar

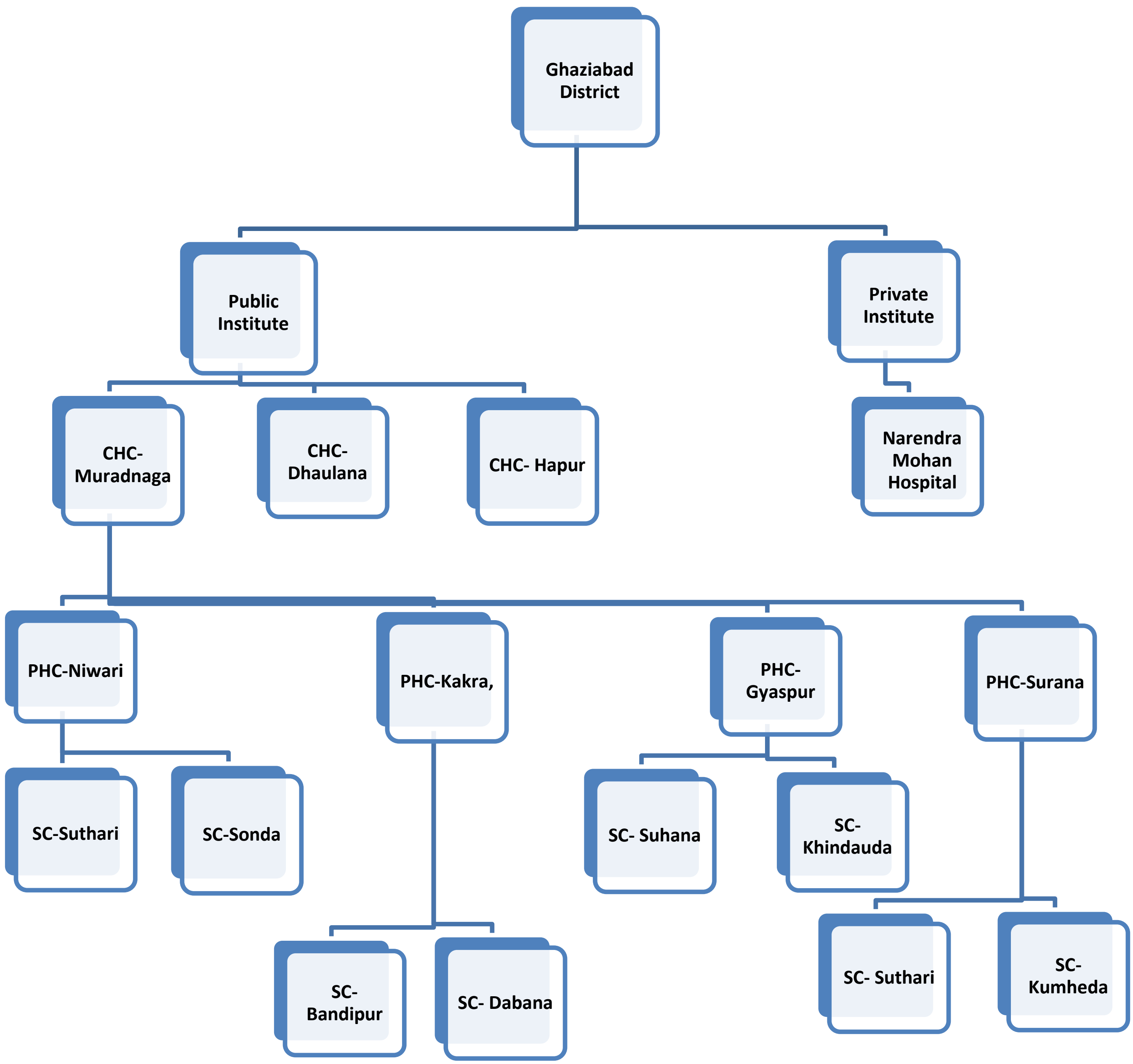


Figure:-Description of Data collection in Ghaziabad for the qualitative study conducted

2.5 Study tool: -

A semi structured open ended interview guide was developed it comprised of question related to demographic, subject knowledge and subject attitude towards NSV.

A. **Process of development of tool: -** Study tool is developed keeping some facts in mind, like it should be simple and is able to generate complete information of the subjects. It should cover all the relevant information related to the NSV. Question of the study tool should be easily understandable to the subject of the study. Questions should be design in such a way they that are able to generate all the relevant information which is required to meet the objective of the study.

B. **Pilot testing of tool and finalizing:- (changes after pilot study)** after conducting pilot study the study tool were analyzed again on the basis of information obtain to fulfill the gaps in the information which was not sufficient to meet the objective of the study. Form of the tool is changed and question was reframed because some information was repeating. Tool is resized to obtain more reliable information in order to accomplish the objective of the study. Some probe for each question was also added to it. Again this was tested in the field to check the reliability of the study tool.

