

## A Report on FOCUS GROUP DISCUSSION

Place: Kodompokpi Mamang leikai

Topic: Family planning

Date: 28th august 2009

Number of participants: 10

Team members: Reena Laishom (BHPM) RK Babul (BDM) Kh Jems (BAFC)

Dr. Ratimanjuri (MOAyush) O.yasmeen (PHN) and ASHA

Kodompokpi Mamang Leikai is a village which comes under PHC Mekola having population over 1000. The village is covered by PHSC Waishel Mapal and have 6 AWC. The FGD is conducted in a club. The participants were very enthusiastic on discussing about family planning. Family Planning is preferred by the participants but only few have adopted it.

Some of the participants were not aware of NRHM but have known that there is an ASHA in their area and she take pregnant women for ANC but regarding Family Planning she provides them Condom but her role as motivator to adopt family planning is less.

The participants were not satisfied with the work of ANM for the demand of contraception like Condom or oral pills are not met when asked for it. VHND is conducted specially for immunization but health talk is not included But ASHA fulfill some their demand after getting it from PHC Mekola.

The youngest participant age 24 has one son of 10 months but does not want to adopt family planning even temporary for want of more children specially a son and has fear of side effect due to limited knowledge.

One woman, age 30 has shared that she had unwanted pregnancies so went for MTP frequently for she had less knowledge about Family Planning methods.

Man often denies adopting family planning and women face all the health problems. One lady said, she wanted to go for permanent method but lack of awareness and fear of side effect is a discouraging factor. Women prefer man to go for permanent method but cannot motivate them; frankly speaking they are helpless on this matter.

The participants placed some needs

- Awareness programme to motivate men for F.P
- Regular supply of contraceptives from PHSC and ASHA when required.
- Doctor visit in VHND or sub center to consult about Family Planning

The BCC activities that can be done are:

- Awareness programme
- Counselling
- Sensitisation meeting
- Street play

List of participants present are:

Sl no	Name	Age	Occupation
1	Th Sakhenbi Devi	36	House wife
2	O Ranjana	30	Do
3	T Ibemcha devi	34	Do
4	O Memi devi	35	Do
5	T Nungshithoi Devi	40	Do
6	O Sonia Devi	24	Do
7	O Subhashani	35	Do
8	N Sangeeta	27	Do
9	M Ibeyaima Devi	28	Do
10	O Brojeshori	28	Do

## **A Report on FOCUS GROUP DISCUSSION**

Place: Bengoon Mayai leikai  
Topic: Family planning/Immunisation  
Date: 30th august2009  
Number of participants: 10  
Team members: Reena Laishom (BHPM) RK Babul (BDM) Kh Jems (BAFC)  
Dr. Ratimanjuri (MOAyush) O.yasmeen (PHN) and ASHA

Bengoon Mayai Leikai is a village that is covered by PHC Mayang Imphal. The road leading to this village is kuccha. It is a Muslim based Village having a population above 1000.

There is no AWC in the village. The participants have not heard about NRHM but know about the presence of ASHA and shared that her role as they know are going to PHC and arranging immunization day at her home once in the month.

Most of the participants have shared that they have delivered at home or at private clinics (Ragini) which is not run by Doctor but a nurse. Deliveries are mostly done at home due to economic constraints and onset of labour pain just at the time of delivery.

### *Immunization:*

Many of them have not immunized their children fully despite of having immunization card. Most of them have 6 to 7 children in average for they do not adopt family planning. Some mothers who have knowledge about the importance of immunization. But all them know about IPPI and have benefited for home visit was made. If the health services reach their door step they will definitely take the benefit. So they want outreach health camp.

VHND is conducted once in a month for immunization but health talk is not given.

A lady shared that she was denied of immunization for her child for the vaccine was not available and sometimes the staff come very late so she thinks it is a waste of time to visit the health centre. Sometimes syringe brought by ANMs are not enough. In some PHCs the attitude of the staffs are very negative and bias in nature. They also prefer outreach services for immunization.

