

A SURVEY TO DETERMINE
FACTORS THAT INFLUENCE
THE UTILIZATION OF MATERNAL
AND CHILD HEALTH SERVICES
BY WORKING WOMEN OF
CHILD BEARING AGE WITH
SPECIFIC REFERENCE TO
FAMILY PLANNING

by

SOFIA BLACK

submitted in fulfillment of the
requirements for the degree of

MASTER OF NURSING SCIENCE

at the

UNIVERSITY OF MONTANA

Supervisor: Prof J.S.H. Van Dyk
November 1945

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by

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submitted in fulfillment of the
requirements for the degree of

MASTERS OF BUSINESS SCIENCE

at the

UNIVERSITY OF SOUTHERN

Supervisor: Prof J. S. B. Van Dyk
November 1965

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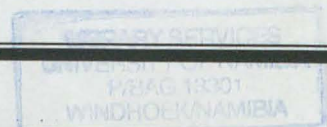
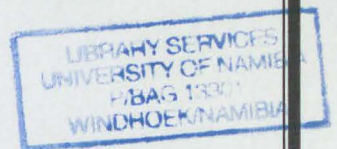
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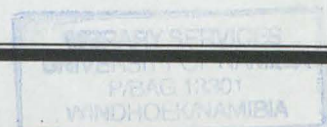
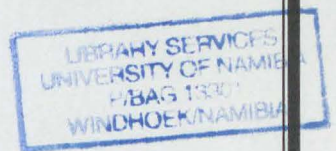
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November 1995**



1971 - 10 - 10

THE NATIONAL ASSOCIATION OF
STATE SOCIETIES OF AMERICAN HISTORY
HAS THE HONOR TO ANNOUNCE THE
RESULTS OF THE CONTEST FOR THE
NATIONAL HISTORICAL MONUMENT
AWARD FOR 1971.



NATIONAL ASSOCIATION OF
STATE SOCIETIES OF AMERICAN HISTORY

1971 - 10 - 10

1911 - 10 - 10

The following is a list of the names of the persons who have been elected to the office of Justice of the Peace for the year 1911. The names are given in alphabetical order of their surnames. The names of the persons who have been elected to the office of Justice of the Peace for the year 1911 are: [illegible names]

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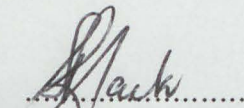
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Student number: 8637261

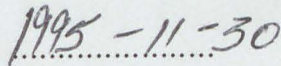
I declare that **A SURVEY TO DETERMINE FACTORS THAT INFLUENCE THE UTILIZATION OF MATERNAL AND CHILD HEALTH SERVICES BY WORKING WOMEN OF CHILD BEARING AGE WITH SPECIFIC REFERENCE TO FAMILY PLANNING** is my own work and that all the sources that I have used or quoted have been indicated and acknowledge by means of complete references.

DEPARTMENT: Nursing Science

SUPERVISOR: Prof. A.S.B. van Dyk


SIGNATURE

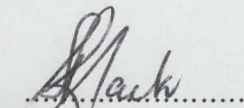
(MS SOFIA BLACK)



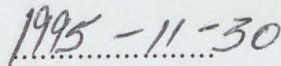
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.....
SIGNATURE

(MS SOFIA BLACK)


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DATE

REPORT ON THE PROGRESS OF THE WORK DURING THE YEAR 1948

1. General	2. Results
3. Conclusions	4. Recommendations
5. Appendix	6. Bibliography
7. Index	8. Summary

The first part of the report deals with the general progress of the work during the year. It is divided into two main sections: the first section deals with the work done during the year, and the second section deals with the results of the work.

The second part of the report deals with the results of the work. It is divided into two main sections: the first section deals with the results of the work done during the year, and the second section deals with the results of the work done during the previous year.

REPORT OF THE DIRECTOR, BUREAU OF AGRICULTURE, ON THE PROGRESS OF THE BUREAU'S WORK DURING THE YEAR 1942.

AGRICULTURE	1-1-1942
FOREST SERVICE	1-1-1942
WILDLIFE SERVICE	1-1-1942
PLANT INDUSTRY	1-1-1942
GENERAL INVESTIGATIONS	1-1-1942

The Bureau of Agriculture has during the year 1942, continued its work in the field of research, extension, and administration. It has also continued its work in the field of cooperation with other Federal agencies and State and local governments.

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SUMMARY

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STUDENT: Sofia Black
DEGREE: Master of Nursing Science
FACULTY: Medical and Health Sciences
UNIVERSITY: University of Namibia
DEPARTMENT: Nursing Science
SUPERVISOR: Prof A.S.B. van Dyk

Family planning is aimed at determining the size of families and effective spacing of wanted children. Thus birth control and child spacing not only becomes a matter of personal concern but takes into consideration the rights of others. By becoming informed about problems experienced with the utilization of family planning services, the health care provider is in a better position to find solutions to these problems.

A descriptive study was done to gather information which is directed at factors that influence the utilization of family planning services by working women in child bearing age. In this study a questionnaire was used to determine factors that influence utilization and non-utilization of family planning services.

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KEY WORDS: University of Namibia
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You are invited

to a meeting of the Board of Directors of the City of New York on Monday, June 15, 1964, at 10:00 A.M. in the Board Room, 100 West Street, New York, New York.

The Board of Directors will consider the following matters:

- 1. The report of the Board of Directors for the year ended December 31, 1963.
- 2. The report of the Board of Directors on the operations of the City of New York for the year ended December 31, 1963.
- 3. The report of the Board of Directors on the financial statement of the City of New York for the year ended December 31, 1963.
- 4. The report of the Board of Directors on the budget of the City of New York for the year 1964.

Very truly yours,

John F. Kennedy, Mayor of the City of New York

It was concluded that:

- occupational health services are almost non-existent in Namibia and need to be addressed by health care policy makers;
- family planning services and the distribution of information on these services are not sufficient for working women in Windhoek;
- strategies should be designed to improve the attitude of health providers towards clients so as to improve utilization of health services especially family planning services .

KEY TERMS

Factors, influence, utilization, access, child bearing age, family planning, maternal and child health services, health providers.

Section 101

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Section 102

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THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT



TO

MOM, DAD, ELSIE, RICKY, ELTON,

ETTIENE, LEIGH-ANN AND NAOMI

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

UNIVERSITY OF CHICAGO
PHYSICS DEPARTMENT
5734 S. UNIVERSITY AVE.
CHICAGO, ILL. 60637

TO

MOM, DAD, ELSIE, RICKY, ELTON,

ETTIENE, LEIGH-ANN AND NAOMI

QUESTION - ANSWER

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ANSWER - ANSWER
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ACKNOWLEDGEMENTS

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- * MS. M. ALBERTS, for the statistical analysis of the data and her patience
- * STAFF DEVELOPMENT COMMITTEE, for financial assistance
- * All my colleagues and friends for their encouragement, interest and support
- * My parents, and children for their encouragement and patience
- * All the respondents for their valuable contribution
- * MS. A. E. TSUSES, for her patience with typing the dissertation

ABOVE ALL THANKS TO MY SAVIOUR WHO IS THE SOURCE OF ALL THAT I NEED.

QUESTION - ANSWER

1. All the following are important factors which influence the distribution of a drug in the body except the following: a) age b) sex c) body fat d) renal excretion

- 1. Age is not related to the distribution of a drug
- 2. Age and sex are not important factors which influence the distribution of a drug
- 3. Age is not related to the distribution of a drug
- 4. All are important factors which influence the distribution of a drug
- 5. All are important factors which influence the distribution of a drug
- 6. All are important factors which influence the distribution of a drug
- 7. All are important factors which influence the distribution of a drug
- 8. All are important factors which influence the distribution of a drug
- 9. All are important factors which influence the distribution of a drug

ANSWER: OPTION B IS NOT A FACTOR WHICH INFLUENCE THE DISTRIBUTION OF ALL DRUGS

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CHAPTER 1

INTRODUCTION TO THE STUDY

1.1 INTRODUCTION

"Health begins at home" was the theme chosen for World Health Day 1973, on the 25th anniversary of the World Health Organization in recognition of the important role of the family in promoting and protecting the health of its members. In all, from nomads to suburbanites, the family has existed as a fundamental social institution. From the moment a child is born the course of his physical and mental development is determined by his parents and he can never free himself entirely from these early experiences.

The mother and child are not only at the very centre of the family unit, but they are also subjected to special health risks. The care of mothers and children, which includes nutrition and family planning, are important components of family benefits. The health impact of family planning occurs primarily through the following effects on human reproduction:

- the prevention of unwanted pregnancies and births, and the occurrence of planned pregnancies
- a change in the total number of children born to a mother
- variation in the intervals between pregnancies (W.H.O., 1970: 1-8).

CHAPTER 1

INTRODUCTION TO THE STUDY

1.1. INTRODUCTION

The purpose of this study is to investigate the effect of the independent variable on the dependent variable. The study is designed to provide a comprehensive understanding of the relationship between the variables. The study is based on a theoretical framework that suggests that the independent variable has a positive effect on the dependent variable. The study is designed to test this hypothesis and to provide a detailed analysis of the results. The study is organized as follows: Chapter 1: Introduction; Chapter 2: Literature Review; Chapter 3: Methodology; Chapter 4: Results; Chapter 5: Discussion; Chapter 6: Conclusion.

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Due to the health impact of family planning, interest, both in family planning and services for family planning, have developed rapidly in many countries throughout the world, especially during the past decade. The reasons for providing services for family planning include the improvement of health and the human right of individuals to determine their reproductive performances.

Because overpopulation and hunger have created such a magnitude of problems that affect all living beings, ecological insight forces us to look at life and the environment differently. This is because beyond the questions of survival is the question of quality of life. Family planning is aimed at determining the size of families and effective spacing of wanted children. Thus birth control and child spacing not only becomes a matter of personal concern but also takes into consideration the rights of others.

In a census carried out in 1991 in Namibia it was indicated that the country has a population of 1,4 million people with a growth rate of 3% (UNICEF, 1990: no page indicated). Although the country's population remains a small percentage of the world's population, the current high levels of fertility and mortality give rise to great concern about the region's ability to maintain living standards already attained since independence.

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The first part of the report is a general introduction to the subject of the study. It discusses the importance of the study and the objectives of the research. The second part of the report is a detailed description of the methodology used in the study. This includes a description of the data collection methods, the sample size, and the statistical methods used to analyze the data. The third part of the report is a discussion of the results of the study. This includes a description of the findings and a comparison of the results to previous research. The final part of the report is a conclusion and a list of references.

The methodology used in this study was a combination of qualitative and quantitative methods. The qualitative methods included interviews with experts in the field and a review of the literature. The quantitative methods included a survey of a large number of participants. The data were analyzed using a variety of statistical techniques, including regression analysis and factor analysis. The results of the study indicate that there is a strong relationship between the variables studied. These findings have important implications for the field of research.

The results of the study show that there is a significant positive correlation between the variables studied. This suggests that as one variable increases, the other variable also tends to increase. The strength of the correlation is supported by the statistical analysis. The findings are consistent with previous research in the area. The study also identified some limitations and areas for future research. Overall, the study provides valuable insights into the relationship between the variables studied.

References

1. Smith, J. (2010). The relationship between X and Y. *Journal of Research*, 15(2), 123-135.

The provisional census data also showed that about 33% of the population lives in urban areas and that the population density is 1,7 persons per square kilometre. About 60% of the population lives in the northern part of the country. Namibia is, thus, a country with a small population which is sparsely distributed but with a high population growth rate (Census data, 1991).

The census survey revealed a young population structure in Namibia with about 47% of the population being 14 years of age and under, 51% of the population being 15-64 years. This fact has far reaching social, economic and demographic implications for the future development of the continent.

Women of child bearing age and children under five years of age constitute about 40-50% of the entire population of 1,4 million people. This statement makes maternal and child health a very important issue in the delivery of health care in Namibia. According to the World Health Organization, maternal and child health care is a health care approach aimed at protecting and promoting the health of women in child bearing age (15-45 years) and children, particularly those under the age of five years (N.I.S.E.R., 1992: 60).

The services include the following:

- care during pregnancy, childbirth, childhood and adolescence

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The services include the following:

- care during pregnancy, childbirth, childhood and adolescence

- In England, the 19th century was a period of rapid industrialization and urbanization. The Industrial Revolution had transformed the economy and society, leading to a massive increase in the population of cities. This led to the emergence of a new class of workers, the proletariat, who were often exploited by the bourgeoisie (the ruling class).

- The working class in England was often poor and lived in overcrowded, unsanitary conditions. They were exploited by the factory owners, who paid them low wages and worked them long hours. This led to the development of a class consciousness among the workers.

- In France, the 19th century was also a period of rapid industrialization and urbanization. The French Revolution had led to the establishment of a republic, but the country was still plagued by economic hardship and social inequality. The working class in France was often poor and lived in overcrowded, unsanitary conditions. They were exploited by the bourgeoisie, who paid them low wages and worked them long hours. This led to the development of a class consciousness among the workers.

The new world:

- In the United States, the 19th century was a period of rapid industrialization and urbanization. The American Revolution had led to the establishment of a republic, but the country was still plagued by economic hardship and social inequality. The working class in the United States was often poor and lived in overcrowded, unsanitary conditions. They were exploited by the bourgeoisie, who paid them low wages and worked them long hours. This led to the development of a class consciousness among the workers.

- family planning with the aim of ensuring that at least two-thirds of all births are attended to by trained health workers and or traditional birth attendants
- access to essential preventive, promotive and curative care for children which includes immunization, treatment of chronic diarrhoeal diseases, acute respiratory infections and nutrition
- satisfaction of specific needs of women in all health programmes - social support, breastfeeding, nutritional aspects, occupational health aspects of working women (N.I.S.E.R., 1992: 60).

Because of the importance of maternal and child health services and family planning it is one of the major objectives of the World Health Organization and has to be implemented in a health care system both at governmental level as well as in the private sector, based on the primary health care approach (N.I.S.E.R., 1992: 60). Although mother and child health care is such an important aspect of health care delivery, it was reported during the safe motherhood conference held in Windhoek during 1991 that the health and socio-economic status of women and their children were not satisfactory.

The reasons for this are:

- the total fertility rate in Namibia which is estimated at 5,9 while some women have between 5-10 children and even more (UNICEF, 1990: no page indicated).

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- family planning with the aim of ensuring that at least two-thirds of all births are attended to by trained health workers and or traditional birth attendants
- access to essential preventive, promotive and curative care for children which includes immunization, treatment of chronic diarrhoeal diseases, acute respiratory infections and nutrition
- satisfaction of specific needs of women in all health programmes - social support, breastfeeding, nutritional aspects, occupational health aspects of working women (N.I.S.E.R., 1992: 60).

Because of the importance of maternal and child health services and family planning it is one of the major objectives of the World Health Organization and has to be implemented in a health care system both at governmental level as well as in the private sector, based on the primary health care approach (N.I.S.E.R., 1992: 60). Although mother and child health care is such an important aspect of health care delivery, it was reported during the safe motherhood conference held in Windhoek during 1991 that the health and socio-economic status of women and their children were not satisfactory.

The reasons for this are:

- the total fertility rate in Namibia which is estimated at 5,9 while some women have between 5-10 children and even more (UNICEF, 1990: no page indicated).

Highly trained and skilled workers are essential for the success of the
industrial sector.

It is important to invest in education and training to ensure that the
workforce is equipped with the necessary skills.

Continuous learning and development are key to staying competitive in a
fast-changing market.

Encouraging innovation and creativity can lead to new products and
services that drive economic growth.

Supporting small and medium-sized enterprises (SMEs) is crucial for
job creation and economic resilience.

Collaboration between government, industry, and academia is essential for
addressing the challenges of the future.

Investing in research and development (R&D) is a long-term strategy for
improving productivity and competitiveness. It allows companies to stay
ahead of the curve and develop innovative solutions to complex problems.

Providing access to capital and financing is also important for SMEs to
grow and expand. Government-backed programs and venture capital firms
can play a significant role in this regard.

Ensuring a stable and predictable regulatory environment is essential for
business confidence and investment. Streamlining regulations and reducing
bureaucracy can help businesses operate more efficiently.

Finally, fostering a culture of entrepreneurship and risk-taking is vital for
driving innovation and economic growth. Encouraging young entrepreneurs
and supporting them through mentorship and networking opportunities can
lead to a more dynamic and resilient economy.

The following are key areas for focus:

1. Education and Training: Invest in STEM fields and vocational training to
prepare the workforce for the demands of the future.

2. Innovation and R&D: Encourage companies to invest in research and
development, and provide incentives for innovation.

3. Access to Capital: Support SMEs through
government-backed financing programs.

- high maternal mortality and morbidity rates due to complications of pregnancy and childbirth;
- inadequate access to health services during pregnancy and delivery;
- poor quality of health services;
- lack of family planning services;
- poor nutritional status of women and
- high teenage pregnancies, abortions and sexually transmitted diseases.

Also in a report made by representatives of the W.H.O. and members of the directorate of primary health care of the Ministry of Health and Social Services during 1989-1990 the health situation of working women in child bearing age and their children in Namibia was pointed out as a major issue. This study has furthermore shown that one third of households in Katutura and Khomasdal are headed by working women who, in most cases, have five or more children, low immunization coverage for children, malnutrition due to the limited income as well as the large family size and unfavourable physical growth of children (UNICEF, 1990: no page indicated).

The above mentioned problems could be due to:

- * inaccessibility of available health services to the working mother;
- * lack of occupational health services in the industry to cooperate with primary health care services;

1. The first part of the text discusses the importance of maintaining accurate records of all transactions.

2. It then goes on to describe the various methods used to collect and analyze data.

3. The next section covers the process of data entry and storage.

4. Finally, the text concludes with a summary of the key findings.

The following table provides a detailed overview of the data collected during the study. It includes information on the number of participants, the duration of the study, and the results of the various tests conducted. The data shows a clear trend of improvement in performance over time, which is consistent with the hypothesis that the intervention is effective. The results also indicate that the intervention has a positive impact on the overall health and well-being of the participants. The data is presented in a clear and concise manner, making it easy to understand and interpret. The table is organized into columns and rows, with each row representing a different test or measure. The columns contain the names of the tests, the number of participants who completed each test, and the results of the tests. The results are presented as percentages, which allows for easy comparison between the different tests and measures. The data is also presented in a way that highlights the key findings of the study, making it easy to see the overall picture. The table is a valuable tool for understanding the results of the study and for identifying areas for further research.

Table 1: Summary of Key Findings

- Significant increase in performance over time.
- Positive impact on overall health and well-being.
- Clear trend of improvement in performance.

- high maternal mortality and morbidity rates due to complications of pregnancy and childbirth;
- inadequate access to health services during pregnancy and delivery;
- poor quality of health services;
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- * inaccessibility of available health services to the working mother;
- * lack of occupational health services in the industry to cooperate with primary health care services;

- An unbalanced force will cause an object to accelerate.
- An object will continue to move at a constant velocity unless acted upon by an unbalanced force.

Newton's first law of motion states that an object at rest will remain at rest and an object in motion will remain in motion with a constant velocity unless acted upon by an unbalanced force. This is also known as the law of inertia.

Newton's Second Law

The acceleration of an object is directly proportional to the net force acting on it and inversely proportional to its mass. This can be expressed as $F = ma$.

Newton's Third Law

For every action, there is an equal and opposite reaction. This means that if one object exerts a force on a second object, the second object exerts a force of equal magnitude but opposite direction on the first object.

- * lack of knowledge of health services rendered so as to utilize it effectively, and
- * lack of knowledge on family planning methods.

The concern to this matter has resulted in a proposal from SADCC countries that future strategies should include efforts to improve access to proper quality health services and family planning services and to raise the socio-economic status of women through systematic changes in the nature of policies and allocations of resources (Report on the First National Safe Motherhood Conference, 1991: 1-20).

1.2 STATEMENT OF THE PROBLEM

Uncertainty exists about the effective utilization of family planning services by working women of child bearing age (15-45 years). There are several questions underlying the problem of the study.

The first question is:

ARE THE FAMILY PLANNING SERVICES SUFFICIENT FOR WORKING WOMEN IN CHILD BEARING AGE?

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The report of (UNICEF, 1990: no page included) states that there was a complete lack of "planned rational and coherent public information and education programmes to support family planning services".

Unless a system that ensures efficient utilization of maternal and child health and family planning services exists, little progress is likely to be achieved.

The second question is:

*HOW EFFECTIVELY ARE EMPLOYEES AND EMPLOYERS INFORMED
ABOUT THE HEALTH NEEDS AND AVAILABILITY OF HEALTH
FACILITIES?*

Cooperation and dissemination of information is of utmost importance to ensure that findings of national and individual's health surveys reach all individuals concerned.

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The second part of the solution is to find the value of the function $f(x)$ at $x=1$. This is done by substituting $x=1$ into the equation $f(x) = x^2 + 2x + 1$. This gives $f(1) = 1^2 + 2(1) + 1 = 4$.