C. **Finalization of study tool: - Process of administration of study tool: -** Final data collection was carried out from12 march to 23 March. During this time Knowledge and attitude level of Health care provider were assessed by interviewer. Knowledge part administered by the interviewer itself by asking direct knowledge based question to Health care provider and attitude part of Health care provider was done by asking their perception abut NSV. During the process of data collection interviewer were able to build up a strong rapport and relationship of trust with the Health care provider. This enabled the interviewer to probe more deeply into issues raised by Health care provider. When interviewees had not given enough in-depth information about a specific question or topic, the interviewer encouraged Health care provider to talk about what they thought and their communities felt about this or to share stories they had heard.

D. **Study Schedule:-**

Serial No.	Activities	Time duration
1	Selection of study topic	2nd February
2	Developing research question	3rd February
3	Development of study tool	4th February – 13th February
4	Pilot testing of study tool	14th February- 27th February
5	Finalization of study tool	28th February – 29th
6	Final data collection	1st March – 22nd March
7	Processing of data	23rd March – 31st March
8	Data analysis	1st April – 14th April
9	Report writing	15th April – 28th April

E. **Data collection**:-The guides were originally developed in English and then translated into the local languages for data collection. Based on the objectives of the study, the main themes of the guides include sections on Knowledge & practices of Health care provider regarding NSV fact, what are permanent FP method, preferred permanent FP method, pre NSV counseling, Post NSV precautions, reason for accepting NSV and suggestion for increase of acceptance of NSV, attitude regarding NSV services in their community. Based on the information received from Health care provider, questions on barriers to knowledge delivery to knowledge to the community were included. The interview guides also included many probes under each theme, aimed at determining the knowledge of Health care provider on the above mentioned topics. The discussion and interview guides were piloted in a similar community before being used for actual data collection. All the discussions and in-depth interviews with Health care provider were conducted using the local language.

2.6Analysis Procedure: -

Following protocol in content analysis of in-depth interview of Health care provider was used.

a. Preparation of transcript:- The Hindi form of in-depth interviews were transcript in to English transcript

b. Arranging the data for content analysis- All the data of in-depth interview was arranged block wise for analysis.

c. Deciding coding units – example – word, concept, sentence, paragraph, and theme, entire. We used in-depth interview text as coding unit.

d. Deciding Categories- The categories that immerged from intensive reading were – Knowledge regarding General Facts of NSV, what are permanent FP method, Pre NSV counseling, and Post NSV Guidance Convince Client for NSV Motivational factors for an Health care provider Each category was further coded with Nodes as shown in the following table.

Category	**Node**
Available permanent FP methods	Tubectomy/LTO
	Vasectomy/NSV
knowledge about NSV	simple and easy method
	Painless
	No cut/stitch
	No admission
	No physical weakness
	No sexual weakness
	Permanent method
eligibility criteria for NSV	Married men who have at least one child, whose age should be at least one year
	Should have completed his desired family size
	His wife should be alive and not undergone tubectomy
	Age preferably less than 60 years

pre-operative counseling	Easy and safe
	10-20 minutes
	No physical/sexual weakness
	Permanent method
	Part prepation
	return back walking within an hour
	After 2 days can resume normal work as earlier
post-operative precautions	Avoid heavy work until 2 days
	Avoid the operative area from getting wet until 2 days
	Avoid cycling or pulling a rickshaw for at 7 days
	Medicines for 3-5 days
	Use condoms/ any other form of contraception for 3 months
	Follow up -semen analysis after 3 months
Reasons for clients accepting NSV	understands the benefits of NSV
	wants to limit the family size
	Not come for money
Suggestion increase NSV acceptance	Proper counseling
	link worker
	More compensation money
	Open discussion in community by health workers
	through mass media

e. Coding the text - All the selected sample text (62 In-depth interviews, Period March 3 Blocks x 1 district), were coded as per the above table. Test coding was done and the same method was followed for the entire sample size.
f. Checking coding consistency – for the time being the codes were limited in number so coding instructions and rules were listed in one page. Human coders are subject to

fatigue and are likely to make more mistakes as the coding proceeds. However, in the current study the sample size being very small these challenges were not seen.

g. Drawing conclusion from coded data - involved exploring properties and dimensions of categories, identifying relationships between categories, uncovering patterns and testing categories against full range of data.

Data analysis was mainly done based on the thematic approach that involves organizing from the collected information into meaningful category.

Demographic information was arranged in a table with the frequencies of all respondents

2.7 LIMITATIONS

- The study and its results are limited to the district of Ghaziabad.

- Due to limited time and resources the study was carried out for a limited sample
- Lack of related or similar studies
- When using questionnaire as a tool, there could be a possibility of bias where respondents can give superficial correct or wrong responses.

Chapter 3

RESULT AND FINDINGS

This chapter describes the finding from this study which examined the knowledge and attitude of 64 Health care providers towards NSV.

We conducted in depth interview from 64 respondents out of 2 respondent refuse to gave interview. Response rate was 96%.

We developed a three type of questionnaire for Medical officer, paramedical staff and clients

1. For Doctors , questionnaire divide in two part, the first section collected demographic data and the second section examine the subject attitude toward NSV
2. For the paramedical staff, questionnaire divide in three part, the first section collected demographic data , second section ascertain the subject knowledge of NSV in that section we used observation technique simultaneously and the third section examine the subject attitude toward NSV.
3. For the clients, first section collected demographic data and second examine the subject attitude for health care provider.

