

|           |   |
|-----------|---|
| ID Number | A1-1986-0008-Eng  |
| Title     | Survey on the Efficiency of the Family Planning Program<br>: Health Workers |

1. Your age
  - 1) 20 years old or under
  - 2) 20~24 years old
  - 3) 25~29 years old
  - 4) 30~34 years old
  - 5) 35~39 years old
  - 6) 40~44 years old
  - 7) 45 years old or over
  
2. Highest level of education you have attained
  - 1) Graduated elementary school
  - 2) Graduated middle school
  - 3) Graduated high school
  - 4) Graduated college or more
  
3. Certified
  - 1) Midwife/maternity nurse
  - 2) Midwife
  - 3) Nurse
  - 4) Nursing assistant
  
4. Current job position
  - 1) Public health center, senior counselor
  - 2) Public health center, counselor
  - 3) Eup/Myeon counselor
  
5. Marital status
  - 1) Single
  - 2) Married
  - 3) Divorced
  - 4) Widowed
  - 5) Separated

6. What were the performance goals allocated to you in 1985?

|                                      | Goals |
|--------------------------------------|-------|
| 1) Vasectomy                         |       |
| 2) Tubal ligation                    |       |
| 3) Lippes Loop (intrauterine device) |       |
| 4) Menstrual regulation              |       |
| 5) Oral contraceptive                |       |
| 6) Condom                            |       |

7. We would like to ask about your monthly work plan. What are the work plans you have made for last month and what were the outcomes?

|                                      | Plans | Outcomes |
|--------------------------------------|-------|----------|
| 1) Making house calls                |       |          |
| 2) Tubal ligation                    |       |          |
| 3) Vasectomy                         |       |          |
| 4) Lippes Loop (intrauterine device) |       |          |
| 5) Menstrual regulation              |       |          |
| 6) Oral contraceptive                |       |          |
| 7) Condom                            |       |          |

8. Are you satisfied with your current work?

|                             | Very dissatisfied | Somewhat dissatisfied | Neither satisfied nor dissatisfied | Somewhat satisfied | Very satisfied |
|-----------------------------|-------------------|-----------------------|------------------------------------|--------------------|----------------|
| 1) Salary                   |                   |                       |                                    |                    |                |
| 2) Promotion                |                   |                       |                                    |                    |                |
| 3) Workload                 |                   |                       |                                    |                    |                |
| 4) General work environment |                   |                       |                                    |                    |                |

9. What types of training have you received regarding family planning so far?

|    | Types of training | Duration | Content | Location | Training period |
|----|-------------------|----------|---------|----------|-----------------|
| 1. |                   |          |         |          |                 |
| 2. |                   |          |         |          |                 |
| 3. |                   |          |         |          |                 |
| 4. |                   |          |         |          |                 |

10. What do you think of the effect of the training you have received?

|   | 1. Yes | 2. No |
|---|--------|-------|
| 1) It was helpful in obtaining knowledge regarding family planning        |        |       |
| 2) It was helpful in sharing opinions regarding work with other coworkers |        |       |
| 3) I felt freedom away from the heavy workload of the workplace           |        |       |
| 4) It was difficult to understand the contents of the lectures            |        |       |

11. How would you evaluate your performance at your workplace?

|  | Very poor | Poor | Neither<br>Poor nor<br>outstanding | Outstanding | Highly<br>outstanding |
|--|-----------|------|------------------------------------|-------------|-----------------------|
| 1) Achievement of performance goals                                    |           |      |                                    |             |                       |
| 2) Making house calls  |           |      |                                    |             |                       |
| 3) Administrative ability  |           |      |                                    |             |                       |
| 4) Relationship with public health center (in case of Eup/Myeon agent) |           |      |                                    |             |                       |
| 5) Relationship with designated doctor                                 |           |      |                                    |             |                       |
| 6) Relationship with local community leader                            |           |      |                                    |             |                       |
| 7) Relationship with local women's association                         |           |      |                                    |             |                       |
| 8) Individual counseling   |           |      |                                    |             |                       |

12. Relationship with the local leadership

|  | How frequently do you make contact each month? | How much help are you receiving? |        |     | Level of interest in program |        |     | How important is this person in promoting the family planning program? |        |     |
|--|--|----------------------------------|--------|-----|------------------------------|--------|-----|--|--------|-----|
|  |  | High                             | Middle | Low | High                         | Middle | Low | High   | Middle | Low |
| 1) Head of a gun (Chief of county)                   |  |                                  |        |     |                              |        |     |  |        |     |
| 2) Deputy head of a gun (Deputy chief of county)     |  |                                  |        |     |                              |        |     |  |        |     |
| 3) Director of the public health center              |  |                                  |        |     |                              |        |     |  |        |     |
| 4) Head of a myeon (Chief of township)               |  |                                  |        |     |                              |        |     |  |        |     |
| 5) Deputy head of a myeon (Deputy chief of township) |  |                                  |        |     |                              |        |     |  |        |     |
| 6) Captain of the reserve                            |  |                                  |        |     |                              |        |     |  |        |     |
| 7) Chapter of family planning association            |  |                                  |        |     |                              |        |     |  |        |     |
| 8) Staff of public health center                     |  |                                  |        |     |                              |        |     |  |        |     |

13. Do you follow up with those who have received services (procedures, medication, devices) related to family planning from you?

- 1) Yes ⇒ Go to question 13-1.
- 2) No

13-1. What is the percentage of people complaining of side effects?

| Oral contraceptive | Lippes Loop (intrauterine device) | Tubal ligation | Vasectomy | Menstrual regulation |
|--------------------|-----------------------------------|----------------|-----------|----------------------|
|                    |                                   |                |           |                      |

14. Do you plan on continuing to work in family planning?

- 1) It will be my lifelong work
- 2) I will quit at some point ⇒ Go to question 14-1.
- 3) I will quit soon ⇒ Go to question 14-1.

14-1. Why do you plan on quitting?

- 1) Marriage
- 2) Children-family
- 3) To get a different job ⇒ Go to question 14-2.

14-2. Why do you want to get a different job?

- 1) Low salary
- 2) I don't feel like the work I do currently is worthwhile
- 3) It doesn't fit my aptitude
- 4) I can't fully utilize what I've learned

15. What are the difficulties of working in family planning?

- 1) None
- 2) I have insufficient knowledge of family planning
- 3) The objection of my parents
- 4) Unfavorable social perception
- 5) The work is very difficult
- 6) Salary is too low
- 7) Negative atmosphere in the workplace