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Example 2

$f(x) = x^2 + 2x + 1$ $f(0) = 0^2 + 2(0) + 1 = 1$ $f(1) = 1^2 + 2(1) + 1 = 4$ $f(2) = 2^2 + 2(2) + 1 = 9$

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Page 1

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Through general conversations with working women, the lack of a family planning service on the side of working mothers as well as on the side of the employer, has been identified by the researcher. Another complaint which was raised was that of rigidity of the employers who were more interested in productivity and time losses when employees were allowed to visit health facilities while they are supposed to be on duty. The above-mentioned could also be due to lack of effective health education programmes.

The third question is:

HOW MUCH KNOWLEDGE DO THE LAY PUBLIC (WORKING MOTHERS OF CHILD BEARING AGE: 15-45 YEARS) HAVE ON THE METHODS OF FAMILY PLANNING?

Personal interviews with clients in the community has indicated that women have very limited knowledge and information on the different family planning methods. Most of the interviewed women have only used Depo Provera and a few of them contraceptive pills.

Another factor that could lead to limited knowledge on family planning methods is the ignorance of health personnel to reach-out to the community especially those in the child bearing age.

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The world is full of people who are not
interested in the world. They are
interested in their own little world.

What is the world?

The world is the sum of all things
that are in it.

The world is a big place. It is full of
people and things. It is a place where
we live and work. It is a place where
we have to learn to get along with
each other. It is a place where we
have to learn to share. It is a place
where we have to learn to love.

The world is a beautiful place. It is
full of life and color. It is a place
where we can find everything we need.
It is a place where we can find
peace and happiness. It is a place
where we can find love and
kindness.

Differences also exist in the health education messages and teaching methods used by health personnel and mass-media. Uniformity needs to be reached among those concerned with health education of communities.

The last question underlying the problem is:

WHAT IS THE ATTITUDE OF THE HEALTH PERSONNEL IN THE DELIVERY OF FAMILY PLANNING SERVICES?

The use of family planning services seems to be hampered by the fact that the messages put across to women are not always clear on the effects, indications and contraindications of the different methods of contraception. Neither are the health workers, including even those who are trained to provide family planning services convinced to appreciate the health and social benefit of family planning which could form a justifiable basis for their professional practice (UNICEF, 1990: no page indicated).

Some contraceptive methods like injectable Depo Provera were abused in the past and thus gave a distorted impression to clients. Mentioned impressions were carried over to younger generations and the impact there-of can still be observed when interviewing some clients. The limited range of contraceptives especially in third world countries can also contribute to underutilization of family planning services.

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1.3 AIM OF THE STUDY

The aim of this study is to determine and describe the facilities and arrangements available at different industries in Windhoek for working women of child bearing age as well as the factors influencing the utilization of these facilities.

1.4 OBJECTIVES

- * to identify available family planning services for working women;
- * to determine the attitude of the employer towards the health of employees;
- * to determine the knowledge of working women concerning the use of family planning methods;
- * to determine the number of working women utilizing family planning services and
- * to determine the reasons for non-utilization.

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QUESTION 10

The following information relates to the operations of a company for the year ended 31st December 2019. The company's sales are £1,000,000. The cost of sales is £600,000. The company's operating expenses are £200,000. The company's operating income is £200,000. The company's interest expense is £50,000. The company's interest income is £10,000. The company's tax expense is £30,000. The company's profit before tax is £130,000. The company's profit after tax is £90,000. The company's dividend is £40,000. The company's retained profit is £50,000.

QUESTION 11

The following information relates to the operations of a company for the year ended 31st December 2019. The company's sales are £1,000,000. The cost of sales is £600,000. The company's operating expenses are £200,000. The company's operating income is £200,000. The company's interest expense is £50,000. The company's interest income is £10,000. The company's tax expense is £30,000. The company's profit before tax is £130,000. The company's profit after tax is £90,000. The company's dividend is £40,000. The company's retained profit is £50,000.

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QUESTION 10 (10 MARKS)

The following table shows the results of a survey conducted in a school to determine the number of hours spent on various activities during a week. The data is as follows:

Activity	Number of Hours
Studying	15
Playing sports	10
Spending time with friends	8
Watching TV	5
Reading	3
Working	2
Other	1

Calculate the mean number of hours spent on these activities.

ANSWER

Mean = $\frac{\text{Sum of all values}}{\text{Number of values}}$
 $= \frac{15 + 10 + 8 + 5 + 3 + 2 + 1}{7}$
 $= \frac{44}{7}$
 ≈ 6.29

QUESTION 11 (10 MARKS)

11.1 Mean

The following table shows the marks obtained by a group of students in a test.

Mark	Number of Students
5	2
10	3
15	4
20	5
25	3
30	2
35	1

11.2 Standard Deviation

Calculate the standard deviation of the marks.

1.5 SIGNIFICANCE OF THE STUDY

Any health profession has the responsibility to monitor itself in an attempt to improve health care delivery. Since the need for a more effective health educational programme has been identified in different studies, efforts should be made to improve the knowledge of working women as well as that of their employers with regard to health care facilities and how it can be utilized to the best possible effect. Findings of the study could possibly identify the need for the development of an occupational health service in this regard.

1.6 TITLE

A survey to determine factors that influence the utilization of maternal and child health services by working women of child bearing age with specific reference to family planning.

1.7 DESCRIPTION OF KEY CONCEPTS

1.7.1 Factors

Factors means; that, which helps to bring about a result or change (Hornby, et al ,1986: 305).

1.7.2 Influence

That which has an effect on something or has a power to affect it (Hornby, et al, 1986: 437).

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1.7.3 Utilization

To make use of an available service (in this regard a health service) (Hornby, et al, 1986: 948).

1.7.4 Access

Potentiality to be able to use a given health service or set of services even if it is not actually used (Hornby, et al, 1986: 5).

1.7.5 Child bearing age

Age within which women are more likely to conceive and bear children 15 to 44 years also referred to as fertility age (Alcala, 1994: 10).

1.7.6 Family planning

The regulation of the numbers of children and the frequency of births (on a voluntary basis) (MckNorrie, 1985: 102-107).

1.7.7 Maternal and child health services

The field of maternal and child health represents one of the areas of basic preventive health services. It includes promotion of optimal health, of protecting the foetus, infant, child and youth during the period of physical and emotional growth and development, educating parents and children about personal health, disease prevention and child care, of improving nutritional knowledge and nutritional status of mothers and children, of improving the environment in which families live, of making it possible for parents to have the number of children they want and can care for, of preventing handicapping conditions and of promoting and providing care for handicapped children and other children requiring special care, services and protection (Wallace, et al, 1981: 1).

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13. EQUATION OF THE STRAIGHT LINE

13.1. The straight line passing through the points (1, 2) and (3, 4) is given by the equation $y - 2 = \frac{4 - 2}{3 - 1}(x - 1)$ or $y - 2 = (x - 1)$ or $y = x + 1$.

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1.8 DEMARCATION OF THE FIELD OF STUDY

The field of study is maternal and child health services with specific reference to family planning services in Windhoek. The study is limited to women of child bearing age employed in selected registered industries as defined in 3.4.

1.9 REFERENCE FRAMEWORK

Chapter 1 Introduction to the study

Chapter 2 Literature study

Chapter 3 Methodology

Chapter 4 Analysis and discussion of data

Chapter 5 Summary of findings, conclusions, limitations and recommendations

1.10 CONCLUSION

The foregoing chapter gives an explanation of the problem underlying this study. The status of family planning services in Namibia was discussed briefly and the purpose and objectives of the study, as well as the significance, was stated.

Finally, the field of study and reference framework were mentioned. In the light of the above-mentioned, the following chapter will be devoted to the historical background of family planning services as well as some different views and uses with regard to family planning.

10. **STUDY OF THE HISTORY OF THE**

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1.8 DEMARCATION OF THE FIELD OF STUDY

The field of study is maternal and child health services with specific reference to family planning services in Windhoek. The study is limited to women of child bearing age employed in selected registered industries as defined in 3.4.

1.9 REFERENCE FRAMEWORK

Chapter 1 Introduction to the study

Chapter 2 Literature study

Chapter 3 Methodology

Chapter 4 Analysis and discussion of data

Chapter 5 Summary of findings, conclusions, limitations and recommendations

1.10 CONCLUSION

The foregoing chapter gives an explanation of the problem underlying this study. The status of family planning services in Namibia was discussed briefly and the purpose and objectives of the study, as well as the significance, was stated.

Finally, the field of study and reference framework were mentioned. In the light of the above-mentioned, the following chapter will be devoted to the historical background of family planning services as well as some different views and uses with regard to family planning.

CHAPTER 2

LITERATURE STUDY

1. INTRODUCTION

The study of literature is a discipline that seeks to understand the human condition through the study of written texts. It involves the analysis of the form, content, and context of literary works, as well as the interpretation of their meaning and significance.

2. THE LITERARY TEXT

- The literary text is a work of art that is created by a writer and is intended to be read by an audience.
- It is a form of communication that uses language to create a world of its own.
- The literary text is a product of its time and place, and it reflects the values and beliefs of the society in which it was created.

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2.1 INTRODUCTION

This chapter presents a review of selected literature relating to mother and child care with specific reference to family planning services available to working women of child bearing age.

The literature study was undertaken with the view to:

- * identify previous research done in relation to the subject;
- * obtain some diversal and universal views of researchers and leading authors on the topic and
- * obtain methodological suggestions for the actual conduct of the investigation.

A search for relevant literature has been undertaken with the assistance of the librarian of the University of Namibia. In order to retrieve the literature concerned, the following key aspects were used:

- * mother and child health care;
- * contraception;
- * occupational health service;
- * labour relations;

CHAPTER 3

LITERATURE STUDY

• INTRODUCTION

There are many different ways of approaching the study of literature. Some of the most common are:

• Formalistic Criticism

- Focuses on the form and structure of the text
- Examines the language, style, and technique used by the author
- Considers the text as a self-contained object
- Ignores the author's intention and the reader's response

Formalistic criticism is often used to analyze the structure and language of a text. It is a method of literary criticism that focuses on the form and structure of the text, rather than on the author's intention or the reader's response.

• Reader-Response Criticism

- Focuses on the reader's experience of the text
- Considers the reader's role in the creation of meaning
- Examines the reader's response to the text

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1. *Ungleichheit*
2. *Ungleichheit*

Die Ungleichheit ist ein zentraler Bestandteil der Sozialstruktur. Sie ist die Folge von Macht und Ressourcen, die in der Gesellschaft ungleich verteilt sind. Dies führt zu sozialen Konflikten und Spannungen, die die Stabilität der Gesellschaft gefährden können.

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- 8. *Ungleichheit*
- 9. *Ungleichheit*
- 10. *Ungleichheit*

- * pregnancy and
- * child bearing.

The list of sources related to the topic was obtained from the library of the University of Namibia. In addition, the references listed at the end of articles and bibliographies of different textbooks were used to seek literature which focused on the areas related to this study.

Information on maternal and child health services and research into this field in Namibia is limited. However, attempts have been made in recent years especially between 1989 and 1995 to establish a sound health information system on this issue.

In the literature study the following aspects were covered:

- * Historical overview
 - Development of family planning services;
 - Development of occupational health services;
- * Fertility and contraception;
- * National family planning policy and legality of family planning;
- * The extent of family planning services;

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- * pregnancy and
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* Benefits of family planning and

* Working women of child bearing age (15 to 45 years).

1. 1998年12月31日
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2.2 HISTORICAL OVERVIEW

2.2.1 The development of family planning services

The idea of contraception and contraceptive knowledge dates back to some ancient practitioners like Aristotle, Pliny the elder, Aetius, Dioscorides, Soranus and Callius Aurchanu. Although contraceptive methods were primarily from Islamic sources it was refined and developed in Europe during the nineteenth and twentieth centuries.

Between the seventh and nineteenth century, medical theory, education and practices were controlled by the Roman Catholic Church and contraceptive practices were, thus, not heard of since the church did not approve of such practices. Another reason why contraceptive development and practices were neglected until the nineteenth century was insufficient physiological knowledge and research on reproduction and also the vigorous opposition from the British medical association. Some medical practitioners even referred to it as "...beastly" contrivances for limiting the number of offsprings (Peel, J. et al; 1971: 1-5).

The work of the Malthusian League of 1877 was the forerunner of modern birth control. Through this association H.A. Alibut published a booklet entitled the WIFES HANDBOOK in 1887.

20. *THEORY OF GROUPS*

Let G be a finite group of order n .

1. n is the sum of the orders of all the conjugacy classes of G .
2. The order of any element of G divides n .
3. The number of elements of order d in G is a multiple of $\phi(d)$, where ϕ is Euler's totient function.
4. The number of elements of order d in G is $\phi(d) \cdot k$, where k is a positive integer.
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The first part of the paper is devoted to the general case of a linear system of equations with constant coefficients. The author shows that the general solution of such a system can be expressed in terms of the solutions of a corresponding homogeneous system and a particular solution of the inhomogeneous system. The author also discusses the case of a system of equations with variable coefficients and the method of variation of parameters.

The second part of the paper is devoted to the case of a linear system of equations with constant coefficients and a constant inhomogeneous term. The author shows that the general solution of such a system can be expressed in terms of the solutions of a corresponding homogeneous system and a particular solution of the inhomogeneous system. The author also discusses the case of a system of equations with variable coefficients and the method of variation of parameters.

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The first part of the report deals with the general situation in the country and the progress of the work of the Commission. It then goes on to discuss the various aspects of the work of the Commission, such as the work of the various committees and the work of the Commission as a whole. The report concludes with a summary of the work of the Commission and a list of the recommendations made by the Commission.

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This publication contained information on the prevention of conception through the use of the Mensinga Diaphragm, impregnated sponge, the condom, douching, the Rendell's Quinine, Pessaries and Coitus interruptus. The latter being the most famous yet all these methods were still condemned on an ethical and moral basis and also because of the harmful physical and mental effects.

During the twentieth century attitudes to the birth control question had become a public issue and could not be ignored or denied any longer by the medical profession. Approval of the use of contraceptives in Europe was given in 1916 after the report of the National Birth Rate Commission. Usage of contraceptives then had to be approved by two medical practitioners. During 1930 contraceptives attained a legitimate and permanent place in preventive medicine although the provision of different methods were limited to certain classes of women (Peel, J. et al 1971: 9; Wallace, H.M. et al; 1988: 105-121).

Family limitation in western society started amongst upper-middle class and middle classes but, as the economic advantages of small families became apparent, broader sections of the population started to adopt family planning practices. Since 1896 a wider range of alternative techniques to choose from were offered and research in chemical methods mostly used during mentioned periods were condoms, douches, coitus interruptus, diaphragms, safe period and

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The second part of the document focuses on the specific procedures for handling cash and other assets. It details the steps involved in the collection, recording, and disbursement of funds. Key points include the requirement for proper authorization and the use of standardized forms to ensure consistency in all transactions. The document also addresses the importance of safeguarding assets and the need for strict controls over access to cash and other sensitive information.

The final part of the document provides a summary of the key principles and practices discussed throughout the document. It reiterates the importance of transparency, accountability, and the highest standards of ethical conduct. The document concludes by stating that these principles are fundamental to the success of any organization and are essential for building trust and confidence among stakeholders.

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The second part of the document provides a detailed overview of the audit process, from the initial planning and risk assessment to the execution of the audit and the final reporting stage. It highlights the key areas of focus for the auditor, such as the assessment of internal controls and the identification of potential misstatements.

The final part of the document discusses the challenges and opportunities facing the auditing profession in the current business environment. It emphasizes the need for continuous learning and professional development to stay abreast of the latest developments in accounting and technology.

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Family planning services were introduced in Namibia in 1971 by the Department of Health of the Administration of South West Africa. Being a politicized issue, it was only permitted to be used in the central and southern parts of the country but only on doctor's prescription. Doctors were issuing standing orders for Depo Provera 450mg, Minipill and Ovulen at provincial hospitals and municipal clinics (Personal interview with Mrs V Tjapepua and Mrs J Kloppers; Booker, M.E., 1980: 13-31).

The demand for these services increased markedly after 1978 and the Administration of South West Africa was forced to send professional nurses to Pretoria, South Africa to be trained in standardized family planning courses. The nurses who were sent away completed their training successfully and came back to implement modern views on family planning. These courses would enable them to prescribe some family planning methods independently from medical practitioners.

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Such prescription included the IUD's, Depo Provera and some types of Pills. Depo Provera was used most generally whether by client choice or not, which was a pity as such indiscriminate uses of contraceptives, especially Depo Provera, hampered the utilization of family planning practices a great deal (Booker, M.E., 1980: 13-31).

2.2.2 The development of occupational health services

Occupational health care formerly called, industrial nursing began in the late 19th century and paralleled the industrial revolution. The health hazards related to workplace exposures and work conditions resulted in illness and injuries which could mostly be prevented.

The role of the nurse in today's workplace has expanded in scope since it does not only focus on emergency care and treatment of work-related injuries but also on management of the occupational health unit as well as on health promotion, health protection and disease prevention. Today's occupational health nursing services focus on seeking critical answers to difficult questions, resulting in the application of scientifically tested nursing interventions based on nursing research. Although Namibia is not an industrialized country it is not excluded from developing a sound occupational health care system.

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The first part of the document is a list of names and addresses of the members of the committee. The names are listed in alphabetical order and include the following: [Illegible names and addresses]

2. THE COMMITTEE'S REPORT

The committee has the honor to inform you that it has completed its study of the subject mentioned in your letter of the 15th inst. and has the pleasure to submit herewith its report. The committee has held several public hearings and has received many suggestions from interested parties. It has also conducted extensive research into the various aspects of the problem. The committee believes that the following recommendations will be of great benefit to the community and will help to solve the existing difficulties. [Illegible text]

The committee recommends that the following steps be taken: [Illegible list of recommendations]

Much of the labour force is not covered by medical aid or insurance and thus has limited access to out-patient services or even general practitioner services (Baker, et al, 1983: 138; Rogers, B., 1988: 149-157).

2.3 FERTILITY AND CONTRACEPTION

There are a number of important factors associated with fertility and contraception which have a bearing on maternal and child care. Fertility patterns are influenced to a large extent by socio-cultural norms and preferences for large families predominate, for example where a woman's social status is linked to her role as child-bearer and mother and where a pattern of extended family relationships can only be maintained by continuity in the reproduction of new members (N.I.S.E.R. AND UNICEF, 1991: 70-71).

A few studies on the attitude and use of modern contraceptives in Namibia (Mostert, W., 1989: 1-30, N.I.S.E.R. AND UNICEF 1991: 42; Ahrenson-Pandikow, H., 1992: 19-49, Tapscott, C., 1992: 1-21) revealed that modern birth control methods are not enough in Namibia and that the fertility rate of the population is still at a high level.

Das Ergebnis der Untersuchung wird durch die folgenden
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The reader is advised to read the following chapters of the
book in the order in which they are numbered. The chapters are
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in the order in which they are numbered.

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in the order in which they are numbered.

2.1. Introduction

The purpose of this book is to provide a comprehensive
introduction to the theory and practice of the
subject. The book is written for students of the
subject and for those who are interested in the
subject. The book is written in a clear and
concise style and is easy to read. The book
is written in a logical order and the reader is
advised to read the chapters in the order in
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The spread of peoples negative experience, combined with cultural, religious and political opposition to contraceptive methods seems to have reinforced the tradition of large families in Namibia (Ahrenson-Pandikow, 1992: 42).

2.4 HEALTH RISKS AND CONTRACEPTIVE EFFECTIVENESS OF SOME COMMONLY USED FAMILY PLANNING METHODS

2.4.1 Oral contraceptives

According to the (Vessey, M.P., 1981: 65) oestrogens have an effect on established breast cancer while progestogens "oppose" a possible carcinogenic effect of oestrogens. On the other hand, some diseases may be prevented by the use of oral contraception. The pill's protective effects are well demonstrated in studies conducted in America on benign breast tumours, ovarian cysts, iron deficiency anaemia, pelvic inflammatory disease and ectopic pregnancies.

Negative reports though, have been based on populations of women who tended to be older and who had a pregnancy when they began taking the pill. It is possible that young women who have never been pregnant are at a different risk (Vessey, M.P. 1981: 65; WHO 1990: 10-15).

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2.4.2 Injectable contraceptives

There is a growing interest in and demand for injectable contraceptives because of the need of an effective, safe and reversible method that does not interfere with lactation.

The two that have come to be the most widely used as injectable contraceptives are Depo Provera and Nur-Isterate. Injectable contraceptives are particularly useful for couples who have completed their families but are not ready to accept sterilization. It is also useful as a method of spacing for couples planning a birth interval of more than 2 years since fertility return may be delayed by an average of 6 months when the method is discontinued.

The advantages of injectable contraceptives will vary in importance depending on the user, but are highly effective, reversible and relatively long-lasting. Depo Provera may also be of help to decrease the likelihood of iron-deficiency anaemia among women of reproductive age. The major disadvantages are, the probability of irregular bleeding, episodes of heavy bleeding which may require professional attention, as well as the fact, that once administered, the contraceptive effect lasts until the drug has been fully metabolized by the user (Rall, H.J.S., 1988: 1-20; WHO, 1990: 3,4,10,11).