Section 1- Demographic data collected from 62 respondents include Medical officer, paramedical staff and NSV acceptors.
Section 2 -subject knowledge level of paramedical staff
Section 3 -subject attitude level of paramedical staff
Section 4 -subject attitude level of Medical officer
Section 5 -subject attitude of NSV acceptors for health care provider.

Section 1 Demographic data of respondent (N = 62)

Table 1 Background characteristics of respondent

Descriptors	**Response Frequancy**	**Response Percentage**
Age:		
21-30	19	30%
31-40	29	46.7%
41-50	10	16.1%
51-60	4	6.4
Marital Status		
Single	8	12.9%
Married	54	87%
Seprated	0	0
Divorced	0	0
Widowed	0	0
Family Status		
No Children	10	16.1%
Have Children	52	83.8%
Name of Religion		
Hindu	45	72.5%
Muslim	14	22.5%
Sikh	0	0
Christian	3	4.8%

Others	0	0
Education		
Illiterate	2	3.2%
High School	4	6.4%
Senior Secondary	4	6.4%
UG	40	64.5%
PG	12	19.3%

62 respondent were interviewed for the study i.e. Medical officer, paramedical staff and NSV acceptor in both public and private facility in Ghaziabad district. 46.7% respondent were in 31-40 age group while 6.4% respondent were among 51-60 age group.

Marital and family status of respondent was found that 87% respondents were married whereas 12.9% were unmarried including paramedical staff and medical officer. 83% respondents have children in their family whereas 16% respondents do not have any child.

Religiously 72% respondents were to Hindu whereas only 4.8% respondent belong to Christian religion.

With respect to respondent's education level 3.2% were uneducated, 6.4% respondent up to higher secondary education level, 64.5% respondent was educate up to graduation and 19.3% respondent were postgraduate.

Section 2 Knowledge level of Paramedical staff with Frequency (N=35)

Section 2 indicates knowledge level of paramedical staff. It consists of table 2.1 to 2.9. This section reflects Staff in both public and private facility has found good knowledge about NSV but they were lacking knowledge about what are the medical reasons for adopting NSV.

Table 2.1Type of permanent FP methods:-

	Frequency	Percentage
Tubectomy/LTO	35	100
Vasectomy/NSV	35	100

It was found that all respondent were aware of Permanent and Temporary family planning method. They were aware of that both LTO and NSV as a Permanent family planning method which reflects a good knowledge of permanent FP method in both public and private hospital.

Table 2.2 Preferred permanent method:-

	Frequency	Percentage
Tubectomy/LTO	1	2.9
Vasectomy/NSV	31	88.5
Both LTO and NSV	2	5.7
Temporary FP method	1	2.9

88.5% respondent Preferred NSV as permanent family planning method. 5.7% respondent preferred Both LTO and NSV as a FP method they said main to limit family size, only 2.9% respondent preferred LTO as permanent family planning method because of some misconceptions, myths and religious factor. This table show good practices in term of NSV but results may influence with the change in study area.

Table 2.3 Suggest NSV to your relatives/peers:-

	Frequency	Percentage
YES	23	65.7
NO	12	34.2

65.7% respondents said that they suggest NSV to their relative/peers because NSV is safe and simple method. 34.2% respondent said they do not suggest NSV because of inability to explain advantage to others which shows their attitude and preference towards NSV.

Table 2.4 Knowledge about NSV:-

	Frequency	Percentage
1. simple and easy method	35	100
2. Painless	35	100
3. No cut/stitch	35	100
4. No admission	35	100
5. No physical weakness	34	97.1
6. No sexual weakness	34	97.1
7. Permanent method	35	100

Most of respondent were having good knowledge about NSV i.e. simple and easy method, Painless, No cut/stitch No physical/sexual weakness etc. but out of 35, 1 respondent was not aware that after accepting NSV any one does not feel physical/sexual weakness. Some misconception and myths were also told by respondents about NSV. This table indicates staffs in both public and private facility have good knowledge about NSV. Majority of respondents were having proper knowledge about basic facts of NSV but because of some social factors they are not using their knowledge in practice.

Table 2.5 Eligibility criteria for NSV:-

	Frequency	Percentage
1. Married men who have at least one child, whose age should be at least one year	28	80
2. Should have completed his desired family size	35	100
3. His wife should be alive and not undergone tubectomy	35	100
4. Age preferably less than 60 years	9	25.7

All respondent were aware of NSV that they have complete their desire family size and do not want more children are eligible for NSV and His wife should be alive and not sterilized. Whereas 80% of respondent knew that married men who have at least one child, whose age should be at least one year, can accept NSV as a FP method but only 25% of respondent aware of Age criteria for NSV remaining said age should be between 35-45. Some time some religion doesn't allow them to adopt NSV as a family planning method.