### *Family Planning:*

There is regular supply of condoms as received from ASHA but she does not have oral pills which the participants prefer, so they have to purchase it by themselves. Muslim society does not permit family planning so they are taking pills secretly without the consent of the husband since they cannot motivate their husbands to use condoms.

One lady aged 22 years wanted to adopt family planning but have no accurate knowledge about it and fear for side effect. And another participant shared that a private practitioner has advised her that it is useless to put Cu-T after having three children.

### *Need:*

Separate Awareness programme for both men and women on Family Planning.

Frequent outreach service

Doctors visit at PHSC

Health camp

### BCC activities:

- Counseling
- Awareness programme
- Poster and leaflet
- Street play

### List of participants:

Sl no	Name	Age	Occupation
1	Sanayai	35	House wife
2	Rahantun	30	Do
3	Momina	22	Do
4	Karamjan	25	Do
5	Tharo	22	Do
6	Salima	25	Do
7	Hajira	35	Do
8	Achoubi	30	Do
9	Jumera	30	Do
10	Hamida	33	Do

## **A Report on FOCUS GROUP DISCUSSION**

Place: Iram siphai

Topic: Functioning of PHSC and the services available

Date: 30th august 2009

Number of participants: 9

Team members: Reena Laishom (BHPM) RK Babul (BDM) Kh Jems (BAFC)

Dr. Ratimanjuri (MOAyush) O.yasmeen (PHN) and ASHA

Iram Siphai is a village with population above 3000, comes under CHC Wangoi having PHSC with five staff but people prefer to access their health needs from CHC Wangoi though they have to spend on transport.

The participants present were members of village health and sanitation committee but rarely heard about NRHM and do not have clear about the role of ASHA. one lady shared that the ASHA conduct social service and visit pregnant women. The PHSC is in a remote place not easily accessible by the villagers and they are scared to go there alone. Two women have shared that they have never visited the PHSC and not aware about the facilities available. They shared that they have seen ANMs giving immunization at Community Hall and Clubs but never seen sitting in the PHSC. Besides the two ANMs they have seen three more staff posted there but do not know about their role.

The solutions as shared by the participants to make the public access the health service:

- Village health and sanitation committee will take the initiative to call a meeting to make people aware about the health facilities at PHSC
- Improving the quality of service of service and see if the staff are delivering their service
- Fixing a day for immunization at PHSC
- Doctor's visit at PHSC
- ANM to conduct delivery at PHSC
- Make First Aid facilities available

BCC activities that can be done are:

- Awareness programme
- Sensitization workshop
- Leaflet and poster

List of participants present:

Sl no	Name	Age	Occupation
1	N Ranapati Devi	35	Member of VH&SC
2	L Tababi Devi	45	House wife
3	L sobita Devi	36	Member
4	L Ibeyaima Devi	32	Member
5	L Jamuna Devi	35	Member
6	L Manimacha Devi	34	Convenor
7	L Premila Devi	38	Member
8	L Ibeni Devi	39	Member
9	N Ibechoubu Devi	45	House wife

## **A Report on FOCUS GROUP DISCUSSION**

Place: Oinam Sawombung

Topic: Home Delivery

Date: 28th august 2009

Number of participants: 10

Team members: Reena laishom(BHPM)RK Babul (BDM) Kh Jems(BAFC)

Dr Ratimanjuri(MOAYush) O.yasmeen(PHN) Sarat(MHS) ASHA and AWW

Oinam sawombung is village that come under PHC Shamurou resided by muslim community with 834 population .the village is not far from Health centers PHC and Shamurou and CHC Wangoi but all the participants present have done home delivery.

In the discussion three of them have said they have done home delivery as they were referred from CHC wangoi on the pretext of having complications and operation may be required. But on reaching home they have safe delivery by ANM who stays in their village. Only few of them have heard about JSY and have not received. Some of them have gone for ANC without knowing the significance of it, they have visited only once. On top of that the attitude of the health care provider is discouraging. They have less knowledge about NRHM and the ASHA is nominated recently hence not working actively. Another important reason for home delivery is the financial conditions of the family. None of them have the knowledge of PNC of mother after delivery. One lady proudly said she has five children all born by local Dai and have full trust on her.