10. The first part of the question is

to find the value of x such that the area of the triangle is 100. The area of a triangle is given by $\frac{1}{2} \times \text{base} \times \text{height}$. In this case, the base is x and the height is x . So, the area is $\frac{1}{2} \times x \times x = \frac{x^2}{2}$. We are given that this area is 100, so we have the equation $\frac{x^2}{2} = 100$. Solving for x , we get $x^2 = 200$, which gives $x = \sqrt{200} = 10\sqrt{2}$.

The second part of the question is to find the value of x such that the perimeter of the triangle is 100. The perimeter of a triangle is the sum of its three sides. In this case, the sides are x , x , and x . So, the perimeter is $x + x + x = 3x$. We are given that this perimeter is 100, so we have the equation $3x = 100$. Solving for x , we get $x = \frac{100}{3}$.

11. The first part of the question is to find the value of x such that the area of the rectangle is 100. The area of a rectangle is given by $\text{length} \times \text{width}$. In this case, the length is x and the width is x . So, the area is $x \times x = x^2$. We are given that this area is 100, so we have the equation $x^2 = 100$. Solving for x , we get $x = \sqrt{100} = 10$.

The second part of the question is to find the value of x such that the perimeter of the rectangle is 100. The perimeter of a rectangle is the sum of its four sides. In this case, the sides are x , x , x , and x . So, the perimeter is $x + x + x + x = 4x$. We are given that this perimeter is 100, so we have the equation $4x = 100$. Solving for x , we get $x = \frac{100}{4} = 25$.

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There is a growing interest in and demand for injectable contraceptives because of the need of an effective, safe and reversible method that does not interfere with lactation.

The two that have come to be the most widely used as injectable contraceptives are Depo Provera and Nur-Isterate. Injectable contraceptives are particularly useful for couples who have completed their families but are not ready to accept sterilization. It is also useful as a method of spacing for couples planning a birth interval of more than 2 years since fertility return may be delayed by an average of 6 months when the method is discontinued.

The advantages of injectable contraceptives will vary in importance depending on the user, but are highly effective, reversible and relatively long-lasting. Depo Provera may also be of help to decrease the likelihood of iron-deficiency anaemia among women of reproductive age. The major disadvantages are, the probability of irregular bleeding, episodes of heavy bleeding which may require professional attention, as well as the fact, that once administered, the contraceptive effect lasts until the drug has been fully metabolized by the user (Rall, H.J.S., 1988: 1-20; WHO, 1990: 3,4,10,11).

1871. The first of these is the...

The first of these is the...
 The second of these is the...
 The third of these is the...
 The fourth of these is the...
 The fifth of these is the...

The sixth of these is the...
 The seventh of these is the...
 The eighth of these is the...
 The ninth of these is the...
 The tenth of these is the...

1872. The second of these is the...

The first of these is the...
 The second of these is the...
 The third of these is the...
 The fourth of these is the...
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1873. The third of these is the...

The first of these is the...
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 The sixth of these is the...
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2.4.3 Condoms, diaphragms and spermicides

Condoms and spermicides, if used correctly, could be highly effective in preventing the transmission of many sexually transmitted diseases like AIDS, Gonorrhoea, Syphilis, Trichomoniasis as well as Pelvic inflammatory disease which can cause infertility (Vessey, M.P., 1981: 83-91).

The potential hazard in using the methods lies in allergy to rubber and some local chemicals which might cause itching erythema on the penis or contact dermatitis in the male and female respectively (Vessey, M.P., 1981: 7, 67-70).

2.4.4 Traditional methods

Traditional methods are slowly disappearing but there is still evidence that some forms of fertility control/regulation are being used.

These are among others:

2.4.4.1 Breastfeeding and Abstinence

Breastfeeding has a clinically contraceptive effect primarily before menstruation returns but its effect and importance is greater when practised together with post-partum abstinence. This method has been used by some cultures in the past but the extent to which it is still used nowadays is unknown (Maine, 1983: 19-20).

18th century, the English and the French
 The first of these was the English, and the second was the
 French. The English were the first to establish a
 permanent settlement in North America. The first
 English colony was founded in 1607, and the first
 French colony was founded in 1608.

The English and the French both had a
 long history of exploration and discovery. The
 English had been exploring the Americas since
 the late 15th century, and the French had
 been exploring the Americas since the early 16th
 century.

19th century

The 19th century was a time of great
 change and discovery. The English and the
 French both had a long history of
 exploration and discovery.

The English

18th century, the English

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2013-2014

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STATEMENT OF FINANCIAL POSITION
AS AT 31/12/2014

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2.4.4.2 Traditional abortifacients

Locally available plants have traditionally been used to control fertility. Some of these were used as teas to stimulate the flow of breastmilk. Others had a spermicidal effect while some contained labour-inducing agents and anti-implantation effects (Maine, D., 1983: 21-29).

2.4.4.3 Coitus interruptus

This method is used during lactation and is still in widespread use in many of the African countries (Maine, D., 1983: 21-29).

2.5 THE NATIONAL FAMILY PLANNING POLICY AND LEGALITY OF FAMILY PLANNING

From the seventies until after independence there was no national family planning policy and family planning was exercised on an ad hoc basis at clinics and hospitals. There were limited techniques to choose from and the health personnel at mentioned facilities were also not always sensitive enough to this very important issue.

Due to the vulnerability and problems experienced by mothers and children under five years, maternal and child health services and family planning were considered to be one of the main areas of concern by the Ministry of Health and Social Services.

1942-1943

1943-1944

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This concern evolved from certain factors which include the following:

- long distances to health facilities;
- lack of family planning policy and service guidance;
- limited training on family planning practices;
- shortage of staff;
- lack of counselling services;
- limited range of contraceptive methods;
- fears and rumours associated with contraceptives;
- restrictions on prescription of family planning methods;
- attitudes of health personal and
- traditional beliefs, cultures and attitudes

(National Family Planning Policy Guidelines, 1992).

The above-mentioned factors have led to the compilation of a policy on family planning. The national policy on family planning of Namibia is based on the rights of couples and individuals to decide freely and responsibly on the number of children and spacing, information and counselling on family planning and the means to implement their decisions. Individuality also has to be respected as far as their choices, age and marital status is concerned.

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Although there is no law that enforces family planning on an individual it is advisable that any family planning procedure which involves medical interference should be agreed upon by the sexual partners. It is also the moral and social right of those parties who have interest, as relatives, to be considered in this regard eg. parents/guardians of the mentally handicapped (MckNorrie, K., 1985: 101-103).

Legally and socially medical techniques like contraception, sterilization or abortion designed to prevent or terminate pregnancy or birth are now accepted in varying degrees by the community but contraceptive methods have to be seen as valid in law only when they are contraceptive. Any other procedure/method that acts after a woman becomes pregnant is no longer contraceptive and should be seen as an abortifacient.

Abortifacients are only legal when applied according to the Abortion and Sterilization Act No 2 of 1975 which states that "in all cases of proposed termination of pregnancy, certification by two other medical practitioners - i.e. other than the doctor performing the abortion - is required. At least one of them must have practised for 4 years. In the case of the psychiatric indications, one of the certifying doctors must be a psychiatrist employed by the state (Strauss, S.A., 1981: 79).

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Furthermore the use of contraception is an individual choice and no one has a legally protected right to ensure that his or her partner does or does not use contraception. Sterilization, on the otherhand, is seen medically as a more severe form of contraception and might be claimed as denial of the other partners right when individuals are married. By implication this means that education and counselling about all aspects of family planning is important.

2.6 THE EXTENT OF FAMILY PLANNING

To educate the people and to change attitudes it has been found necessary to find the optimum combination of activities, personnel and settings to deliver family planning with other health activities. Some of the most common of these possibilities will be discussed broadly (Omran, A.R., et al, 1981: 1-28).

2.6.1 Family planning and maternal and gynaecological care

The method of combining birth control and post partum care has been used in most hospital-based maternity homes. Family planning methods have been introduced after delivery, foetal deaths and abortion to space pregnancies which are more probable during this period. Health workers providing community maternal and child health services, especially in developing countries, were provided with appropriate training and certain types of contraceptives to distribute among community members.

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called the "high school" group. It is the one which
is usually called the "high school" group. It is the one
which is usually called the "high school" group.

The second of the two groups is the one which is usually
called the "college" group. It is the one which
is usually called the "college" group. It is the one
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which is usually called the "college" group.

The third of the two groups is the one which is usually
called the "university" group. It is the one which
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which is usually called the "university" group.

This approach seemed advantageous because home deliveries outnumbered institutional based deliveries in most developing countries. Presently this method is widely used in Zimbabwe with success (W.H.O, 1970: 25-26, Mwaluko, G.M.P., 1992: 1-10).

2.6.2 Family planning and child health services

Activities connected with child health services/programmes whether it be growth monitoring, immunization or nutritional activities, may be suitable to be combined with family planning services. This approach can be advantageous because parents might be reluctant to practice family planning as long as they have no assurance that the children they already have will survive in good health (WHO, 1970: 24-25).

2.6.3 Family planning and specific disease control programmes

Some diseases like Tuberculosis, Psychosis, AIDS and some types of Cancers have clinical contraindications to pregnancy since it can be jeopardized by them or they can infect the unborn child. Family planning activities could be combined with these services provided that proper attention is given to either aspects (W.H.O., 1970: 25).

The first of the two main parts of the analysis is the study of the local behavior of the system near the origin. This is done by linearizing the system around the origin and studying the eigenvalues of the Jacobian matrix. The second part of the analysis is the study of the global behavior of the system. This is done by using the Poincaré-Bendixon theorem and the Bendixon-Dulac theorem.

2.1. Analysis of the local behavior

The first step in the analysis is to linearize the system around the origin. This is done by computing the Jacobian matrix of the system at the origin. The eigenvalues of the Jacobian matrix are then computed. If the real parts of all the eigenvalues are negative, then the origin is a sink. If the real parts of all the eigenvalues are positive, then the origin is a source. If the real parts of the eigenvalues are mixed, then the origin is a saddle point.

2.2. Global behavior

The next step in the analysis is to study the global behavior of the system. This is done by using the Poincaré-Bendixon theorem and the Bendixon-Dulac theorem. The Poincaré-Bendixon theorem states that if a trajectory of a system is bounded and does not approach a fixed point, then it must approach a limit cycle. The Bendixon-Dulac theorem states that if a system has a closed orbit, then the Bendixon-Dulac function must be constant on that orbit.

2.3. Conclusion

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2.6.4 Family planning and general medical care

Through this approach family planning is advantageously made available to those individuals who prefer not to have it known that they are seeking advice on birth control. It could also be used with success to combat teenage pregnancies (W.H.O. 1970: 25; Lesetedi et al, 1992: 30).

2.6.5 Family planning and community development

Educational programmes for future parents can also help to reduce the incidence of teenage - and out of wedlock pregnancies. Professional health workers can collaborate in good effect with community leaders to initiate educational activities relating to family planning (W.H.O. 1970: 20-30; Vessey, M.P., 1981: 83-91; Mwaluko, G.M.P., 1992: 1-10).

2.6.6 Family planning and occupational health services

There has been a tremendous increase in the number of women in the workforce as there are much more working opportunities which were non-existent a few years ago. Men today are encouraged to work and no longer is the woman's place only at home. This has resulted in a situation where women play a very important role in the labour market.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the success of any business and for the protection of the interests of all parties involved. The document also highlights the need for transparency and accountability in all financial dealings.

The second part of the document provides a detailed overview of the company's financial performance over the past year. It includes a comprehensive analysis of the company's revenue, expenses, and profit margins. The document also discusses the company's financial position and its ability to meet its financial obligations. The analysis shows that the company has achieved significant growth and profitability over the period.

The third part of the document outlines the company's financial strategy for the coming year. It discusses the company's goals and objectives and the steps it will take to achieve them. The document also highlights the company's commitment to financial stability and long-term growth. The strategy focuses on increasing revenue, reducing costs, and improving operational efficiency.

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 English language is a living language, and it is not a dead
 language. It is a language that is constantly changing, and
 it is a language that is constantly being enriched by new
 words and expressions. It is a language that is constantly
 evolving, and it is a language that is constantly being
 shaped by the people who speak it.

It is a language that is constantly being shaped by the people who speak it, and it is a language that is constantly being enriched by new words and expressions. It is a language that is constantly evolving, and it is a language that is constantly being shaped by the people who speak it. It is a language that is constantly being shaped by the people who speak it, and it is a language that is constantly being enriched by new words and expressions. It is a language that is constantly evolving, and it is a language that is constantly being shaped by the people who speak it. It is a language that is constantly being shaped by the people who speak it, and it is a language that is constantly being enriched by new words and expressions. It is a language that is constantly evolving, and it is a language that is constantly being shaped by the people who speak it.

THE ENGLISH LANGUAGE AND THE ENGLISH PEOPLE

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Thus, the physiological, emotional and other needs of working women have to be taken into consideration and taken care of by their employers. Very often the employer is the first person to whom the female employee will go to discuss her problems.

It is also true that many women in child bearing age are young and inexperienced, especially when they start working for the first time. Occupational health services could play a useful role with regard to counselling, distribution of information on existing health services, family planning services and how they can be utilized, and how referral to such services is made. The need for occupational health services at all major industries are thus of vital importance (Baker, M., & Coetzee, A.C., 1983: 138-141; Kotze, A.J., 1992: 144-145).

2.7 SOME HEALTH BENEFITS OF FAMILY PLANNING

The important factors associated with family planning influence the outcome of pregnancies, the survival, health and development of children, the survival, health and reproductive potential of the mother within child bearing age and the general well-being of the family (Maine, D., 1983: 1-30).

... the people of the world... the world is a great and wonderful place... and it is our duty to love it and to love each other... and to work for the good of all...

... the world is a great and wonderful place... and it is our duty to love it and to love each other... and to work for the good of all... the world is a great and wonderful place... and it is our duty to love it and to love each other... and to work for the good of all...

THE WORLD IS OUR HOME

... the world is our home... and it is our duty to love it and to love each other... and to work for the good of all... the world is our home... and it is our duty to love it and to love each other... and to work for the good of all...

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2. The following

1. The following is a list of the names of the members of the committee. The names are arranged in alphabetical order. The names are: Mr. A. B. C., Mr. D. E. F., Mr. G. H. I., Mr. J. K. L., Mr. M. N. O., Mr. P. Q. R., Mr. S. T. U., Mr. V. W. X., Mr. Y. Z. A.

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2.7.1 Maternal benefits

Mothers with well planned families are usually more healthy than those with large families and too closely-spaced children. Child spacing can protect women in significant ways because illnesses can be detected and treated during visits to the family planning service especially those family planning services which are combined with or linked to other maternal and child health services.

By spacing children, high risk pregnancies and illegal abortion practices can be avoided. Another maternal benefit is that the mother can express herself outside home and take part in social activities while enjoying a normal family life (W.H.O., 1970: 1-17; Maine, D., 1983: 1-30).

2.7.2 General family benefits

Couples have a more relaxed sexual relationship when confident that intercourse will not lead to an unwanted pregnancy. They have the freedom of completing their education which will make a significant difference in the economic future of the family. This again increases a sense of self respect and ensures the ability to provide education, shelter, food, clothing and recreation for the children. Parents who plan their families are also able to set a positive example to their children with regard to their own future reproductive lives (W.H.O., 1970: 1-17; Maine, D., 1983: 1-30).

For the first time

It is a great pleasure to see the work of the committee on the subject of the constitution of the Indian people. The committee has done a great deal of work in this regard and has made many valuable suggestions. It is to be hoped that the government will take prompt action on these suggestions and that the Indian people will be able to participate more fully in the government of their country.

The committee has also done a great deal of work in the field of education. It has made many valuable suggestions and has done a great deal of work in this regard. It is to be hoped that the government will take prompt action on these suggestions and that the Indian people will be able to receive a better education.

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177. *Richard. King*

He, like the other of his kind, is a different creature from
any other that has ever lived on earth. He is a
man of God, and his power is of God. He is a
man of God, and his power is of God. He is a
man of God, and his power is of God.

There is a great deal of talk about the
power of God, and the power of God is
the power of God. It is the power of God
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2.7.3 Benefits to the children

The likelihood of having birth defects and death before the first birthday is far greater for infants born less than one year before the mother's last pregnancy than for those infants born after a longer period of time. Childhood deaths posed by short birth intervals are also still very common in developing countries.

This could be attributed to the fact that children are displaced from the breast too soon. It can also be due to the decline in the nutritional deficiencies and higher susceptibility to infections caused by low body resistance. Children from larger families or those born too close together often do not do as well in school as others. This is probably because they do not get as much individual attention and stimulation as children from smaller well-spaced families (W.H.O., 1970: 1-17; Maine, D., 1983: 1-30).

2.7.4 Benefits to the community

Family planning can benefit the community as a whole in the following ways:

- avoidance of overcrowding and overpopulation since the how, where and when of population growth will be understood better;
- more productive labour force thus;
- economic development and technical progress;

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- reduction of the welfare burden on the community which is caused by high hospital supplies and staff needed to care for uncompleted, septic abortions, high risk pregnancies, ill, malnourished children and mothers
- development plans can be made in relation to the number of people to be served (Maine, D., 1983: 1-30; W.H.O., 1970: 1-17; Booker, M.E., 1980: 1-33).

2.8 THE HEALTH STATUS OF WOMEN OF CHILD BEARING AGE

Ebrahim poses the following question "..... can a woman, subsisting on marginal nutrition, exhausted by repeated childbearing, find the energy to devote to the needs of a young child ...? added to this is the physical exhaustion of daily labour which leaves very little time and energy."

To achieve full-time parenting for their children, working mothers can only give hurried or preoccupied attention and can rarely become closely involved in the child's physical and emotional activities necessary for adequate development (United Nations, 1979: 1-10; Ebrahim, G.T. 1991: 88-89; Grant, J.P., 1992: 88).

In most cases labour hours do not allow mothers to care for sick children or to ensure proper immunization. The responsibility of caring is taken up by other women within the community who sometimes provide poor mother substitutes.

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2.9 CONCLUSION

In this chapter some aspects of family planning were looked into. Although the existence of different views on the use of family planning cannot be denied, one has to look into the factors which hamper the utilization of these facilities.

By studying available literature on family planning the conclusion is arrived at that it is a very essential component of every health service and has to be strengthened in order to reduce population growth, maternal and child morbidity and mortality. The next chapter will explain the methods used in data collection.

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CHAPTER 3

METHODOLOGY

1. INTRODUCTION

The methodology of this study is a combination of qualitative and quantitative methods. The qualitative methods are used to explore the experiences of the participants, while the quantitative methods are used to measure the frequency of the responses.

2. RESEARCH DESIGN

The research design is a combination of qualitative and quantitative methods. The qualitative methods are used to explore the experiences of the participants, while the quantitative methods are used to measure the frequency of the responses. The research design is a combination of qualitative and quantitative methods. The qualitative methods are used to explore the experiences of the participants, while the quantitative methods are used to measure the frequency of the responses.

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3.1 INTRODUCTION

The aim of this chapter is to give an outline of the methods used to gather information for this research.

3.2 TYPE OF RESEARCH

This study is aimed at gathering information which is directed at factors that influence the utilization of available maternal and child health facilities by working women in child bearing age with specific reference to family planning services. The nature of the study lends itself favourably to the survey method. According to Treece and Treece, 1977: 149 the concept "survey" is often applied to research that is broadly descriptive or explanatory.

3.3 STUDY AREA

The study has been done in the industrial area of Windhoek, Namibia.

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METHODOLOGY

1. INTRODUCTION

The methodology of this study is based on the following principles:

2. RESEARCH DESIGN

The research design is a plan or blueprint for the study. It outlines the objectives, the research questions, the methods to be used, and the procedures to be followed. The design is based on the following principles:

3. DATA COLLECTION

The data collection process involves the gathering of information from various sources.

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3.3 STUDY AREA

The study has been done in the industrial area of Windhoek, Namibia.

THE HISTORY OF THE UNITED STATES

The first part of the book is devoted to the early history of the United States, from the discovery of the continent to the establishment of the first colonies. It covers the period from 1492 to 1776, and is divided into three volumes. The first volume covers the period from 1492 to 1607, the second from 1607 to 1776, and the third from 1776 to 1800.

The second part of the book is devoted to the history of the United States from 1800 to 1860. It covers the period from the beginning of the 19th century to the outbreak of the Civil War. It is divided into two volumes. The first volume covers the period from 1800 to 1840, and the second from 1840 to 1860.

The third part of the book is devoted to the history of the United States from 1860 to 1900. It covers the period from the end of the Civil War to the beginning of the 20th century. It is divided into two volumes. The first volume covers the period from 1860 to 1880, and the second from 1880 to 1900.

3.4 POPULATION AND SURVEY SAMPLE

The total population is all the working women of child bearing age (15-45 years). Because of the large number of women employed by industries, the financial implications there of and also logistic problems, a sample was selected.

It was done firstly by getting a list of registered industries in Windhoek.

Registered industries as used for this study refer to those settings where manufacturing or production of goods takes place. Other industries like commercial banks, hospitals and others were not included in this study since most of them have compulsory group medical aid schemes.