Table 2.6 NSV should be accepted after how many children:-

	Frequency	Percentage
After 2 children	11	31.4
After having at least one male child	14	40
after 3 children	10	28.6
after more than 4 children	0	0

40% respondent said that , NSV should be accepted after having at least one male child, as full filling family demand and customs male child is necessary, 31.4% respondent said they need only two children in their family for economic reason, 28.6% respondent said they need three children in their family. This shows social influence in adopting NSV as a permanent family planning method. Socio cultural believes are also a major factor for adopting NSV like

"Bacche to bhagawan ki den hote hai "

Table 2.7 Information is provided to the client as a pre-operative counseling:-

	Frequency	Percentage
1. Easy and safe	35	100
2. 10-20 minutes	31	88.6
3. No physical/sexual weakness	34	97.1
4. Permanent method	35	100
5. Part prepation	26	74.3
6. return back walking within an hour	31	88.6
7. After 2 days can resume normal work as earlier	33	94.3

Most of respondent had sufficient knowledge about pre-operative counseling. All respondent knew it is easy, safe and permanent method, Only 88.6% respondent knew how much time require for NSV process, some respondent said 30 to 45 minutes time require some said they do not know because they did not attend any NSV camp. Only one respondent did not know that no physical/sexual weakness occurred after NSV, 94.3 % respondent had knowledge that After 2 days of NSV procedure one can resume normal work as earlier, Only 88.6% respondent knew that after undergone NSV, clients can return back walking to home within an hour ,Only 74.3 % respondent aware about part preparation process.

This table indicates that most of respondent were aware that what point should be discuss with potential clients of NSV.

Table 2.8 Post-operative precautions:-

	Frequency	Percentage
1. Avoid heavy work until 2 days	33	94.3
2. Avoid the operative area from getting wet until 2 days	32	91.4
3. Avoid cycling or pulling a rickshaw for at 7 days	31	88.6
4. Medicines for 3-5 days	35	100
5. Use condoms/ any other form of contraception for 3 months	26	74.3
6. Follow up -semen analysis after 3 months	31	88.6

94.3 % respondent knew that after NSV procedure have to avoid heavy work until 2 days, 91.4 % knew that the client have to avoid getting operative area from getting wet until 2 days after NSV remain did not know because they did not heard about that, 88.6 % respondent said after undergone NSV have to avoid cycling or pulling a rickshaw for at 3 to 4 days, 88.6 % respondent aware of follow up -semen analysis after 3 months,74.3% respondent said after NSV procedure have to use condoms/ any other form of contraception for one month.

Table 2.9 some time clients ask general question and how they solve their query:-

	Reason	Frequency	Percentage
1. No physical weakness	No bleeding	24	68.6
2. No sexual weakness	Sperms are carried through as vas deferens, Seminal fluids is produced in seminal vesicle and prostrate, During NSV only the vas is cut and the other tube that carries seminal fluid remains as it is	11	31.4
3. No stitching	Small puncher	18	51.4
4. Minimum pain	conducted under local anesthesia	21	60.0

Only 68.6% respondent knew reason for no physical weakness after NSV; Remaining did not know they only heard that no physical weakness after NSV .60% respondent knew that NSV procedure conducted under local anesthesia so clients feel minimum pain. 51.4 % respondent knew reason for why NSV is called as no stitching process. Only 31.4 % respondents knew reason for no sexual weakness after NSV whereas remaining did not know. Most of respondents said they read and heard that there is no physical/sexual weakness, no stitching and minimum pain in NSV process but most of the respondent could not explain reason for that.

Staff in both public and private has found good knowledge about NSV but they lack the knowledge of medical reason for the benefit of NSV like they knew no physical/sexual weakness after NSV but why they did not know. Also found that from private facility has better information as compare to public facility

<u>Section 3.Attitude level of Paramedical staff with Frequency (N=35)</u>

Section 3 indicates attitude level of paramedical staff. It consists of table 3.1 to 3.4. This section reflects positive attitude of paramedical staff. Proper counseling and link worker concept emerge as a most potent factor for increasing acceptance of NSV.

Table 3.1 Reasons for clients accepting NSV:-

	Frequency	Percentage
1. understands the benefits of NSV	10	28.6
2. wants to limit the family size	24	68.6
3. come for money	25	71.4

According to them 71.4% respondent said most of clients come for money, mainly labour class come for money, some time they want government job or more compensation money. 68.6% clients accept NSV because they want to limit the family size but most of them come after 4 to 5 children. Only 28.6% clients accept NSV because they understand the benefits of NSV. Here compensation money emerge a most potent factor for increase acceptance of NSV.

Table 3.2 Other staff reactions with client when he comes for NSV:-

	Frequency	Percentage
1. Not Making fun of him	0	0
2. Not ridicule behave with him	0	0
3. no reaction	35	100

All of respondent said no one make fun of clients for accepting NSV and no one make ridicule behave with him. They support clients and solve their query. They don't make them feel any kind of hesitation during the procedure. This shows a supportive support of facility staff members towards the NSV clients. It is also observed that, where client get support from facility staff there no. of carrying out NSV operation is much more than the other facilities where they don't get support..