Some solutions as expressed by the participants are:

- Conducting village health and nutrition day with Doctor visit
- Delivery to be done by Lady Doctor
- No biasness by health care providers

The activities that can be taken up are:

- Group counseling
- Sensitization meeting
- Awareness programme
- Leaflet in local language

Name of the participants:

Sl no	Name	Age	Occupation
1	Gaharjan	35	AWW
2	Dhaneshori	45	House wife
3	Bembem	22	Do
4	Sakila	25	Do
5	Ruhina	23	Do
6	Sandrupi	35	Do
7	Bino	40	Do
8	Prabil Sahani	22	Do
9	Serabanu	28	Do
10	Zanatun	30	Do

## A Report on FOCUS GROUP DISCUSSION

Place: Paobotek maning leikai

Topic: Family planning

Date: 28th aug2009

Number of participants: 10

Team members: Reena laishom(BHPM)RK Babul (BDM)Kh Jems(BAFC)  
Dr Ratimanjuri(MOAYush) O.yasmeen(PHN) and ASHA

Paobitek maning leikai is a village under CHC Wangoi with population above 700.it is a remote village with kuccha road resided by Muslim community. There is no AWC and PHSC is far to access the service.

To discuss about family planning we have to beat round the bush being a Muslim community so we discussed other issue like home delivery. So the FGD started with the knowledge of NRHM but it was new to them, one lady shared that she knows there is ASHA but does not know about her role. Next we discussed about JSY and delivery, as shared by them, most of has done delivery at home that by dai, only one lady has delivered at CHC Wangoi and received JSY. In average all of them have six to seven children ,delivered at home .most of them prefer to deliver at home and the reason are financial constrain and transportation limitations. When the topic of family planning started they did not feel free but some of them shared that their religion does not permit so they have many children but facing financial constrain they started using contraceptives, most of them preferred to use oral pills but only one lady wanted to adopt permanent method she even went to RIMS but sent back for there is no fund, a women told that despite of taking oral pill she became pregnant since they have not received any counseling regarding family planning. One problem they commonly face is that if they want to use contraceptives it is not easily accessible but have to purchase from pharmacy and the ASHA cannot provide.

Some solutions as shared by them are:

- Need for provision of referral vehicle for the village
- opening a PHSC for this village
- frequent outreach health service for health care providers
- make ASHA work effectively with provision of required health need and information

The activities that can be taken are:

- Group counseling
- Awareness programme
- Leaflet/poster
- Street play

The participant list are:

Sl no	Name	Age	Occupation
1	Sheela	20	House wife
2	Nureda	25	Do
3	Amina	20	Do
4	Tamina	28	Do
5	Rashidabi	25	Do
6	Shakila	20	Do
7	Shanamacha	23	Do
8	Ruhina	29	Do
9	Amina	25	Do
10	Najima	20	Do

## **A Report on FOCUS GROUP DISCUSSION**

### Action Plan for BCC Activity

Place	Issues	Activity
Oinam Sawombung	Home Delivery	Sensitization meeting
Paobitek Maning leikai	Family Planning	Awareness programme
Kodompokpi Mamang leikai	Family planning	Awareness programme
Bengoon Mayai leikai	Immunisation & Family planning	Awareness programme
Iram siphai	Access to health services	Workshop

### Budget Requirement for Awareness programme

Sl no	Particularl	Budget
1	Banner and photography including printing charge	Rs 2000
2	Stationery/leaflet	Rs 8000
3	Resource Person 2nos@ Rs 500 for 4 programme	Rs 4000
4	Refreshment	Rs 8000
6	Transportation and Hall Hiring	Rs 8000
7	Miscellaneous	Rs 5000

### Budget for workshop

Sl no	Particular	Budget
1	Resource Person 3 nos @ Rs 500	Rs 1500
2	Stationery	Rs 1000
3	Refreshment	Rs 2000
4	TA for participants nos 25 @ Rs 100	Rs 2500
5	Transportation and hall hiring	Rs 1000
6	Mike and Banner and photography including printing charge	Rs 2000
7	Miscellaneous	Rs 1000