These industries were then contacted by telephone to determine the number of women employed from which all those in child bearing age would be selected. After this information was gathered all industries who employed ten (10) and more women were selected for the study. Thus, sampling by purpose was done. On this basis out of twenty-five (25) industries nine (9) were selected. The research population was identified as follows: There were two hundred (200) women employed in the nine (9) industries. Of these seventy eight (78) were above the age of forty five (45) leaving a target population of one hundred and twenty two (122). It was decided not to take a sample from this group but to include all the one hundred and twenty two (122) as possible respondents.

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The second part of the book is devoted to the history of the United States from 1776 to 1865. It covers the American Revolution, the formation of the Constitution, and the early years of the Republic. It also includes a detailed account of the War of 1812, the Missouri Compromise, and the lead-up to the Civil War.

The third part of the book is devoted to the history of the United States from 1865 to the present. It covers the Reconstruction period, the Gilded Age, the Progressive Era, and the modern history of the United States. It includes a detailed account of the Civil War, the Reconstruction period, the Gilded Age, the Progressive Era, and the modern history of the United States, from the end of the Civil War to the present day.

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TABLE 4. FURTHER DATA

Year	Number of cases reported
1971	2
1972	3
1973	4
1974	15
1975	14
1976	12
1977	10
1978	4
1979	1
1980	1

4. ANALYSIS OF THE DATA

The incidence of disease reported during the period 1971-80 is shown in Table 4. The incidence of disease was low during the period 1971-73, but increased sharply during the period 1974-76, and then declined during the period 1977-80. The incidence of disease during the period 1974-76 was significantly higher than during the period 1971-73 ($P < 0.05$).

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5. DISCUSSION

The incidence of disease during the period 1974-76 was significantly higher than during the period 1971-73 ($P < 0.05$). This increase in incidence during the period 1974-76 may be due to a change in the reporting of disease, or to a change in the incidence of disease. The increase in incidence during the period 1974-76 may be due to a change in the reporting of disease, or to a change in the incidence of disease.

TABLE 1 SURVEY SAMPLE

Industries	Working women of child bearing age at selected industries
1	30
2	20
3	10
4	15
5	15
6	10
7	7
8	10
9	5
Total	122

3.5 DEVELOPMENT OF THE INSTRUMENT

It was decided to make use of a structured questionnaire (see Appendix B, p. 106). The aim of using this method was to give the researcher a fixed scheme according to which similar information could be gathered from all respondents (Bailey, K.D., 1982: 111). This method is also useful to make quantitative comparisons of information gathered.

A short discussion of the questionnaire will be given.

3.5.1 Section 1 Personal data

This is important to determine whether all respondents have the same personal characteristics. Personal data is also important to determine indicators of health status of mothers of child bearing age.

TABLE 4.10.1 (Contd.)

Year	Number of students
1971	2
1972	3
1973	4
1974	15
1975	14
1976	12
1977	10
1978	4
1979	1
1980	1
Total	73

4.10.1.2. AVERAGE IN THE SUBJECTS

The average marks in the various subjects in the year 1975, 1976, 1977, 1978, 1979 and 1980 are given in the following table. The marks in the subjects are given in the following table. The marks in the subjects are given in the following table.

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Closed-ended questions were used in this section for the following reasons:

- it saves time and money;
- the respondents are clear about the meaning of questions;
- complete answers are given and
- closed-ended questions are easier to answer (Bailey, K.D., 1982: 123-124).

3.5.2 Section 2 Data on knowledge and utilization of family planning services

Closed-ended questions were used to gain knowledge on the reproductive history of the mother. One (1) open-ended question was used in this section to determine reasons for not using any family planning method.

3.5.3 Section 3 Data on available services

Closed-ended questions were used to determine the employee's knowledge on available services and also to determine the attitudes of health providers as experienced by the working mothers.

3.5.4 Section 4 The employer's attitude

Information in this section is important to determine the attitude of the employer towards the health of the employee as experienced by the employee.

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ACKNOWLEDGMENTS

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3.6 PRETEST

The researcher selected two experienced lecturers from the Community Health Science unit of the Faculty of Medical and Health Sciences as well as the Acting Director from the Primary Health Care directorate of the Ministry of Health and Social Services and a Senior Nurse Manager from Khomasdal Clinic to answer and comment on the questionnaire. This selection was done to ensure that comments could be given from different viewpoints, that is; from the clinical aspect, educational aspect and from a managerial aspect.

During pretesting it was pointed out that since personal data was involved some respondents might refuse to participate, some workers who do not use family planning services may not be very clear on the attitude of the employer while others might not wish to answer questions on the employer since they might fear that such information could threaten their position at work. The researcher also realized that it could be difficult to convince all respondents to take part in the survey because of their unfamiliarity with these types of studies. After the content of the questionnaire was controlled for validity by the above-mentioned individuals some adjustments were made.

2011-12

The following is a list of the names of the persons who have been admitted to the Faculty of Medicine of the University of Toronto for the year 2011-12. The names are listed in alphabetical order by last name. The names of the persons who have been admitted to the Faculty of Medicine of the University of Toronto for the year 2011-12 are listed in alphabetical order by last name. The names of the persons who have been admitted to the Faculty of Medicine of the University of Toronto for the year 2011-12 are listed in alphabetical order by last name.

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21. THE QUALITY FACTOR AND THE QUALITY INDEX

Although the terms *Quality Factor* and *Quality Index* are not strictly defined, they are used interchangeably to denote the same concept. However, the term *Quality Index* is more widely used.

21.1. Definition

The *Quality Index* is a mathematical expression of the quality of a product. It is a numerical value ranging from 0 to 100, where 0 represents a product of the lowest quality and 100 represents a product of the highest quality.

The *Quality Factor* is a numerical value ranging from 0 to 100, where 0 represents a product of the lowest quality and 100 represents a product of the highest quality. It is a numerical value ranging from 0 to 100, where 0 represents a product of the lowest quality and 100 represents a product of the highest quality.

21.2. Example

The *Quality Index* of a product is 85. This means that the product is of a quality that is 85% of the highest quality. The *Quality Factor* of a product is 85. This means that the product is of a quality that is 85% of the highest quality.

3.7 RELIABILITY, VALIDITY AND ETHICAL ACCEPTABILITY

All evaluation instruments have to fulfil a certain set of criteria from which reliability, validity and ethical acceptability would be determined. These three criteria will, thus, be discussed shortly.

3.7.1 Reliability

One of the major criteria for measuring quality and adequacy of an instrument is reliability. Reliability, according to Polit and Hungler, 1985: 242 "..... can be equated with the stability, consistency or dependability of a measuring tool."

The reliability of the questionnaire used was ensured during the pilot study when the individuals used scored the phenomena in a congruent manner; thus demonstrating a strong relationship between the ratings of each individual used (Polit and Hungler, 1985: 241-246).

3.7.2 Validity

Validity is defined by Polit and Hungler, 1985: 246; Uys et al, 1988: 77 as referring to "the degree to which an instrument measures what it is supposed to be measuring."

21. THE QUALITY FACTOR AND THE QUALITY INDEX

Although the terms *Quality Factor* and *Quality Index* are used interchangeably, the latter implies a comparison with a known standard. The former is a relative measure of quality.

21.1. Quality

Quality is the performance of a product, or a statement of quality, is made according to the available, present and future, information on a range of quality characteristics.

It is a subjective judgement on the basis of the product's performance characteristics and their comparison with a standard. The latter is a statement of the quality characteristics, which are judged and measured. (ISO, 1986, p. 30)

21.2. Quality

The term *quality*, for example, ISO 9000, is used to describe the degree of achievement of the requirements for a product. It is a noun.

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17. *See* *id.* at 1014.

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3.7.3 Ethical Acceptability

The following ethical aspects were taken into consideration:

- permission from the personnel manager of each business to be able to conduct the study;
- the respondents could participate on a voluntary basis. Anonymity and secrecy were maintained at all times as no names were supposed to be submitted;
- the aim of the study was explained to the employer and respondents, and
- the results obtained from the study will be made available to the family planning division of the Ministry of Health and Social Services and on request to participating industries.

3.8 DISTRIBUTION AND COLLECTION OF DATA

3.8.1 First round

Two hundred questionnaires were distributed to the Personnel Managers of the different industries with the request to hand them to working women in the defined category. Only 122 were in this category (15-45), 78 were above the age of 45 years. It was not, at that stage, identified whether the proposed participants could read or write. The return date was set for the end of the second week of May 1994 when only 20 (16,3%) returns were received. This was unacceptable and the second round was introduced.

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TABLE 2

FIRST ROUND OF RESPONSES TO QUESTIONNAIRE

Industries	Questionnaires out N	Questionnaires back N
9	122	20

3.8.2 Second round

By making an appointment to see all 122 at the different industries, it was established that all possible participants could read and write. The researcher went through the process of how to answer the questionnaire with the participants, explained the purpose of the study and assured the confidentiality of the questionnaires. The first 20 returns were disregarded because of possible misunderstandings. A new 122 questionnaires were distributed and a return date for this round set for the end of the last week of August 1994. It was agreed that all questionnaires would be handed in to the Personnel Managers by that particular date and would be collected personally by the researcher. Only 81 (66,4%) questionnaires were returned.

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TABLE 1

MEAN SQUARES ANALYSIS OF VARIANCE FOR YIELD

Source	Mean Squares	F
Treatment	1.7	1.05
Residual	1.6	1.0

TABLE 2. MEAN YIELD OF 4-CLIMAX

Block	Controlled Soil	Controlled Climate	Uncontrolled
1	20	20	20
2	20	20	20
3	20	20	20
4	20	20	20
5	20	20	20
6	20	20	20
7	20	20	20
8	20	20	20
9	20	20	20
10	20	20	20
Total	200	200	200

BY DATA ANALYSIS

The results of the present study are similar to those of other studies in the field of soil and climate control. The results of the present study are similar to those of other studies in the field of soil and climate control.

TABLE 1

MEAN SQUARES ANALYSIS OF VARIANCE FOR YIELD

Source	Mean Squares	F
Replication	1.7	0.05
Genotype	1.0	0.28

TABLE 2. MEAN YIELD OF 4-GENOTYPES

Genotype	Mean Yield (kg/ha)	Standard Error	Significance
1	2.0	0.1	ns
2	2.3	0.1	ns
3	2.0	0.1	ns
4	2.2	0.1	ns
5	2.1	0.1	ns
6	2.0	0.1	ns
7	2.1	0.1	ns
8	2.0	0.1	ns
Total	2.1	0.1	ns

TABLE 3. MEAN YIELD

The mean yield of the four genotypes was 2.1 kg/ha. The standard error of the mean was 0.1 kg/ha. The mean yield of the four genotypes was not significantly different (p > 0.05).

TABLE 3

TOTAL RESPONSE BACK ON QUESTIONNAIRES SENT OUT

Response	Woman of child bearing age	%
Questionnaires out	122	100%
Questionnaires back	81	66%

TABLE 4 RESPONSE TO QUESTIONNAIRE

Industries	Women of child bearing age population	Survey sample questionnaires out	Questionnaires back
1	30	30	20
2	20	20	16
3	10	10	8
4	15	15	10
5	15	15	10
6	10	10	7
7	7	7	2
8	10	10	5
9	5	5	3
Total	122	122	81 100%

3.9 DATA ANALYSIS

The data on the questionnaires were edited, coded and made ready to be programmed. The SPSS data analysis programme was used to analyse all data.

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5	15	15	10
6	10	10	7
7	7	7	2
8	10	10	5
9	5	5	3
Total	122	122	81 100%

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The data on the questionnaires were edited, coded and made ready to be programmed. The SPSS data analysis programme was used to analyse all data.

CONCLUSIONS

The results of this study indicate that the use of a low-level, low-frequency, low-amplitude, low-duty cycle, pulsed wave is an effective means of reducing the discomfort and pain associated with the use of a low-level, low-frequency, low-amplitude, low-duty cycle, pulsed wave. The use of a low-level, low-frequency, low-amplitude, low-duty cycle, pulsed wave is an effective means of reducing the discomfort and pain associated with the use of a low-level, low-frequency, low-amplitude, low-duty cycle, pulsed wave.

1. CONCLUSIONS

A study has been made of the effect of a small amount of water on the rate of polymerization of styrene in benzene solution. It is shown that the presence of a small amount of water in the reaction mixture has a marked effect on the rate of polymerization, and that the rate of polymerization is proportional to the square of the concentration of water. The results are discussed in terms of the mechanism of the polymerization.

3.10 CONCLUSION

In this chapter an outline of the following methodological factors were discussed: the study area, population, survey sample, development of instrument, a short discussion of the questionnaire, the pretest, reliability, validity, ethical aspects and data collection. In chapter 4 the analysis of data gathered will be given.

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CHAPTER 4

ANALYSIS AND DISCUSSIONS OF DATA

4.1. INTRODUCTION

The data are analyzed to determine the relationship between the variables. The analysis is done by using the statistical methods. The results are discussed in the following sections.

1. ANALYSIS OF DATA BY USING STATISTICAL METHODS

2. ANALYSIS OF DATA BY USING STATISTICAL METHODS

TABLE 1: Analysis of Data

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Year	Production (in lakh tons)	Consumption (in lakh tons)
1945	2	10
1946	3	12
1947	4	14
1948	5	16
1949	6	18
1950	7	20
1951	8	22
1952	9	24
1953	10	26

CHAPTER 4

ANALYSIS AND DISCUSSIONS OF DATA

4.1 INTRODUCTION

This chapter presents the analysis, presentation, interpretation and discussion of findings which are based on the information gathered from 81 (N=100%) respondents. Responses to each question are analysed and presented below.

4.2 ANALYSIS AND DISCUSSION OF RESPONSES

4.2.1 SECTION 1 - PERSONAL (BIOGRAPHICAL) DATA

Item 1 - Indicate your age

Table 5 - Age of respondents (N=81)

Age	Frequency	Percentage
15-19	26	32%
20-24	20	24.7%
25-29	19	23.5%
30-34	7	8.6%
35-39	5	6.2%
40-45	4	5%
TOTAL	81	100%

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Year	Production (in lakh tons)	Percentage
1945	2	10
1946	3	15
1947	4	20
1948	5	25
1949	6	30
1950	7	35
1951	8	40
1952	9	45
1953	10	50

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TOTAL	81	100%

The following table shows the number of employees in each of the departments of a company for the year 2014. The data is as follows:

Department: Sales, Marketing, Production, Finance, HR, IT, R&D, Quality Control, Logistics, Administration.

Number of employees: Sales (120), Marketing (80), Production (200), Finance (50), HR (30), IT (40), R&D (60), Quality Control (70), Logistics (90), Administration (100).

Total number of employees = 840.

The following table shows the number of employees in each of the departments of a company for the year 2014.

Department	Number of employees	Percentage
Sales	120	14.3%
Marketing	80	9.5%
Production	200	23.8%
Finance	50	6.0%
HR	30	3.6%
IT	40	4.8%
R&D	60	7.1%
Quality Control	70	8.3%
Logistics	90	10.7%
Administration	100	11.9%
TOTAL	840	100%

Table 5 indicates the age distribution of the respondents. Twenty six (32%) of the respondents fell in the age group 15-19 while 20 (24.7%) fell in the group 20-24. Most of the respondents fell in the age category 15-29 (80.2%) while the age category 30-45 (19.8%) was the lowest. The age at which child bearing begins has numerous demographic consequences as well as important effects on maternal and child health services. High fertility is directly responsible for the high population growth in Namibia. Polit and Hungler (1983: 156) states that the reasons for collecting biographic data is that personal characteristics have been shown to be related to an individuals behaviour and attitude in a given situation and also that it plays a valuable explanatory role in this regard.

Item 2 - Indicate your present occupation

Table 6 - Occupation of respondents (N = 81)

Occupation	Frequency	Percentage
Professional	2	2.5%
Clerical	1	1.2%
Supervisor	10	12.3%
Cleaner	10	12.3%
Saleslady	53	65.4%
No response	5	6.3%
TOTAL	81	100%

The following table shows the number of employees in the
 various departments of a company for the year 2014. The
 data is given below. Study the data and answer the
 following questions. The given data is as follows:
 Department: Sales, Marketing, Production, Finance,
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 department is given below. The total number of
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The following table shows the number of employees

in each department of a company for the year 2014.

Department	Number of Employees	Percentage
Sales	20	10%
Marketing	15	7.5%
Production	40	20%
Finance	10	5%
HR	25	12.5%
IT	30	15%
R&D	5	2.5%
Quality Control	5	2.5%
Logistics	5	2.5%
Administration	5	2.5%
TOTAL	200	100%

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the system. The first step is to identify the components of the system. This includes the hardware, software, and people involved. The next step is to determine the goals and objectives of the system. This will help to define the scope of the study and the methods to be used. The final step is to collect and analyze data. This can be done through a variety of methods, including interviews, surveys, and observations.

How do we measure the success of a system?

One of the most common ways to measure the success of a system is by looking at its performance. This can be done in a number of ways, including by looking at the system's output, its efficiency, and its reliability. Another way to measure success is by looking at the system's impact on the organization. This can be done by looking at the system's ability to meet the organization's needs, its ability to improve the organization's processes, and its ability to reduce the organization's costs. Finally, success can also be measured by looking at the system's acceptance by the users. This can be done by looking at the system's ease of use, its flexibility, and its ability to meet the users' needs.

What are the challenges of system evaluation?

There are a number of challenges associated with system evaluation. One of the most common is the difficulty of defining the system's goals and objectives. This can be done in a number of ways, including by looking at the system's output, its efficiency, and its reliability. Another challenge is the difficulty of collecting and analyzing data. This can be done through a variety of methods, including interviews, surveys, and observations. Finally, there is the challenge of measuring the system's impact on the organization. This can be done by looking at the system's ability to meet the organization's needs, its ability to improve the organization's processes, and its ability to reduce the organization's costs.

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What are the challenges of system implementation?

There are many challenges associated with the implementation of a new system. One of the most common is resistance to change. People may be reluctant to give up old ways of working or to learn new skills. Another challenge is the lack of resources. This can include a shortage of staff, budget constraints, or a lack of technical expertise. Finally, there is the risk of project failure. This can happen if the system is not properly planned, if there are communication problems, or if the system does not meet the needs of the organization.

Table 6 reveals that all the 81 (100%) of respondents have an occupation. By implication it means that they are occupied for at least eight (8) hours per day. Family planning attendance will, in this situation, depend on the employers policy to allow for visits to facilities during working hours or on the availability of family planning services after hours, where these people could be served.

Item 3 - How long have you held your present occupation?

On the above-mentioned questions, the largest percentage of respondents that is, 64 (79%) had held their positions for less than 5 years while 11 (13.6%) indicated that they had held their positions for 5-10 years. Two (2.5%) indicated that they had held their positions for longer than 10 years and 4 (4.9%) did not respond to this question. This implies that 64 (79%) of the respondents are inexperienced workers who need to go a long way before they could be promoted to decision-making positions which would also improve their salaries. Better income could provide a better life. The possibility of falling pregnant could further affect promotion.

Item 4 - Your highest school (Academic) qualification

Responses on this question indicate that 27 (33.3%) have only standard 6 (Grade 8) and 43 (53.1%) standard 8 (Grade 10). Only 8 (9.9%) of the respondents have standard 10 (Grade 12) while 2 (2.5%) indicated something else and 1

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(1.2%) did not respond. The above-mentioned responses imply that most of the respondents fall in the low income group of the population who cannot afford to support a large family. This correlates with the finding in item 3 where 79% of the workers are inexperienced. There is also a relative risk associated with low levels of education and infant mortality (Belsey, M.A., 1993: 20).

Utilization of health facilities is lower for illiterate mothers (N.C.D. 1991: 91).

The research findings of item 4 confirm the findings from many developing countries. As a general rule the number of children a couple bears declines as their level of education rises (UNFPA 1991: 13-15). Schooling has a powerful effect on reproductive behaviour, much of it independent of economic characteristics.

Item 5 - Can you read and write

All the 81 (100%) respondents indicated that they can read and write. This means, by implication, that they will be able to read health education slogans, posters and follow health talks.

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Table 5. Indicators of water quality

Table 5. Mean values of water quality

Variable	Indicator	Mean value
Water	2	14.5%
Soil	24	16.1%
Atmosphere	1	1.7%
TOTAL	26	12.5%

according to the results of the study, the mean value of the water quality indicator was 14.5% in the water. The mean value of the soil quality indicator was 16.1% in the soil. The mean value of the atmosphere quality indicator was 1.7% in the atmosphere. The mean value of the total quality indicator was 12.5% in the total. The mean value of the water quality indicator was 14.5% in the water. The mean value of the soil quality indicator was 16.1% in the soil. The mean value of the atmosphere quality indicator was 1.7% in the atmosphere. The mean value of the total quality indicator was 12.5% in the total. The mean value of the water quality indicator was 14.5% in the water. The mean value of the soil quality indicator was 16.1% in the soil. The mean value of the atmosphere quality indicator was 1.7% in the atmosphere. The mean value of the total quality indicator was 12.5% in the total.

The present study might be the first study of its kind in the region. The study was conducted in a region where water quality is a major concern. The study was conducted in a region where water quality is a major concern. The study was conducted in a region where water quality is a major concern. The study was conducted in a region where water quality is a major concern.