Table 3.3 Suggestion for increase NSV acceptance:-

	Frequency	Percentage
Proper counseling of potential clients & NSV acceptors	35	100
Through link worker	34	97.1
More compensation money	20	57.1
Open discussion in community by health workers	1	2.9
More publicity through mass media	0	0
Through NSV Camp	4	11.4
Create awareness in Community	2	5.7

All respondent stressed Proper counseling of potential clients & NSV acceptors can increase NSV acceptance because some time clients do not ask query related to sexual problem or other, due to hesitation. If they got proper counseling from male health worker about NSV like no physical/sexual weakness after NSV and reason then acceptance of NSV will increase. ASHA worker does not effective in term of NSV, they feel hesitation to discussion for query related to Sexual problem and clients also do not feel comfortable with female health worker.97.1% respondent felt link worker can increase acceptance of NSV because clients thinks link worker is one of us and if they can do everything after NSV then we also can do everything.57.1% respondent said more compensation is best method for increase the acceptance of NSV because labour class mainly come for money.

A table 3.4 Doctor Operative skill in NSV is also major factor to increase NSV acceptance:-

	Frequency	Percentage
YES	14	40.0
NO	21	60.0

60% respondent said clients do not depend on doctor's skill if they understand the benefit of NSV they come for NSV without any problem and 40% respondent said Doctor Operative skills in NSV is also major factor to increase NSV acceptance because clients prefer skilled doctor.

<u>Section 4 Attitude level of Doctors with Frequency (N=17)</u>

Section 4 indicates attitude level of doctor. It consists of table 4.1 to 4.4. In This study 10 medical officers (14 male and 3 female) were interviewed. This section reflects positive attitude of medical officer. Proper counseling and link worker concept emerge as a most potent factor for increasing acceptance of NSV.

Table 4.1 Preferred permanent family planning method :-

	Frequency	Percentage
Tubectomy/LTO	0	0
Vasectomy/NSV	8	47.05
Depend on clients	9	52.9

52.9% doctors gave open cafeteria counseling for man and woman and according to their choice they can choose any one of permanent sterilization method for family planning.

Only 47.05% doctors preferred NSV because it is highly effective method of permanent sterilization for men unlike traditional vasectomy, NSV is performed without incision or stitch. It is much safer and less expensive than tubal ligation for women.

Out of 47.05 %, 29.4% doctors from facility one and remain 17.65 % (5.8 % from each category) belong to Facility two, three and private hospital. That reflects reason for good NSV performance at facility one.

Table 4.2 Suggest NSV to your relative/peers:-

	Frequency	Percentage
YES	13	76.4
NO	4	23.5

Only 76.4% doctors suggested NSV to any clients or relative and 23.5 % did not because as a profession they treat and give counseling to only female clients, female clients mostly asked about only temporary methods and they do not want to accept any permanent method due to some religious factor. One respondent said he do not suggest NSV because he does not have much knowledge about NSV.

It reflects positive attitude of medical officer towards NSV.

Table 4.3 Reason for client accept NSV:-

	Frequency	Percentage
1. understands the benefits of NSV	7	41
2. wants to limit the family size	10	59
3. come for money	12	71

71% respondent said most of clients come for money, mainly labor class come for money, some time they want government job or more compensation money. 59% clients accept NSV because they want to limit the family size but most of them come after 4 to 5 children. out of all clients only 41% clients accept NSV because they understand the benefits of NSV. 11.7% (N=2) doctors did not meet with any NSV clients so they did not know reason why they accept NSV as a family planning method.

According to them compensation money emerge as a most potent factor for increase acceptance of NSV.

Table 4.4 Suggestion for increase NSV acceptance:-

	Frequency	Percentage
Proper counseling of potential clients & NSV acceptors	17	100
Through link worker	16	94
More compensation money	11	64
Open discussion in community by health workers	4	23
More publicity through mass media	1	6
Through NSV Camp	6	35
Create awareness in Community	3	18

All respondent said Proper counseling of potential clients & NSV acceptors can increase NSV acceptance because some time clients do not ask query related to sexual problem or other, due to hesitation. If they got proper counseling form male health worker about NSV like there is no physical/sexual weakness after NSV and reason then acceptance of NSV will increase because ASHA worker does not effective in term of NSV . They feel hesitation to discussion for query related to Sexual problem and clients also do not feel comfortable with female health worker.94% respondent said link worker can increase acceptance of NSV because clients thinks link worker is one of us and if they can do everything after NSV then we also can do everything.64% respondent said more compensation is best method for increase the acceptance of NSV because labor class mainly come for money

Here proper counseling emerges as major strategy to increase NSV acceptance from provider prospective.

Section 5 Attitude level of Clients for NSV provider with Frequency (N=10)

Section 5 indicates attitude level of NSV acceptor for Health care provider. It consists of table 5.1 to 5.6. This section reflects positive attitude towards health care provider. All clients have at least one male child in their family and were getting proper pre and post operative counseling.

Table 5.1 No of children of the respondent:-

Total no Children	3	4	3	3	2	4	4	5	6	5
Male Child	1	1	2	2	2	1	1	2	2	2
Female Child	2	3	1	1	0	3	3	3	4	3

All clients had at least one male child it reflects cultural influences. only one clients had 2 children, most of clients had more then 2 children. Also table 2.6 confirms the same result.

Table 5.2 Behavior of hospital staff, during NSV:-

	Good	Ok	Not ok	Bed
Doctor	6	4	0	0
Paramedical staff	4	6	0	0
Supporting staff	3	7	0	0

60 % respondent said doctor's behavior during NSV procedure was good. Respondents also satisfy with paramedical and supporting staff i.e. accountant

Doctor's behavior was very important for increasing NSV performance in both public and private hospital. Paramedical and supporting staff's behavior did not effect on NSV acceptance.

Table 5.3 Pre-operative counseling:-

	Frequency	Percentage
1. Easy and safe	10	100
2. 10-20 minutes	10	100
3. No physical/sexual weakness	10	100
4. Permanent method	10	100
5. Part preparation	10	100
6. return back walking within an hour	10	100
7. After 2 days can resume normal work as earlier	10	100

All clients got pre-operative counseling i.e. NSV procedure can be performed in an outpatient setting. It is conducted under local anesthesia. The procedure takes about 10 minutes. After some rest client can return back walking within an hour after the procedure is completed. After undergone NSV there is No physical/sexual weakness he can intercourse normally as he can earlier and After 2 days can resume normal work as earlier.

Table 5.4 Post-operative precautions:-

	Frequency	Percentage
1. Avoid heavy work until 2 days	10	100
2. Avoid the operative area from getting wet until 2 days	10	100
3. Avoid cycling or pulling a rickshaw for at 7 days	10	100
4. Medicines for 3-5 days	10	100
5. Pack of 30 condoms wrapped in paper/newspaper	3	30
6. Use condoms/ any other form of contraception for 3 months	10	100
7. Follow up -semen analysis after 3 months	10	100

All clients got post-operative counseling. One should not use bicycle for one week. After NSV it may take about 3 months to be effective as contraception. Therefore the couple is required to use condom or another contraceptive for 3 months after the NSV. After 3 months one should get semen analyzed and only if seminal fluid is found to be free of sperms (azoospermia) one is assured of the contraception. After 3 months, certificate of sterilization is provided to the client. Only 30% client got a condoms wrapped in paper, all of clients got only medicine after procedure.

Both public and private facility need to ensure condom supply. If NSV acceptor does intercourse without any contraception method so may be chances of NSV failure.

Table 5.5 Suggestion for increase NSV acceptance:-

	Frequency	Percentage
Proper counseling of potential clients & NSV acceptors	6	60
Through link worker	10	100
More compensation money	10	100
Open discussion in community by health workers	0	0
More publicity through mass media	0	0
Through NSV Camp	2	20
Create awareness in Community	1	10

Most of clients said Proper counseling of potential clients & NSV acceptors can increase NSV acceptance because some time clients do not ask query related to sexual problem or other, due to hesitation. If they got proper counseling form male health worker about NSV like there is no physical/sexual weakness after NSV and reason then acceptance of NSV will increase.ASHA worker does not effective in term of NSV . They feel hesitation to discussion for query related to Sexual problem and clients also do not feel comfortable with female health worker. All clients said link worker can increase acceptance of NSV because client thinks link worker is one of us and if they can do everything after NSV then we also can do everything.100% clients said more compensation is best method for increase the acceptance of NSV because labour class mainly come for money.

Here compensation money and Link worker concept emerge as a most potent factor for increasing acceptance of NSV.

Table 5.6 Comment about experience:-

Table 5.6.1 Waiting time:-

	Frequency	Percentage
Not Much (<1hour)	7	70
Ok (1 hour)	3	30
too much (>1 hour)	0	0

70% clients satisfy with waiting time on all process of NSV procedure. Only 30% clients said they had to wait 1 hour in Operation Theater but they can manage it which shows the willingness of a client for adopting NSV.

Table 5.6.2 Quality of service:-

	Frequency	Percentage
Good	6	60
Ok	4	40
Not Ok	0	0

60% clients satisfy with quality of service.40% clients said quality of service ok but it doesn't matter because the main thing is to get safe NSV operation done.

Table 5.6.3 Pain:-

	Frequency	Percentage
Minimum	6	60
Ok	3	30
too much	1	10

60% clients said during NSV procedure they felt minimum pain. 30% clients felt pain during procedure but they tolerate. Only one client complains about too much pain during procedure. NSV is promised to be painless but a significant percentage of patient experiences pain during the procedure.

Table5.6.4 Privacy during procedure:-

	Frequency	Percentage
Too much	4	40
Ok	6	60
Not Much	0	0

40% clients said during NSV procedure doctors and nurses maintain privacy. 60% clients felt hesitation because they remove their cloths but it a part of process so they can manage it.