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Variable	Indicator	Weight
Water	2	14.29
Soil	24	14.29
Atmosphere	1	14.29
BIOW	24	14.29

according to the value of the variable, the water quality is divided into 5 categories: 1) 27% is excellent. The water quality is also considered as very good, slightly contaminated, polluted, and extremely polluted. From the water quality index, it can be concluded that the water quality is good (27%) and slightly contaminated (24%). However, the water quality is 17% polluted and 24% extremely polluted. Water quality index is a simple method used to measure the water quality. The water quality index is a numerical value that is calculated from the water quality index. The water quality index is a numerical value that is calculated from the water quality index. The water quality index is a numerical value that is calculated from the water quality index. According to Kort [18], the water quality index is a numerical value that is calculated from the water quality index.

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Item 6 - Indicate your marital status

Table 7 - Marital status of respondents (N=81)

Marital Status	Frequency	Percentage
Married	16	19.8%
Single	62	76.5%
No response	3	3.7%
TOTAL	81	100%

According to table 7, only 16 (19.8%) respondents are married, 62 (76,5%) are single and 3 (3,7%) did not respond. This implies that most of the respondents are heading single parent households or are still living with parents. It has been proved in other studies that single parent households (especially those headed by women) are usually poorer than those with both parents present (UNICEF, 1990: no page indicated). These factors contribute to a low quality of life with consequent low nutritional status for both mother and child. The mother with a low nutritional status and low bodily resistance to disease cannot have a normal pregnancy and a normal healthy baby. According to Sellers, P.M., 1995: 1785, this often results in having a low birth weight baby.

The young mother might also be incapable of providing for her children's psychological, social and physical needs, probably because of her immaturity and also due to facing these problems without support from the father.

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The young mother might also be incapable of providing for her children's psychological, social and physical needs, probably because of her immaturity and also due to facing these problems without support from the father.

Item 7 - What is your income per month?

Table 8 - Respondents income per month (N=81)

Income	Frequency	Percentage
N\$ 200-399	24	29.6%
N\$ 400-599	10	12.3%
N\$600-799	20	24.7%
N\$800-999	18	22.2%
N\$1000-1199	4	4.9%
N\$1200-1399	5	6.2%
No response	0	0%
TOTAL	81	100%

The findings reflected in table 8 reveal that 34 (42%) of the respondents have a salary less than N\$500 per month and 38 (46.9%) below N\$1000, which means that 88.9% of all the respondents fall in the low socio-economic groups. With reference to the results of item 4 and 5 education is a major factor which determines the level of participation of women in the various sectors of the modern economy.

Item 8 - Indicate your place of residence

Table 9 - Place of residence (N=81)

Residence	Frequency	Percentage
Katutura	32	39.5%
Khomasdal	45	55.6%
Other	4	4.9%
TOTAL	81	100%

Table 7. Frequency of larvae per female

Table 8. Distribution of larvae per female

Host	Frequency	Percentage
NOV 1-20	1	20.0%
NOV 21-30	2	40.0%
NOV 1-10	3	60.0%
NOV 11-20	4	80.0%
NOV 21-30	5	100.0%
NOV 1-10	6	120.0%
NOV 11-20	7	140.0%
NOV 21-30	8	160.0%
NOV 1-10	9	180.0%
NOV 11-20	10	200.0%
NOV 21-30	11	220.0%
NOV 1-10	12	240.0%
NOV 11-20	13	260.0%
NOV 21-30	14	280.0%
NOV 1-10	15	300.0%
NOV 11-20	16	320.0%
NOV 21-30	17	340.0%
NOV 1-10	18	360.0%
NOV 11-20	19	380.0%
NOV 21-30	20	400.0%
NOV 1-10	21	420.0%
NOV 11-20	22	440.0%
NOV 21-30	23	460.0%
NOV 1-10	24	480.0%
NOV 11-20	25	500.0%
NOV 21-30	26	520.0%
NOV 1-10	27	540.0%
NOV 11-20	28	560.0%
NOV 21-30	29	580.0%
NOV 1-10	30	600.0%
NOV 11-20	31	620.0%
NOV 21-30	32	640.0%
NOV 1-10	33	660.0%
NOV 11-20	34	680.0%
NOV 21-30	35	700.0%
NOV 1-10	36	720.0%
NOV 11-20	37	740.0%
NOV 21-30	38	760.0%
NOV 1-10	39	780.0%
NOV 11-20	40	800.0%
NOV 21-30	41	820.0%
NOV 1-10	42	840.0%
NOV 11-20	43	860.0%
NOV 21-30	44	880.0%
NOV 1-10	45	900.0%
NOV 11-20	46	920.0%
NOV 21-30	47	940.0%
NOV 1-10	48	960.0%
NOV 11-20	49	980.0%
NOV 21-30	50	1000.0%

The distribution of larvae per female was highly variable, with a mean of 1.5 larvae per female and a standard deviation of 1.2. The distribution was highly skewed, with most females having only one or two larvae. The distribution was also highly variable, with some females having up to 10 larvae. The distribution was also highly variable, with some females having up to 10 larvae.

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NOV 21-30	29	580.0%
NOV 1-10	30	600.0%
NOV 11-20	31	620.0%
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N\$1200-1399	5	6.2%
No response	0	0%
TOTAL	81	100%

The findings reflected in table 8 reveal that 34 (42%) of the respondents have a salary less than N\$500 per month and 38 (46.9%) below N\$1000, which means that 88.9% of all the respondents fall in the low socio-economic groups. With reference to the results of item 4 and 5 education is a major factor which determines the level of participation of women in the various sectors of the modern economy.

Item 8 - Indicate your place of residence

Table 9 - Place of residence (N=81)

Residence	Frequency	Percentage
Katutura	32	39.5%
Khomasdal	45	55.6%
Other	4	4.9%
TOTAL	81	100%

and a significant ($p < 0.05$) difference between the two types of families was found in the mean number of children who were still in school in 2000. The mean number of children still in school was 1.26 for the nuclear family and 1.64 for the extended family. It is notable that 60% of the children who were still in school in 2000 were from the nuclear family, whereas 40% were from the extended family. From 2000 to 2005, the number of children who were still in school in the nuclear family increased by 10%, whereas the number of children who were still in school in the extended family increased by 13%.

Item 5 – Indicate the type of family that you belong to.

Table 10. Type of family (N=11)

Type of family	Frequency	Percentage
Nuclear	22	50.0%
Extended	16	35.6%
Other	1	2.2%
Missing	2	4.4%

There was no significant difference according to the gender of the respondent in the type of family that the respondent belonged to. The mean number of children who were still in school in 2000 was 1.26 for the nuclear family and 1.64 for the extended family. The number of children who were still in school in the nuclear family increased by 10% from 2000 to 2005, whereas the number of children who were still in school in the extended family increased by 13%.

and a significant ($p < 0.05$) difference between the two types of families was found in the amount of child-related time spent with the children in the 2 hours. The amount of time spent with the children was significantly higher in the nuclear family than in the extended family ($F(1, 10) = 10.00, p < 0.05$). The amount of time spent with the children was significantly higher in the nuclear family than in the extended family ($F(1, 10) = 10.00, p < 0.05$). The amount of time spent with the children was significantly higher in the nuclear family than in the extended family ($F(1, 10) = 10.00, p < 0.05$). The amount of time spent with the children was significantly higher in the nuclear family than in the extended family ($F(1, 10) = 10.00, p < 0.05$).

Item 5 - Indicate the type of family that you belong to.

Table 10. Type of family (N=11)

Type of family	Frequency	Percentage
Nuclear	22	55.0%
Extended	16	39.6%
Other	3	7.4%
Total	41	100%

There was a significant difference according to the amount of time spent with the children in the 2 hours between the two types of families. The amount of time spent with the children was significantly higher in the nuclear family than in the extended family ($F(1, 10) = 10.00, p < 0.05$). The amount of time spent with the children was significantly higher in the nuclear family than in the extended family ($F(1, 10) = 10.00, p < 0.05$).

Table 9 indicates that 32 (39.5%) of the respondents live in Katutura where three community health clinics from the Ministry of Health and Social Services are available while 45 (55.6%) live in Khomasdal where one community clinic is available and 4 (4.9%) live in other areas where only one community health clinic is situated in the city centre. All these clinics function from 08:00 to 16:00 which is, unfortunately, also the time when most industries are functioning. This implies that it is difficult for some workers to attend services if not allowed by their employees to do so during working hours.

Item 9 - Indicate the type of family within your home

Table 10 - Type of family (N=81)

Type of family	Frequency	Percentage
Nuclear	32	39.5%
Extended	18	22.2%
Single Parent	15	18.5%
Other	16	19.8%
TOTAL	81	100%

It was found that 32 (39.5%) of the respondents belong to nuclear families while 15 (18.5%) are single parents who can also be classified under nuclear families. 18 (22.2%) of the respondents come from extended families and 16 (19.8%) from other types of families.

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The total population of the area during the period 1960-1965 would be 144,000, of which 100,000 would be in the city. The population of the city would be 100,000, of which 70,000 would be in the city proper and 30,000 in the surrounding area. The population of the city proper would be 70,000, of which 50,000 would be in the city proper and 20,000 in the surrounding area. The population of the surrounding area would be 30,000, of which 20,000 would be in the surrounding area and 10,000 in the city proper.

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The large percentage of mothers coming from extended families could be attributed to the fact that young mothers are left with few opportunities for education and better employment and end up at home with their parents or relatives, thereby losing part of their independence and responsibility to care for the children.

Item 10 - Indicate how many hours you are away from home each day

In Item 10 of Section 1 of the questionnaire 55 (67.9%) respondents indicated that they are eight hours away from their houses each day, while 21 (26%) indicated that they are away for more than eight hours. Four (4.9%) indicated less than eight hours, while 1 (1.2%) was missing. It is not clear why 21 (26%) of the respondents are longer than eight hours away from their homes.

Item 11 - Indicate whether you have any daycare arrangements for your children while you are at work

On the question "indicate whether you have any child care arrangements for your children while you are working" 31 (38.3%) of the respondents indicated that they have daycare arrangements for their children while 42 (51.9%) said they do not have any daycare arrangements for their children and 8 (9.9%) did not respond to the question.

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Table 1.10: Summary of properties of the function $f(x)$

Property	Value	Reference
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Table 1.10: ... (faint text) ...

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... (faint text) ...

This implies that children are mostly left to care for themselves without any adult supervision (since only 18 respondents belong to extended families). In addition this affects negatively the psychological and physical support that children so urgently need during childhood. With larger family sizes, older children are given the responsibility to care for the younger ones and, thus, do not get enough time for personal development, recreation and leisure.

4.2.2 SECTION 2 - DATA ON KNOWLEDGE AND UTILIZATION OF FAMILY PLANNING SERVICES

Item 1 - Before you became pregnant for the first time, did your parents or anybody else discuss pregnancy and family planning with you?

Table 11 Discussion of pregnancy or family planning (N=81)

Discussion of pregnancy or Family Planning	Frequency	Percentage
Yes	21	25.9%
No	31	38.3%
No response	29	35.8%
TOTAL	81	100%

The findings illustrated in table 11 reveal that only 21 (25.9%) of the respondents had some kind of information on pregnancy and family planning from parents or other sources.

This implies that children are mostly left to care for themselves without any adult supervision (since only 18 respondents belong to extended families). In addition this affects negatively the psychological and physical support that children so urgently need during childhood. With larger family sizes, older children are given the responsibility to care for the younger ones and, thus, do not get enough time for personal development, recreation and leisure.

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The first part of the study was a pilot study, which was a preliminary study (1977) and was conducted in the same way as the main study. The pilot study was conducted in the same way as the main study, but it was a preliminary study. The pilot study was conducted in the same way as the main study, but it was a preliminary study.

The second part of the study was a main study, which was conducted in the same way as the pilot study. The main study was conducted in the same way as the pilot study, but it was a main study.

Table 1

Weightage	Number of cases	Percentage	Frequency
New	1	100	1
Same	1	100	1
Old	1	100	1
Total	3	300	3
100%			100

The second part of the study was a main study, which was conducted in the same way as the pilot study. The main study was conducted in the same way as the pilot study, but it was a main study. The main study was conducted in the same way as the pilot study, but it was a main study. The main study was conducted in the same way as the pilot study, but it was a main study. The main study was conducted in the same way as the pilot study, but it was a main study. The main study was conducted in the same way as the pilot study, but it was a main study.

Thirty one (38.3%) did not receive any information at all while from 29 (35.8%) no response was received. This is attributed to the fact that they do not have children yet. This implies a lack in the health information system and also in the social marketing system to disseminate information on family planning.

Item 2 - If "yes" who discussed family planning with you for the first time

Table 12 Respondent's reaction to who discussed family planning with them

(N=81)

Who discussed Family Planning	Frequency	Percentage
Parents	16	19.8%
Nurse	7	8.6%
Other	7	8.6%
Missing	51	63%
TOTAL	81	100%

Table 12 indicates that 16 (19.8%) of the respondents got information from their parents while only 7 (8.6%) received information from nurses and 7 (8.6%) from other sources. Fifty one (63%) did not respond to this question. If one could consider the fact that these 51 would have responded if they had any information on family planning, this implies that all 51 (63%) do not have any knowledge on family planning. The fact that less than one third of the respondents received information from the parents implies that most parents are still not convinced to give sex- and family planning education to their children.

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He also has an opportunity to invest in a new machine which will cost £100,000 and will generate the following cash flows over its 5-year life:

2.1.1. Table 2.1 shows the different cash flows:

Table 2.1: Cash flows (k£) (Table 2.1)

Year	Investment	Operating
1	-100	20
2	0	25
3	0	30
4	0	35
5	0	40
Salvage value	0	20
Total	-100	140

2.1.2. The NPV of the investment is calculated as follows: $NPV = -100 + \frac{20}{1.1} + \frac{25}{1.1^2} + \frac{30}{1.1^3} + \frac{35}{1.1^4} + \frac{40}{1.1^5} + \frac{20}{1.1^5}$. The NPV is positive, indicating that the investment is profitable. The IRR is the discount rate that makes the NPV equal to zero. The IRR is approximately 15%. The payback period is the time it takes for the investment to pay for itself. The payback period is approximately 3.5 years. The machine should be purchased if the discount rate is less than 15% and the payback period is less than 3.5 years. The machine should be purchased if the discount rate is less than 15% and the payback period is less than 3.5 years.

Health workers and especially nurses also apparently neglect their educative role in conveying the message across to the broad population.

Item 3 - Indicate how many children you have

Table 13 - Number of children (N=81)

Children	Frequency	Percentage
1	15	18.5%
2	8	9.9%
3	24	29.6%
4	4	4.9%
5	2	2.5%
6 and more	6	7.4%
No response	22	27.2%
TOTAL	81	100%

It was found that 15 (18.5.%) of the respondents had only one (1) child, 8 (9.9%) had two (2) children, 24 (29,6%) had three children, 4 (4.9%) had four children while only 2 (2.5%) had 5 and 6 (7.4%) or more children. If one considers the fact that the majority (88.8%) of the respondents were in the age category of 15-34 years and only 11.2% in the age category 35-45 years, this implies that they have all given birth to children during their early child bearing age which is 15-45years. Of significance are those who have four to six children. The number of children one has given birth to is directly linked to spacing of pregnancies.

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According to (N.I.S.E.R., 1991: 80), at least three years are needed between pregnancies to regain full health status again after birth. Short spacing attributes to low bodily resistance and a higher maternal and child mortality. An exhausted mother has no energy to care for her baby and young children.

The findings correlate with a fertility survey (Mostert, W., 1989: 1-30) that revealed that women in Namibia start the reproductive process at an early age; the mean age at first birth being 19.5 (N.I.S.E.R., 1991: 81). Lack of child spacing services (Family Planning services) could limit the ability of women to control their fertility and could further determine the extent to which they are at risk during the reproductive years.

Item 4 - Have you ever given birth to a child who was born alive but died later?

On the above question 6 (7.4%) of the respondents have had live children who died later while 46 (56.8%) indicated that they did not have live children who died later. 29 (35.8%) did not respond.

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June 15 - 1978 (continued)

At 10:30 AM we were called for a 10:35 AM. We went to the
- and to the... (faded text) ...
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June 16 - 1978 (continued)

Left at 5:57 AM for... (faded text) ...
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... (faded text) ...
... (faded text) ...
... (faded text) ...
... (faded text) ...

June 15 - 1907 (continued)

At 10:30 AM we were called for a 10:35 AM train to the
- and to the... (text is very faint and partially illegible)

June 16 - 1907 (continued)

Left at 10:52 AM for... (text is very faint and partially illegible)

The... (text is very faint and partially illegible)

Item 5 - If "yes" how many?

According to the responses received for item 5, 4 (4.9%) respondents had one live child who died later, 1 (1.2%) had two live children who died later, while 1 (1.2%) had four children who died later. Seventy five (92.7%) did not respond.

Item 6 - Are you pregnant presently?

Only 4 (4.9%) indicated that they are pregnant, 23 (65.4%) indicated that they are not pregnant, while 24 (29.7%) did not respond. The crude mortality rates, especially in developing countries, are greatly influenced by preventable causes like malnutrition during pregnancy, exhaustion due to too short intervals between pregnancies and also low bodily resistance as mentioned above.

Not much is said about family planning in the Namibian Labour Code, but there are clear sections on pregnancy and motherhood. These include working hours which should not exceed 45 hours per week, not more than 12 hours per day for 5 days and not more than 10 hours per day for 6 days for pregnant workers.

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but a few (about 10%) were not. None were found to be a wild-type individual. Hence, the wild-type is considered to have disappeared from the population. This is not surprising, since the wild-type allele and its phenotype are now selected against. The total number of alleles is 100. The total number of individuals is 50.

TABLE 1. Haploids from a large random population, $N = 100$, at a locus with two alleles, A_1 and A_2 , in a population of 50 individuals. The population is assumed to be in Hardy-Weinberg equilibrium.

Genotype class	# of A_1	Percentage
A_1A_1	20	20%
A_1A_2	40	40%
A_2A_1	40	40%
A_2A_2	0	0%

If the first allele (A_1) is dominant to the second allele (recessive), then the individuals with genotype A_1A_1 will be dark and those with genotype A_1A_2 or A_2A_1 will be light. The individuals with genotype A_2A_2 will be dark. The dark individuals will be selected against, and the light individuals will be selected for. The dark individuals will be selected against, and the light individuals will be selected for.

But a further difficulty was that, like many other workers, I had a good deal of time to spare when I was not doing my regular work, and this, I think, was one of the reasons why I had a high reliability in my research. For the first time in my career, The Labor Education Board (LEB) had set me 1800

Table 1. The program in the Catholic school, k_2 , in 1957

Table 1. The program in the Catholic school, k_2 , in 1957

Unit program	Number	Percentage
N_1	12	40%
N_2	18	60%
Number	30	100%
Mean	10	33%

The first school in 1956, although it was a very small group of forty pupils, studied in a program of 100% N_1 units, which was a unit program of a type I have called k_1 . This was a unit program of the type I have called k_1 in my paper on the k_1 and k_2 programs. The second school in 1957, which had a total of 1800 pupils, was a unit program of the type I have called k_2 . The data in Table 1 show that the program in the second school was a unit program of the type I have called k_2 . The data in Table 1 show that the program in the second school was a unit program of the type I have called k_2 .

Section 34 of the code states that no one below the age of eighteen years should do night duty and that the pregnant mother is not allowed to work during the 9 (nine) weeks before the expected date of confinement/delivery and 8 (eight) weeks thereafter unless certified by a medical practitioner to do so (The Labour Code No. 6 of 1992: Labour Act 1992).

Item 7 - Have you ever used any method to avoid/delay pregnancy?

Table 14 The use of contraceptives to avoid/delay pregnancies (N=81)

Use contraceptives	Frequency	Percentage
Yes	32	39.5%
No	28	34.6%
No response	21	25.5%
TOTAL	81	100%

Table 14 reveals that 32 (39.5%) of the respondents used some type of family planning method to avoid pregnancy, 28 (34.6%) of the respondents never used any type of family planning method while 21 (25.9%) did not respond probably because they do not have children yet or because they consider it to be private. The findings could be an indication of the factors that influence women not to use contraceptives.

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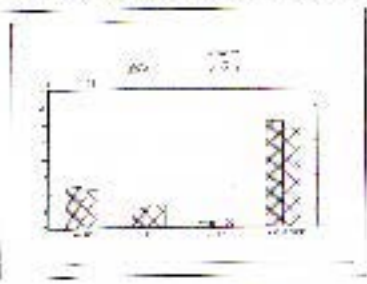
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Text: What are the...?

Text: How is the...?

Text: The... of the... is... The... of... is... The... of... is...

Text: The... of the... is... The... of... is...