Key Findings:-

On the basis of the observations made during the study and the findings obtained after the analysis,

- Staff in both public and private has found good knowledge about NSV but they lack the knowledge of medical reason for the benefit of NSV like they knew no physical/sexual weakness after NSV but why they did not know. Also found that from private facility have better information as compare to public facility
- Compensation money emerges as the most potent factor to acceptance of NSV by community.
- In the context of the district and the existing situation, male health worker are able to generate NSV clients rather than ASHA worker.
- NSV acceptor emerge as major potent factor for increase NSV acceptance .
- Health education in term of FP in local community, plays an important role in increasing NSV acceptance.
- Age related eligibility criteria was lacking on most of the respondent.
- Most of doctors gave open cafeteria approach to client .
- Paramedical staff reflected the need for having at least one male child as requisite for NSV acceptance.
- Proper counseling of potential clients & NSV acceptors can increase NSV acceptance.
- Condom supply need to be assured in both public and private facility.

CHAPTER 4
CONCLUSIONS AND RECOMMENDATIONS

4.1 CONCLUSIONS

From the supply side services should be best up to level of a public healthcare facility. Proper and satisfactory delivery of services will lead grater client satisfaction; this will improve the acceptance of NSV. The main factors from the providers, which can increase the uptake of NSV, include good knowledge about NSV but they lack the knowledge of medical reason for the benefit of NSV like they knew no physical/sexual weakness after NSV (A few members) which needs to be strengthened. Also found that from private facility has better information as compare to public facility this gap should be bridged. Though they were having enough knowledge and also having positive attitude towards NSV (Except one or two), But still time to time orientation for brush up their knowledge is mendatory.

4.2 RECOMMENDATIONS

Following is the suggested measures in terms of Demand generation and Service provision, proposed on the basis of findings of the study, NSV accepted clients and health department staff involved in the study.

- Regular training and Health education of paramedical staff is suggested.
- Display of IEC materials including leaflets, banners and bill boards can be useful. Nukkad Nataks and puppet shows can be plays a important role for promotion for NSV.
- Well-planned NSV camps with adequate infrastructure facilities like technical Services, transport, food, rest rooms, pre and postoperative care, counseling, supply of medicines, condoms etc. should be organized frequently. Roles and responsibilities of personnel and agencies involved in the camps should be clearly defined.

- Need to create a cadre of doctors including master trainers particularly in NSV by Setting up more training centers at the district level. Training in NSV should be made compulsory for all the PHC medical officers regardless of gender.

- A study on men who undergo NSV must be pursued in comparison with those who do not undergo NSV but are using other family planning methods. This will highlight differences in terms of methods used, client's satisfaction, and even the state of a couple's relationship.

- Motivational teams should be constituted at the grass root level to promote NSV Involving community groups, the self-help groups and people from government and nongovernment agencies.

- Patient satisfaction should be given priority and necessary steps to be taken to ensure a "male friendly" approach by the facility.

- Ensure the availability of daily NSV service provision at every block level facility.

ABBREVIATIONS

CHC	-	Community health center
PHC	-	Primary Health Center
SC	-	Sub Centre
NSV	-	No-scalpel vasectomy
IUD	-	Intra uterine devise
OCP	-	Oral Contraceptic pills
FP	-	Family Planning
GoUP	-	Government of Uttar Pradesh
USAID	-	U.S. Agency for International Development
KAP	-	Knowledge, Attitude and Practice

DEFINITION OF KEY TERMS

No-Scalpel Vasectomy (NSV) -

No-Scalpel Vasectomy (NSV) is a highly effective method of permanent sterilization for men Unlike traditional vasectomy, NSV is performed without incision or stitch. It is much safer and less expensive than tubal ligation for women.

NSV procedure can be performed in an outpatient setting. It is conducted under local anesthesia. The procedure takes about 10 minutes. After some rest client can return back walking within an hour after the procedure is completed.

Eligibility:

Married men between 25 - 60 years who have completed their family and do not desire more children are eligible for NSV. His wife should be alive and not sterilized

Advantages of NSV:

After having undergone NSV, one does not feel weakness. After 48 hours (2 days) one can resume normal work as earlier. However, it is important to avoid cycling for a week after the procedure.

After NSV, one does not lose interest in sex and his sexual strength remains intact. During sex one can ejaculate as earlier. Sperms are produced in testicles and are carried through a tube known as vas deferens. Seminal fluid is produced in seminal vesicle and prostrate, and added through another tube. During NSV only the vas is cut and the other tube that carries seminal fluid remains as it is. Therefore ejaculation of fluid remains unaffected after NSV. One can resume sexual activity after about a week.

Precaution after NSV:

It is advisable for the client to come back to the facility after 48 hours and get himself examined by the surgeon. One should not use bicycle for one week. After NSV it may take about 3 months to be effective as contraception. After the NSV although new sperms are not ejaculated, but there could be old sperms lying in the vas (tubes). These sperms are capable of surviving for up to 3 months and can cause conception. Therefore the couple is required to use condom or another contraceptive for 3 months after the NSV. After 3 months one should get semen analyzed and only if seminal fluid is found to be free of sperms (azoospermia) one is assured of the contraception. After 3 months, certificate of sterilization is provided to the client.

Link Worker:

who already accepted NSV as a family planning method and helping to increase acceptance NSV

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ANNEXURES

Questionnaire for Paramedical Staff

1. Name of the Staff ……………………	2. Age ……………………………
3. Education……………………………..	4. Marital Status …………………
5. Designation…………………….………..	6. contact no ....……

1. What are the permanent FP methods available to a couple to limit their family?

	Yes	No
Tubectomy		
Vasectomy/NSV		

2. Which permanent method is preferred & Why?

3. Would you suggest NSV to your relatives/peers as a method of FP?

4. What do you know about NSV?

	Yes	No
8. simple and easy method		
9. Painless		
10. No cut/stitch		
11. No admission		
12. No physical weakness		
13. No sexual weakness		
14. Permanent method		

5. What are the eligibility criteria for NSV?

	Yes	No
5. Married men who have at least one child, whose age should be at least one year		
6. Should have completed his desired family size		
7. His wife should be alive and not undergone tubectomy		
8. Age preferably less than 60 years		

6. What is the best time for accepting NSV and why?
   (a) After 2 children (c) after 3 children
   (b) After having at least one male child (d) after more than 4 children

7. What information is provided to the client as a pre-operative counseling

	K	P
8. Easy and safe		
9. 10-20 minutes		
10. No physical/sexual weakness		
11. Permanent method		
12. Part prepation		
13. return back walking within an hour		
14. After 2 days can resume normal work as earlier		

8. What post-operative precautions are to be given after accepting NSV?

7. Avoid heavy work until 2 days	
8. Avoid the operative area from getting wet until 2 days	
9. Avoid cycling or pulling a rickshaw for at 7 days	
10. Medicines for 3-5 days	
11. Use condoms/ any other form of contraception for 3 months	
12. Follow up -semen analysis after 3 months	

9. Some time clients ask general question about NSV like , weakness ,no stitching etc. Then how do you solve their query

	Reason	K	P
5. No physical weakness	No bleeding		
6. No sexual weakness	Sperms are carried through as vas deferens, Seminal fluids is produced in seminal vesicle and prostrate, During NSV only the vas is cut and the other tube that carries seminal fluid remains as it is.		
7. No stitching	Small cut		
8. No pain	conducted under local anaesthesia		

10. What are the reasons for clients accepting NSV as a FP method?

	Agree	Not agree
4. understands the benefits of NSV		
5. wants to limit the family size		
6. Not come for money		

11. How other staff react with client when he come for NSV

	Agree	Not agree
4. Not Making fun of him		
5. Not ridicule behave with him		
6. no reaction		

12. What according to you should be done to increase NSV acceptance?

	Agree	Not agree
1. Proper counselling of potential clients & NSV acceptors		
2. Through link worker		
3. More compensation money		
4. Open discussion in community by health workers		
5. More publicity through mass media		

13. What do you think doctor Operative skills in NSV is also major factor to increase NSV acceptance and why ?

Questionnaire for Doctors

1. Name ……………………	2. Age ……………..
3. Education……………………………..	4. Marital Status …………………
5. Designation…………………….………..	6. Contact no .... …

1. According to you which permanent family planning method is better
   (a) NSV
   (b) LTO

2. Would you suggest NSV to your relatives/peers as a method of FP?

3. What are the reasons, clients come for NSV as a FP method?

	Agree	Not agree
7. understands the benefits of NSV		
8. wants to limit the family size		
9. Not come for money		

4. What according to you should be done to increase NSV acceptance?

	Agree	Not agree
Proper counselling of potential clients & NSV acceptors		
Through link worker		
More compensation money		
Open discussion in community by health workers		
More publicity through mass media		

Questionnaire for Client

1. Name ……………………	2. Age ……………………………
3. Education…………………	4. No of children ………………
5. contact no	

.1. Behaviour of hospital staff, during NSV?

	Good (3)	ok (2)	not ok(1)	bad(0)
Doctor				
Paramedical staff				
Supporting staff				

2. What information is provided by hospital as a pre-operative counselling?

	Yes	No
1. Easy and safe		
2. 10-20 minutes		
3. No physical/sexual weakness		

4. Permanent method		
5. Part prepation		
6. return back walking within an hour		
7. After 2 days can resume normal work as earlier		

3. What post-operative precautions given by hospital after accepting NSV?

	Yes	No
1. Avoid heavy work until 2 days		
2. Avoid the operative area from getting wet until 2 days		
3. Avoid cycling or pulling a rickshaw for at least 7 days		
4. Medicines for 3-5 days		
5. Pack of 30 condoms wrapped in paper/newspaper		
6. Use condoms/ any other form of contraception for at least 3 months		
7. Follow up -semen analysis after 3 months		

4. What according to you should be done to increase NSV acceptance?

	Agree	Not agree
1. Proper counselling of potential clients & NSV acceptors		
2. Through link worker		

3. More compensation money		
4. Open discussion in community by health workers		
5. More publicity through mass media		

5. Any comment about your experience.

Waiting time

(a) Not Much (<1 hour) (b) Ok (1 hour) (c) too much (>1 hour)

Quality of service

(b) Good (b) Ok (c) Not Ok

Pain

(a) Not Much (b) Ok (c) too much

Privacy during procedure

(a) Too Much (b) Ok (c) Not much