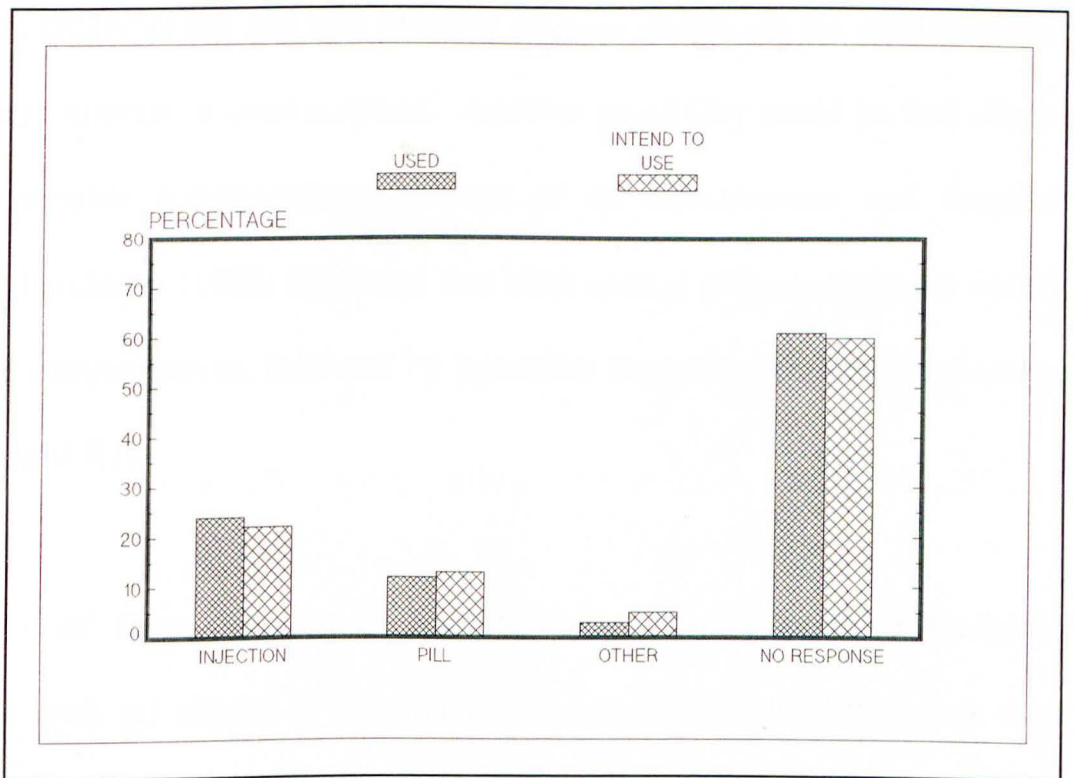
Text: The... of the... is... The... of... is... The... of... is... The... of... is...

Item 8 - What have you used?

Item 11 - Which method are you using currently?

In figure 1 the different contraceptive methods that have been used by respondents are indicated (Item 8 and 11) as well as the methods they intend to use later.

Figure 1 Different contraceptive methods that are used by respondents (N=81)



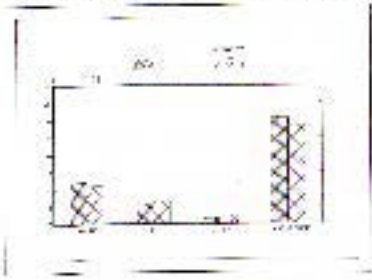
According to the responses on these two items it is obvious in Figure 1 that most of the respondents who used contraception 20 (24.7%) or who intend to use it, 18 (22.2%) prefer injectable contraceptives. The Pill is indicated as second choice of contraception (used 10 = 12.3%, intend to use 11 = 13.5%) while other methods are only preferred by (used 2 = 2.5%, intend to use 4 = 4.9%) of respondents.

Text: And am I not?

Text: The beautiful morning early?

Text: The state of the world is not so bad as it seems. It is only a question of time before the world will be a better place than it is now.

Text: Different people have different views on the world.



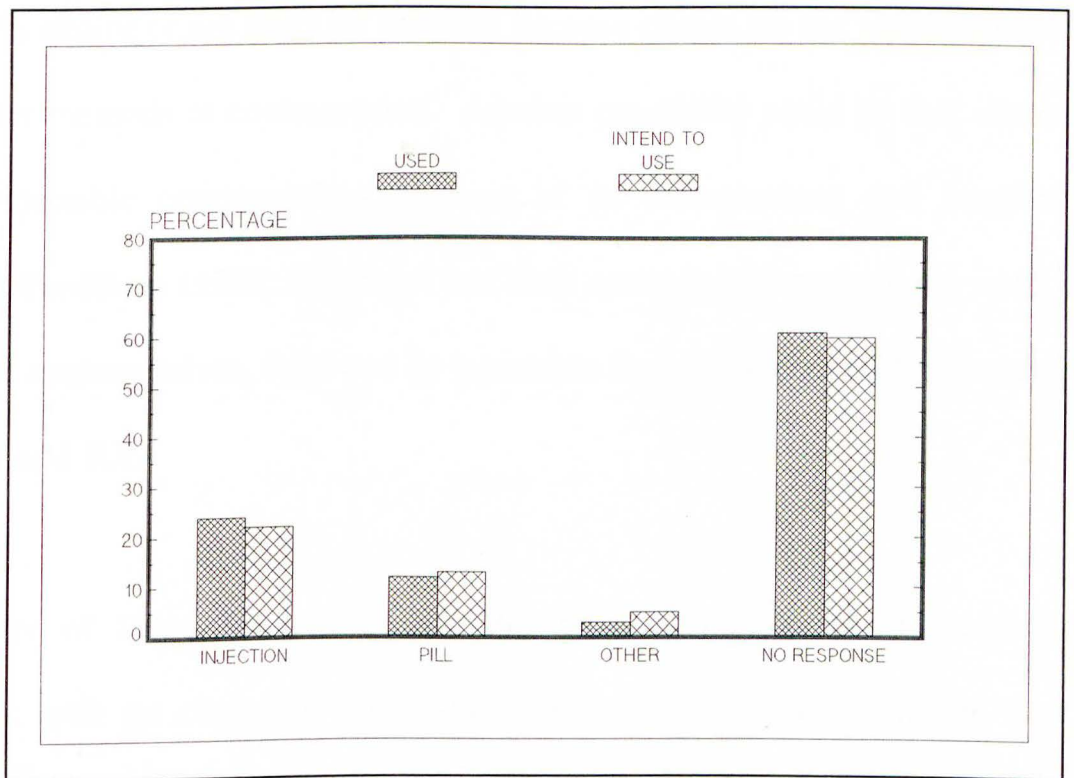
Another way of looking at the world is to see it as a place where the only thing that matters is the money you have. In this view, the world is a place where the only thing that matters is the money you have. In this view, the world is a place where the only thing that matters is the money you have.

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The reason why so many 49 (60.5%) respondents did not respond could be a matter of ignorance because these age groups are normally sexually active. This needs attention from health care providers.

The preferability of contraceptives as indicated on the figure could probably be caused by the fact that injectable Depo Provera was mostly used in the past whether by choice or not and also possibly because clients are not well informed about other methods of contraception. Another possibility could be that clients choose injectable contraceptives because of its effectiveness and comfort. Ahrenson-Pandikow (1992: 52) found that birth control pills are the most widely prescribed contraceptives, followed by injectable Depo Provera and Nuristerate, Condoms and IUD.

Availability of Depo Provera or the Pill only as contraceptive methods, sometimes with no choice at all, makes access and availability rather than eligibility the criterion. Alternatively irregular supplies to sources of contraceptives and high costs hinder family planning efforts to improve client rates.

The first section of the 1993 Employment Act deals with the
role of the state in the labour market. The state is
responsible for the functioning of the labour market.

The purpose of the Act is to ensure a high level of
employment, to secure the functioning of the labour
market, and to ensure that the state is responsible for
the functioning of the labour market. The state is
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Availability of Depo Provera or the Pill only as contraceptive methods, sometimes with no choice at all, makes access and availability rather than eligibility the criterion. Alternatively irregular supplies to sources of contraceptives and high costs hinder family planning efforts to improve client rates.

11.5.5. The following table shows the number of people who were surveyed in each age group in 1997.

Table 11.5.1: The number of people surveyed in each age group in 1997.

Age group	Number	Percentage
14-19	11	20%
20-29	6	11%
30-39	25	46%
40-49	8	15%

Table 11.5.1 shows that 20% of the respondents claimed to be in the 14-19 age group. This is the same as saying that 1 in 5 people surveyed in 1997 claimed to be in the 14-19 age group. Note that 100% of the respondents claimed to be in one of the four age groups. This means that the total number of people surveyed in 1997 was 55. Note that the percentages in Table 11.5.1 do not add up to 100% because of rounding. The total number of people surveyed in 1997 was 55. This is the same as saying that 1 in 5 people surveyed in 1997 claimed to be in the 14-19 age group.

Table 11.5.2 shows the number of people who were surveyed in each age group in 2000. Note that the total number of people surveyed in 2000 was 100. This is the same as saying that 1 in 10 people surveyed in 2000 claimed to be in the 14-19 age group. Note that the percentages in Table 11.5.2 do not add up to 100% because of rounding. The total number of people surveyed in 2000 was 100. This is the same as saying that 1 in 10 people surveyed in 2000 claimed to be in the 14-19 age group.

Item 9 - How many living children did you have when you started to use family planning methods?

Table 15 Living children before use of contraceptive (N=81)

Living children	Frequency	Percentage
1-4	24	29.6%
5-9	8	9.9%
No response	49	60.5%
TOTAL	81	100%

Table 15 shows that 24 (29.6%) of the respondents indicated that they had one to four children before they started using any family planning method while 8 (9.9%) indicated that they had five to nine children before using contraceptives. Forty nine (60.5%) did not respond. These findings correlate with those of Tapscott, C., 1992: 1-21 that contraceptives are, in some circumstances, used after health and financial needs are felt.

As most of the respondents have already indicated that they are single parents with limited financial resources, the implications of these responses for urban single mothers could be that most of the income is spent on means to survive. This is in many cases to buy cheap, not always nourishing food, which again adds to malnutrition, low resistance and a high mortality and morbidity rate.

11.5.5. The following table shows the number of people who were surveyed in each age group in 1997.

Table 11.5.1: The number of people surveyed in each age group in 1997.

Age group	Number	Percentage
14-19	21	20%
20-24	18	18%
25-29	25	25%
30-34	36	37%

The following table shows the number of people who were surveyed in each age group in 1998. The number of people surveyed in each age group in 1998 is 20% higher than the number of people surveyed in each age group in 1997. The number of people surveyed in each age group in 1998 is 20% higher than the number of people surveyed in each age group in 1997. The number of people surveyed in each age group in 1998 is 20% higher than the number of people surveyed in each age group in 1997. The number of people surveyed in each age group in 1998 is 20% higher than the number of people surveyed in each age group in 1997.

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Item 10 - Are you currently using any method to avoid pregnancy?

Figure 2 Current use of contraceptives (N=81)

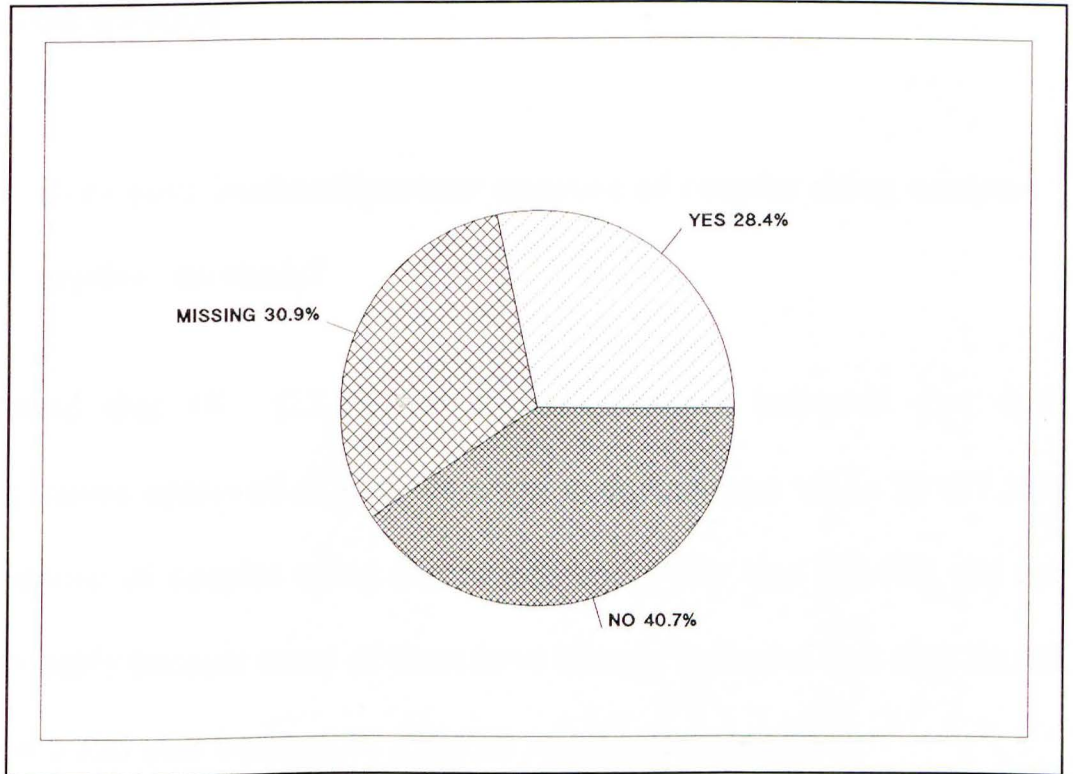


Figure 2 indicates that 23 (28.4%) of the respondents are using contraception while 33 (40.7%) of the respondents do not use any contraceptives 25 (30.9%) did not respond. The latter could again be attributed to the fact that they do not have children yet or because contraceptive methods are unknown to them. It was also found in a study done by Ahreson-Pandikow 1992 that the public, in general, was reluctant to answer questions about their personal experience with contraception or about service facilities in their environment (Ahreson-Pandikow, H., 1992: 41).

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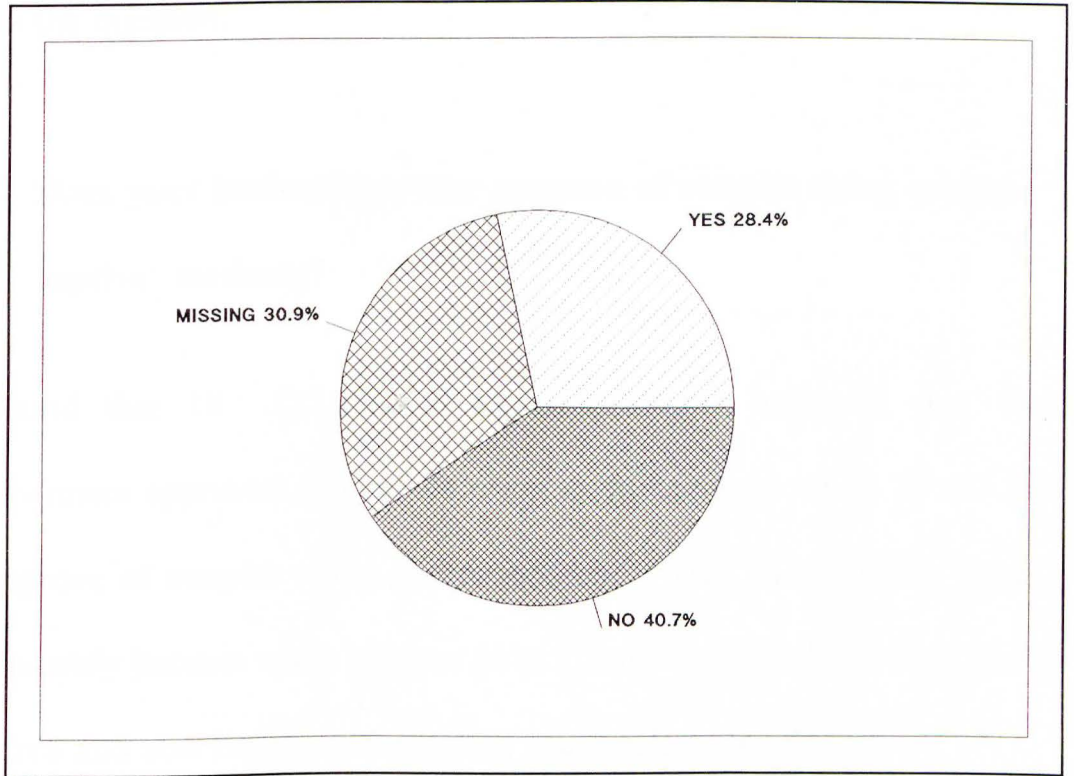


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1. The first step is to identify the problem.

Once the problem is identified, the next step is to gather information. This information should be used to determine the cause of the problem and to develop a plan of action.

2. The second step is to analyze the data. This involves looking at the data to see if there are any patterns or trends that can help explain the problem.

3. The third step is to develop a solution. This involves coming up with a plan of action that will address the problem. The plan should be based on the information gathered in the previous steps and should be realistic and achievable.

4. The fourth step is to implement the solution. This involves putting the plan of action into effect and monitoring the results.

5. The fifth step is to evaluate the results. This involves looking at the data to see if the problem has been solved and if the solution was effective. If the problem has not been solved, the process should be repeated.

Item 12 - Would you like to have more children?

On the above question 25 (30.9%) of the respondents want more children while 43 (40.7%) do not want children anymore. Twenty three (28.4%) did not respond to the question.

Item 13 - Does your husband/partner approve of couples using contraceptive methods?

It was found that 18 (22.2%) of the respondents indicated that their husbands/partners approved of couples using contraceptives while 22 (27.2%) did not approve of couples using contraceptives. Forty one (50.6%) did not respond probably because some of them have already indicated that they do not have children and also because 62 (76.5%) are single (table 7).

Item 14 - Indicate in not more than (3) three sentences why you are not using family planning methods

On the question that respondents should indicate why they do not use contraceptives (Ahrenson-Pandikow, H., 1992: 55; Tapscott, C., 1992: 22) provided similar information that lack of sex education programmes and information on methods as well as men's negative attitudes are important obstacles to increase the use of contraceptive methods.

1964-1965

On the 15th of 1965, the following was reported: The following is a list of the names of the persons who have been reported to have been arrested in the past few months.

1. The following is a list of the names of the persons who have been reported to have been arrested in the past few months.

2. The following is a list of the names of the persons who have been reported to have been arrested in the past few months.

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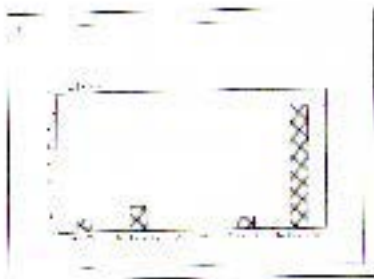
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2. 991115 -- ANALYTICAL CHEMISTRY -- SOME TESTS
 for
 Fig. 2.

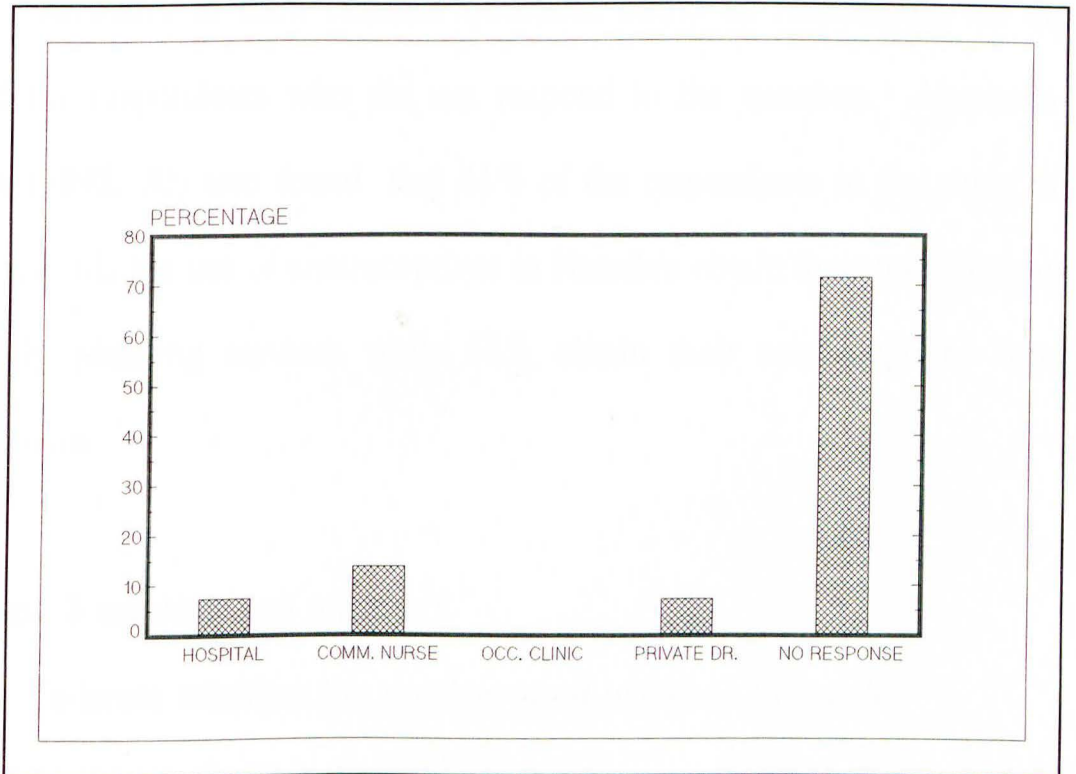


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4.2.3 SECTION 3 - AVAILABILITY OF FAMILY PLANNING SERVICES

Item 1 - Indicate from where you receive your family planning supplies

Figure 3 Place where contraceptives are obtained (N=81)

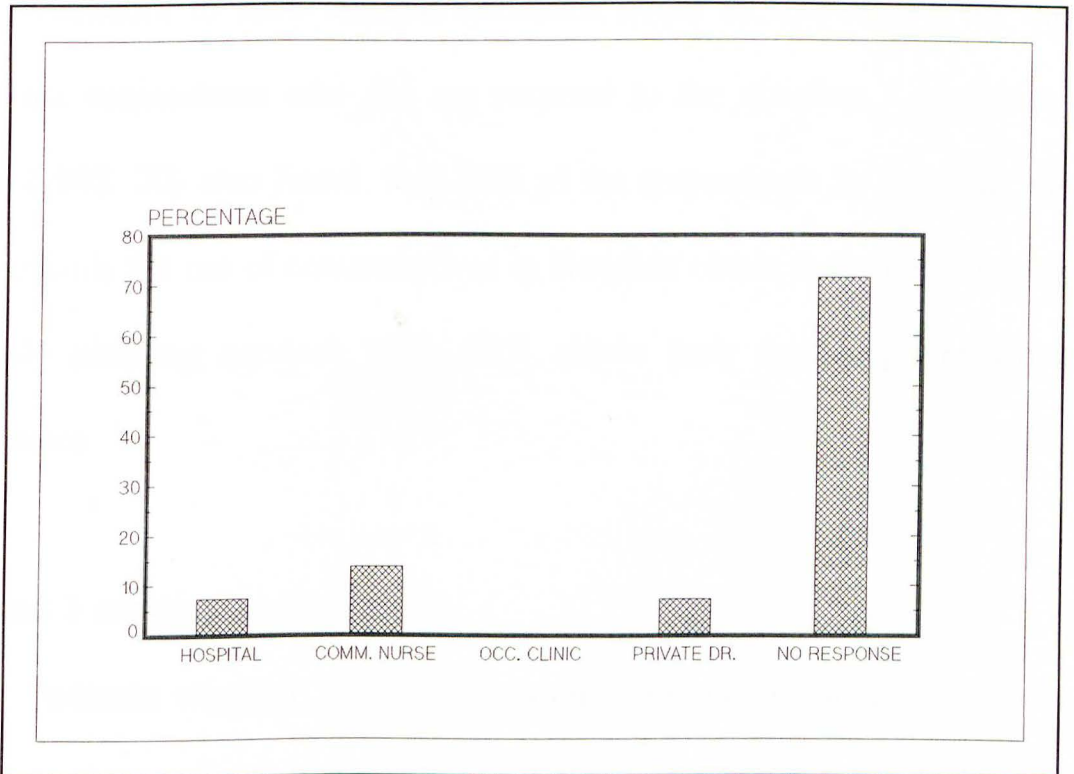


Six (7.4%) of the respondents indicated that they receive their supplies from the hospital, 11 (13.6%) receive theirs from the community nurse while 6 (7.4%) of the respondents receive their suppliers from private practitioners. None of the respondents indicated services from occupational health clinics. Fifty eight (71.6%) did not respond to the question.

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The following information is provided for the financial statements prepared
 for the year ended 31st December 2019. The company's financial statements
 are prepared in accordance with the Companies Act 2006 and the Companies
 (Accounts) Regulations 2008. The financial statements are prepared on a
 going concern basis. The company's financial statements are prepared in
 accordance with the Companies Act 2006 and the Companies (Accounts)
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From these answers one could come to the conclusion that those respondents who are using contraception do have access to the family planning services. It is may be selfexplanatory why 71.6% of the respondents did not respond to this item since 28.4% have only 1-2 children and 27.2% did not respond to this question. Attitudes to such intimate questions could be responsible for the 71.6% of the respondents who did not respond to the question. Ahrenson-Pandikow (1992: 30) also found that 41% of the respondents in the study on attitudes towards the use of contraceptives in Namibia obtain their prescriptions from family planning services while 58% obtain their contraceptives from private sources.

(Items 2 and 3 are discussed together)

Item 2 - Indicate whether the services used are easy to reach

Item 3 - Indicate whether there is regular transport available to health services

It was found that 31 (38.3%) of the respondents indicated that they do have regular transport available to health services. Nine (11.1%) of the respondents indicated that they do not have regular transport to health services while forty one (50.6%) did not respond to the question.

From these answers one could come to the conclusion that those respondents who are using contraception do have access to the family planning services. It is may be selfexplanatory why 71.6% of the respondents did not respond to this item since 28.4% have only 1-2 children and 27.2% did not respond to this question. Attitudes to such intimate questions could be responsible for the 71.6% of the respondents who did not respond to the question. Ahrenson-Pandikow (1992: 30) also found that 41% of the respondents in the study on attitudes towards the use of contraceptives in Namibia obtain their prescriptions from family planning services while 58% obtain their contraceptives from private sources.

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Figure 10: A plot of the function $f(x) = x^2 - 2x + 1$.

The function $f(x) = x^2 - 2x + 1$ is a parabola opening upwards. The vertex is at $(1, 0)$. The x-axis is labeled from 0 to 2, and the y-axis is labeled from 0 to 1. The curve starts at $(0, 1)$, goes down to $(1, 0)$, and goes up to $(2, 1)$. The area under the curve from $x=0$ to $x=2$ is shaded in light blue. The area under the curve from $x=1$ to $x=2$ is shaded in light red. The area under the curve from $x=0$ to $x=1$ is shaded in light green.

Figure 11: A plot of the function $f(x) = x^2 - 2x + 1$ with the area under the curve shaded in light blue.

Table 10: A table showing the values of the function $f(x) = x^2 - 2x + 1$ at $x=0, 1, 2$.

Value of x	Value of $f(x)$	Area under the curve
0	1	0.50
1	0	0.50
2	1	1.00

Table 11: A table showing the values of the function $f(x) = x^2 - 2x + 1$ at $x=0, 1, 2$ with the area under the curve shaded in light blue.

Item 4 - At what times does the service function?

On the above question 31 (38.3%) of the respondents indicated that the services function during working hours, 9 (11.1%) indicated that the services are functioning after working hours, probably because they are working on shift as clinic hours are from 08:00-16:00. Forty one (50.6%) of the respondents did not respond. If one could consider the responses given for item one of this section it seems that some workers the possibility to visit health facilities during working hours. This implies that some workers do experience problems in utilizing health facilities/family planning services.

Item 5 - Are there any occupational health services available at your working place?

Table 16 Availability of occupational health services (N=81)

Occupational Health Services	Frequency	Percentage
Yes	5	6.2%
No	69	85.2%
No response	7	8.6%
TOTAL	81	100%

Table 16 reveals that only 5 (6.2%) respondents have the availability of occupational health services at their working place.

Item 4 - At what times does the service function?

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TOTAL	81	100%

Table 16 reveals that only 5 (6.2%) respondents have the availability of occupational health services at their working place.

Fig. 9.23 shows the sampling distribution of the sample mean for a sample size of 100. The distribution is approximately normal, with a mean of 1.25 and a standard deviation of 0.025. The distribution is centered at 1.25, which is the population mean. The standard deviation of the sampling distribution is smaller than the standard deviation of the population, indicating that the sample mean is a more precise estimate of the population mean.

Table 9.2 shows the distribution of the sample mean for a sample size of 100. The distribution is approximately normal, with a mean of 1.25 and a standard deviation of 0.025. The distribution is centered at 1.25, which is the population mean. The standard deviation of the sampling distribution is smaller than the standard deviation of the population, indicating that the sample mean is a more precise estimate of the population mean.

Table 9.2: Distribution of the sample mean for a sample size of 100.

Sample Mean	Frequency	Percentage
1.24	10	10.0%
1.25	20	20.0%
1.26	30	30.0%
1.27	20	20.0%
1.28	10	10.0%
Total	100	100.0%

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Sixty (85.2%) of the respondents do not have occupational health facilities at their workplace while 7 (8.6%) did not respond. These responses imply that there is a very urgent need for health care facilities at the working place or for cooperative approach between the small industries to conduct a joint service, even if this is on a part-time basis.

Item 6 - Indicate whether there is anything you particularly disliked about the services

Table 17 Dislikes about services (N=81)

Client dislikes	Frequency	Percentage
Waiting too long	19	23.5%
Personnel unfriendly	5	6.2%
Method not available	1	1.2%
Privacy not observed	3	3.7%
Other	30	37%
No response	23	28.4%
TOTAL	81	100%

Table 17 indicates that clients do experience some problems at the health facilities they visit since 19 (23.5%) of the respondents indicated they wait too long before being attended to. Five (6.2%) complained of unfriendly personnel, 1 (1.2%) indicated that the contraceptive that she preferred to use was not available, 3 (3.7%) complained of privacy not being observed, 30 (37%) had dislikes which were not specified since the list of complaints could be too long.

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Figure 1. (a) Schematic diagram of the proposed structure.

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Twenty three (28.4%) did not respond.

Item 7 - Indicate whether there is information available on family planning methods at the service

Figure 4 Information on family planning (N=81)

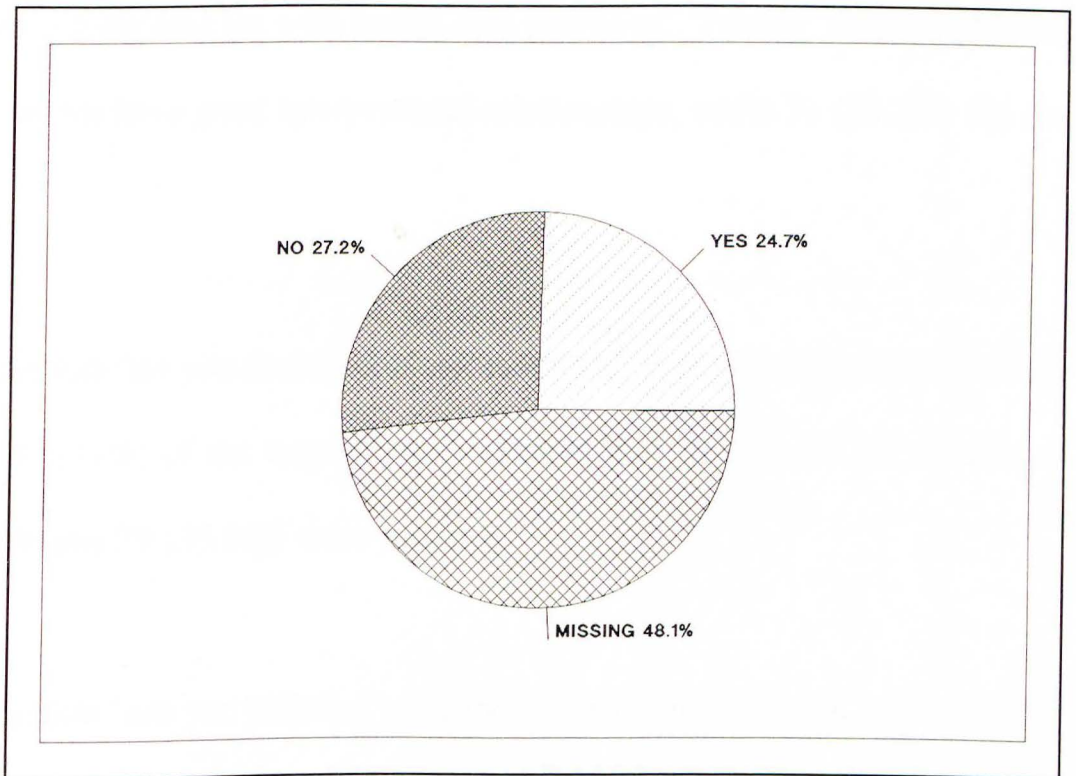


Figure 4 shows that 20 (24.7%) of the respondents were positive about receiving family planning information at health care facilities 22 (27.2%) indicated that they did not receive any information on family planning while 39 (48.2%) did not respond. If you take the consequences of poor family spacing and unwanted pregnancies into consideration the findings do not positively contribute to health education with specific reference to family planning.

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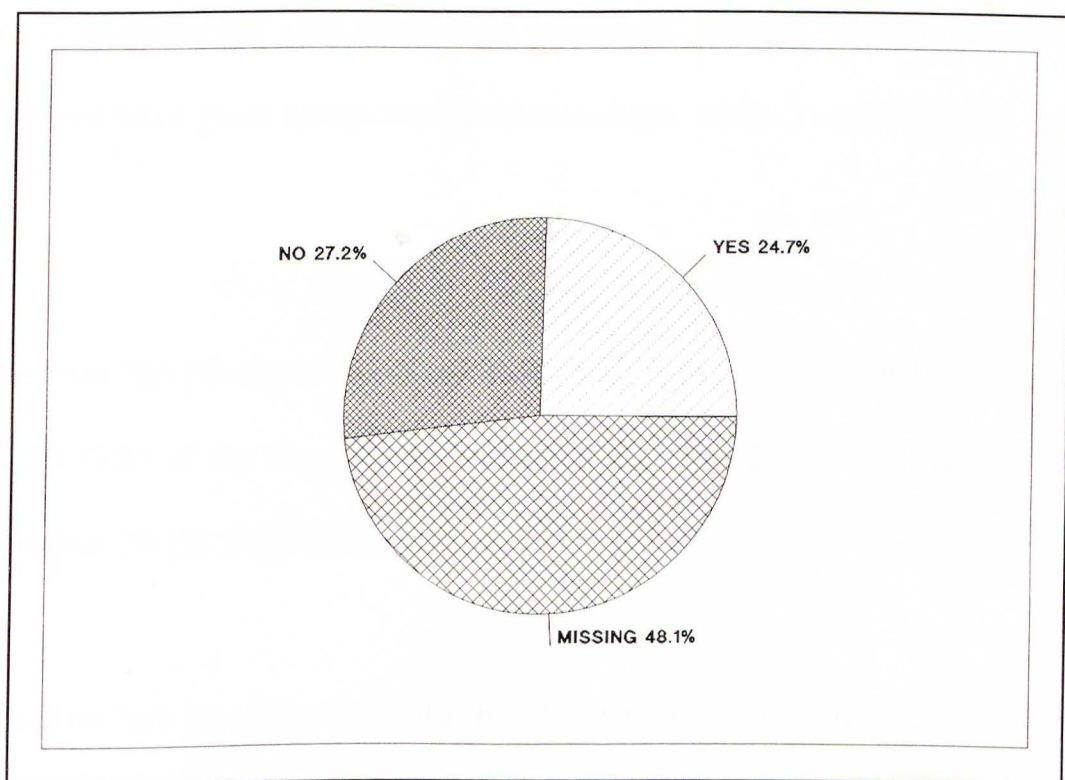


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For Γ as above, let $\mathcal{K} = \mathcal{K}(\Gamma)$ be the set of all \mathcal{K} -subgroups of Γ . Then \mathcal{K} is a distributive lattice, the top element of which is Γ itself.

The lattice \mathcal{K} is a distributive lattice, the top element of which is Γ itself. The bottom element of \mathcal{K} is the identity element e of Γ . The lattice \mathcal{K} is a distributive lattice, the top element of which is Γ itself. The bottom element of \mathcal{K} is the identity element e of Γ .

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For the purposes of this law, the term "employee" shall mean a person who is employed by the State or any political subdivision of the State, whether full-time or part-time, and who is not a member of the State Police or the State Highway Patrol.

The term "employee" shall not include any person who is employed by the State or any political subdivision of the State for a period of less than 90 days, or who is employed by the State or any political subdivision of the State for a period of 90 days or more, but who is not a member of the State Police or the State Highway Patrol.

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Even if respondents do not have children yet every woman should be well informed about available facilities to be able to utilize them at a later stage.

Item 8,9,10 and 11 dealt with interpersonal relationships and attitudes of health care providers. Thirty (37%) of the respondents indicated that they have good interpersonal relationships with health care providers. Twenty (25%) indicated that they do not have good interpersonal relationships, while 31 (38.2%) did not respond.

On the question "do you feel free to ask the health care provider for help when needed", 30 (37%) of the respondents indicated they do, 22 (27.2%) indicated they do not and 29 (35.8%) were missing.

On the question "are you satisfied with the attitudes of the health care provider towards you", 27 (33.3%) of the respondents indicated that they are satisfied with the attitude, while 26 (32.1%) of the respondents are not satisfied with the attitude and 28 (34.6%) are missing. It was found that 26 (32.1%) of the respondents indicated that their problems with regard to family planning are dealt with by health care providers, 29 (35.8%) indicated that their problems are not dealt with, while 26 (30.1%) did not respond on the question.

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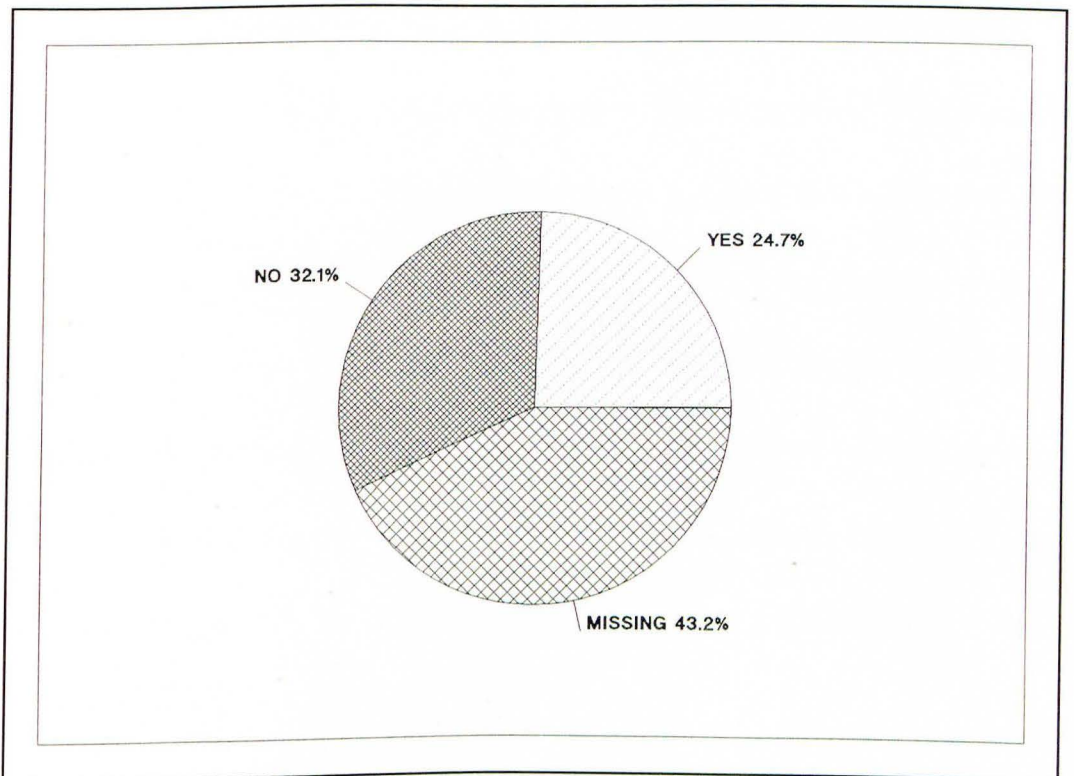
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The attitudes of the health care provider is of utmost importance when rendering health services to the public and specifically concerning contraceptive use. If the health provider's attitudes are destructive an array of problems appear to give ground to prejudice against and rejection of contraceptive use. Justifiable fears concerning risks are overrated due to lack of instructions for contraceptive use and supportive counselling on the potential side effects (Ahrenson-Pandikow, H., 1992: 42).

Item 12 - Are you aware of new developments in family planning?

Figure 5 Information about new developments in Family Planning methods
(N=81)



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Item 12 - Are you aware of new developments in family planning?

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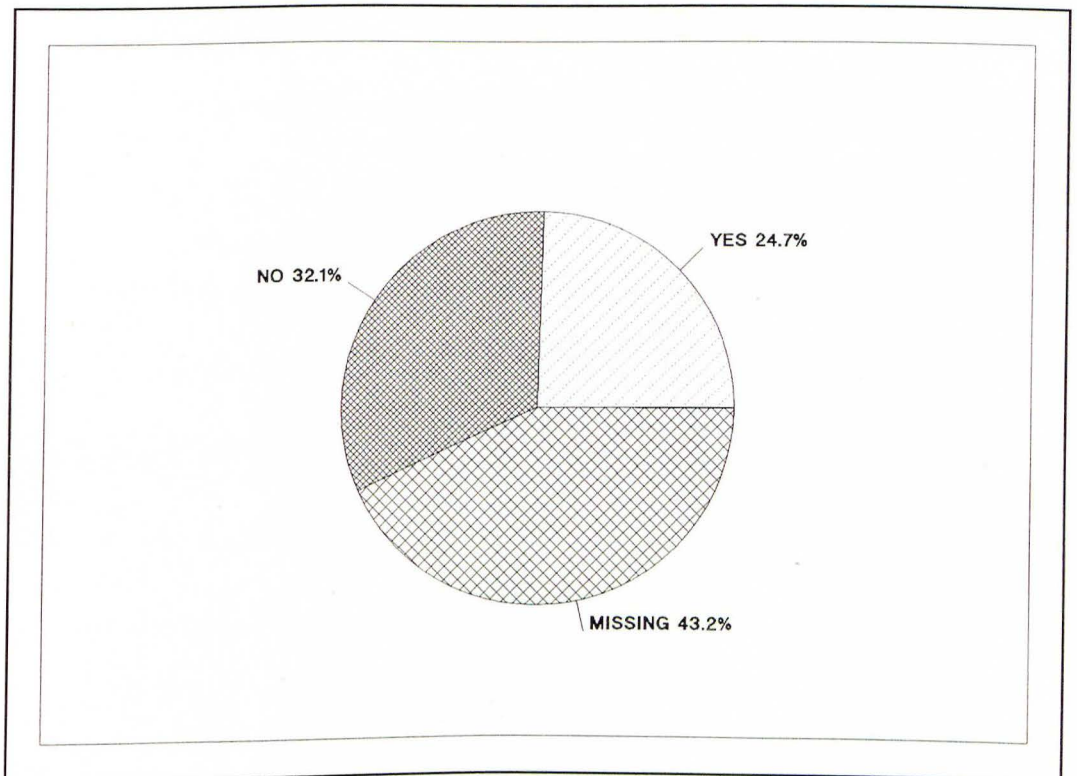


Figure 5 shows that 20 (24.7%) of the respondents are aware about new developments in family planning while 6 (32.1%) of the respondents indicated that they are not aware of new developments in family planning. Thirty five (43.2%) did not respond. Even if women in child bearing age do not make use of family planning services it should be expected that they at least know of new developments in contraceptive use.

Item 13 - Does the health care provider give you opportunity to take your own decisions with regard to family planning?

Figure 6 Opportunity for own decision-making (N=81)

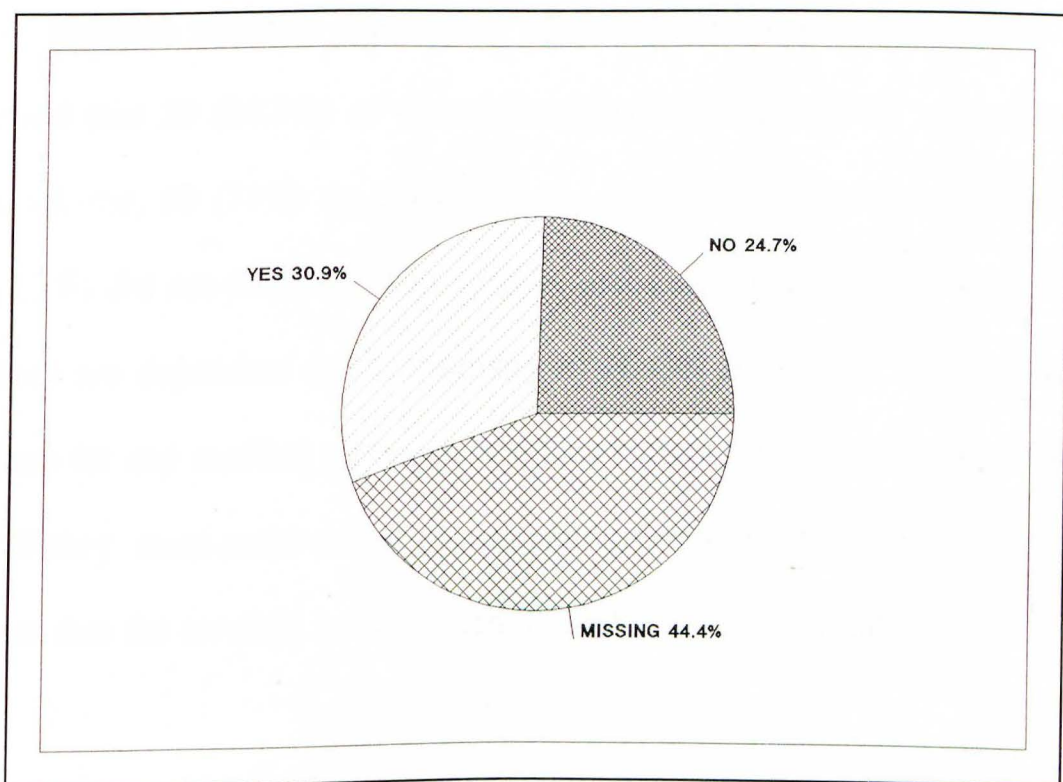


Figure 5 shows the results of the analysis of variance and the results of the regression analysis. The results of the analysis of variance are shown in Table 1. The results of the regression analysis are shown in Table 2. The results of the analysis of variance and the results of the regression analysis are shown in Table 3. The results of the analysis of variance and the results of the regression analysis are shown in Table 4. The results of the analysis of variance and the results of the regression analysis are shown in Table 5.

Table 1. Results of the analysis of variance. The results of the analysis of variance are shown in Table 1. The results of the analysis of variance are shown in Table 1.

Table 2. Regression coefficients and statistics. The results of the regression analysis are shown in Table 2.

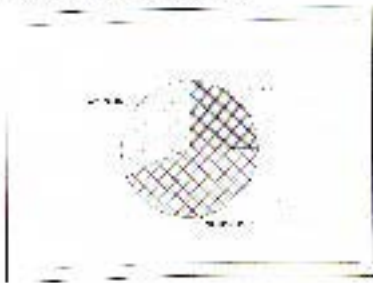
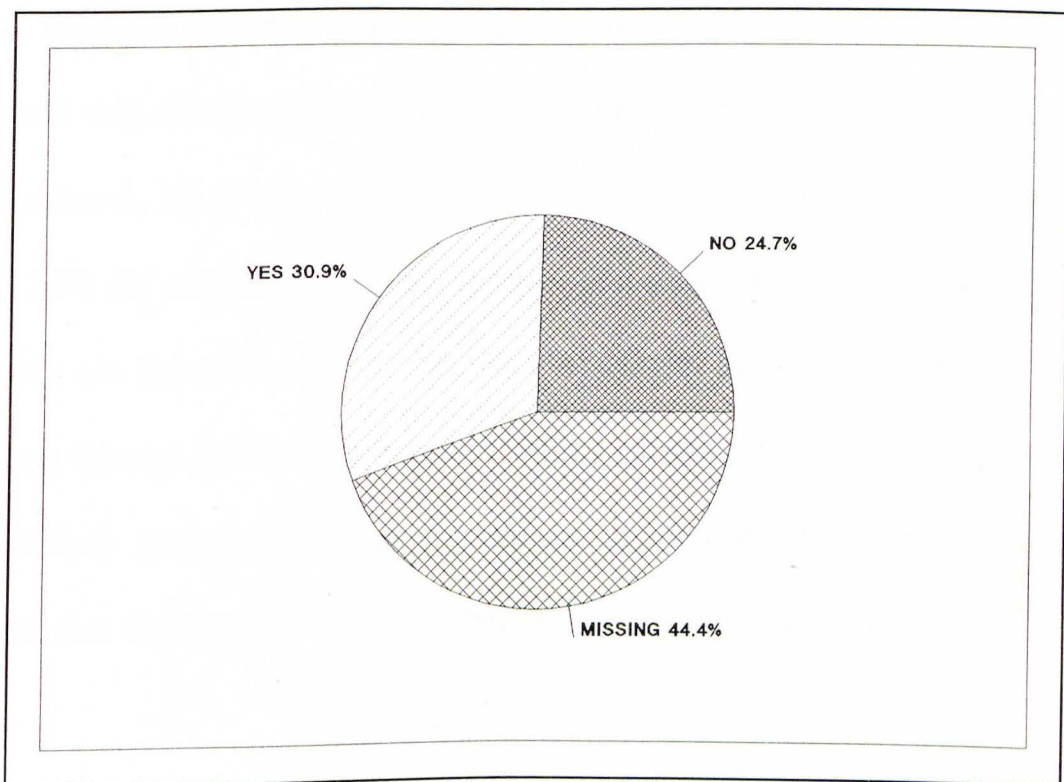


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Figure 6 Opportunity for own decision-making (N=81)



From Figure 5, it is seen that the β values of the two samples are the same. This is a rather surprising observation, if one considers the fact that the two samples are of different sizes, and are made of different materials. However, the fact that the β values are the same, suggests that the two samples are of the same type. This is a rather surprising observation, if one considers the fact that the two samples are of different sizes, and are made of different materials. However, the fact that the β values are the same, suggests that the two samples are of the same type. This is a rather surprising observation, if one considers the fact that the two samples are of different sizes, and are made of different materials. However, the fact that the β values are the same, suggests that the two samples are of the same type.

4. THE EFFECT OF THE SIZE OF THE DROPS ON THE RATE OF THE REACTION

The effect of the size of the drops on the rate of the reaction was investigated by using two different sizes of drops. The results are shown in Figure 6. It is seen that the rate of the reaction is higher for the smaller drops. This is a rather surprising observation, if one considers the fact that the two samples are of different sizes, and are made of different materials. However, the fact that the β values are the same, suggests that the two samples are of the same type. This is a rather surprising observation, if one considers the fact that the two samples are of different sizes, and are made of different materials. However, the fact that the β values are the same, suggests that the two samples are of the same type.

From Figure 5, it is seen that the β values of the two side bands are the same and are related to the frequency of the carrier wave in a way that is similar to that of the side bands in a frequency-modulated wave. However, the frequencies of the side bands are not equal to those of the carrier wave. There is also a phase shift between the two side bands. The phase shift is equal to π when the modulation frequency is equal to the carrier frequency. The phase shift is zero when the modulation frequency is equal to the carrier frequency divided by two. The side bands are also related to the carrier wave in a way that is similar to that of the side bands in a frequency-modulated wave. However, the frequencies of the side bands are not equal to those of the carrier wave. There is also a phase shift between the two side bands. The phase shift is equal to π when the modulation frequency is equal to the carrier frequency. The phase shift is zero when the modulation frequency is equal to the carrier frequency divided by two.

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From figure 6 it is clear that only 25 (30.9%) of the respondents had the opportunity to make their own decisions with regard to family planning matters while 20 (24.7%) did not have the opportunity to make their own decisions. Thirty six (44.4%) did not respond. The poor state of women's health in Namibia could be due to the fact that women are denied their right to control their own fertility, and right to health and health care. As suggested by Cook, R.J., 1993: 46-50 women should be treated with dignity and respect and be provided with information in order to make informed decisions on particular courses of treatment like family planning.

4.2.4 SECTION 4 - THE ATTITUDE OF THE EMPLOYER TOWARDS THE HEALTH OF THE EMPLOYEE/WORKER

Item 1 - Indicate whether you belong to a medical insurance scheme

It was found that 20 (24.7%) of the respondents are members of a medical insurance scheme, 60 (74%) do not belong to any medical insurance scheme while 1 (1.3%) did not respond. This implies that most of the female workers in Windhoek are dependent on the Ministry of Health and Social Services as state patients for any medical services since they cannot afford private medical services. If they must make use of government services due to their income it is important that the services be user friendly and improve accessibility.

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Item 2 - If you answer 3/5, include the type of simplified fraction
 simplified from 6/10. If you do not include a simplified fraction, you do
 not receive points for this item. If you put the wrong simplified fraction
 you do not receive points for this item.

For item 3, you get a total of 4 points. You must show
 three lines work to get 4 points. You get 2 points for the
 correct answer and 2 points for the work.

For item 4, you get a total of 4 points. You get 2 points for the
 correct answer and 2 points for the work. If you do not
 show work, you get 0 points for this item. If you show work
 but do not get the correct answer, you get 1 point for this item.

Item 2 - If your answer is "yes" indicate the type of medical insurance

Responses from item 12 indicate that only ten (12.3%) of the respondents belong to a private medical scheme, probably because they are married and are part of their husband's medical insurance coverage.

Ten (12.3%) of the respondents belong to a compulsory medical insurance scheme from the industry in which they are employed. Sixty one (75,4%) of the respondents do not belong to any medical insurance scheme.

Most medical insurance schemes cover maternal and health services and those who do not belong to such schemes could use the facilities offered by the Ministry of Health and Social Services as family planning services are free of charge.

Item 2. It is not unusual to find the type of simplified linear regression model that we have just described. It is not unusual to find a model that is a linear function of the parameters, but not a linear function of the variables. For example, the following model is a linear function of the parameters, but not a linear function of the variables:

$$y = \beta_0 + \beta_1 x + \beta_2 x^2 + \beta_3 x^3 + \beta_4 x^4 + \beta_5 x^5 + \beta_6 x^6 + \beta_7 x^7 + \beta_8 x^8 + \beta_9 x^9 + \beta_{10} x^{10}$$

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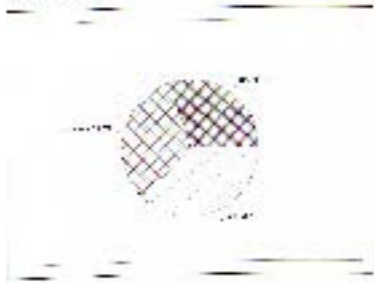
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Figure 2: The distribution of the observed frequencies of the 100 trials and the theoretical probabilities for the 100 trials. The observed frequencies are shown in the table below.

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The observed frequencies of the 100 trials are shown in the table below. The theoretical probabilities for the 100 trials are shown in the table below. The observed frequencies are compared to the theoretical probabilities in the table below.

Item 3 - Does the employer allow personnel from the Ministry of Health and Social Services to give health education sessions at the workplace?

Figure 7 Health education allowed from Ministry of Health and Social Services (N=81)

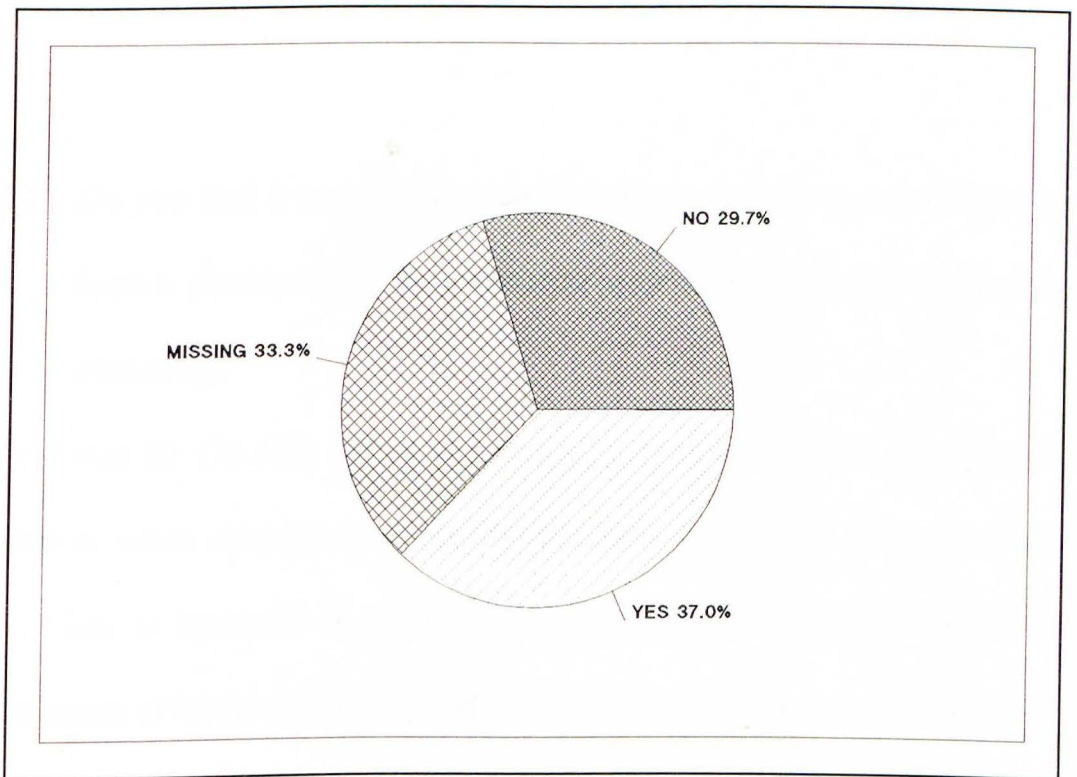


Figure 7 shows that 52 (64.1%) of the respondents have indicated that the employer allows personnel from the Ministry of Health and Social Services to give health education talks at the workplace. Twenty four (29.6%) of the respondents indicated that health education talks from the Ministry of Health and Social Services are not allowed at their workplace, probably due to fear of

It is not clear that the evidence presented from the study of the 10 and 20 day periods is just as convincing as it is for the 30 day period.

Figure 7. Bulk to wet weight ratios for a 30 day period of 10, 20 and 30 day periods.

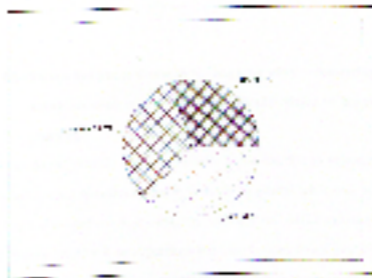


Figure 8 shows that 100% of the samples were not indicated that the majority of the samples. The ratio of the 10 day period to the 20 day period is 45% and the ratio of the 20 day period to the 30 day period is 35%. The ratio of the 10 day period to the 30 day period is 20%. The ratio of the 10 day period to the 20 day period is 45% and the ratio of the 20 day period to the 30 day period is 35%. The ratio of the 10 day period to the 30 day period is 20%.

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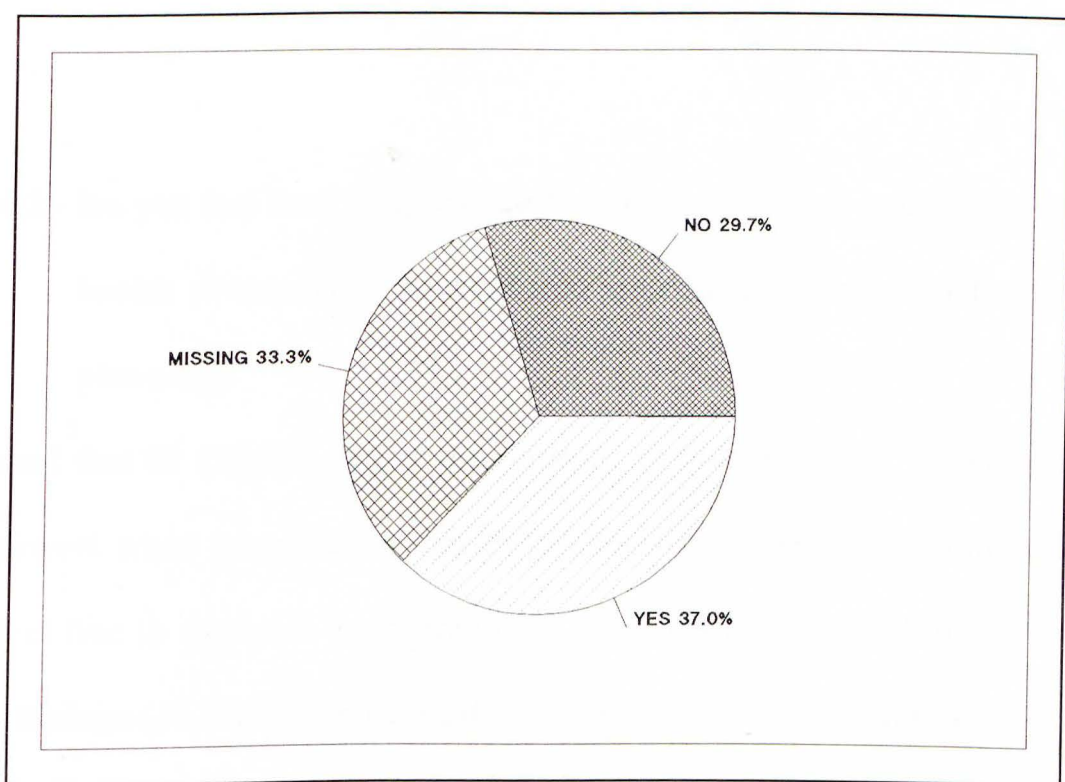


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1. The work is very beautiful and well done by the artist.

The artist has done a very good job of capturing the essence of the subject matter. The use of color and composition is excellent. The overall effect is one of harmony and balance.

2. The

4. and 5. The artist has done a very good job of capturing the essence of the subject matter. The use of color and composition is excellent. The overall effect is one of harmony and balance.

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production loss during these sessions, while 5 (6.3%) did not respond.

This implies that those workers who are not allowed to visit health facilities during working hours and also fall in the category of those who do not receive any health education sessions from the Ministry of Health and Social Services are totally denied access to health facilities and information.

Item 4

4.1 and 4.2 - Do you feel free to approach the employer when encountering health problems in general and specifically related to family planning?

It was found that 62 (76.5%) of the respondents do not feel free to approach their employers when encountering health problems in general while only 36 (44.4%) feel free to approach their employers with problems related to family planning. Sixteen (19.8%) of the respondents indicated that they do not feel free to approach their employers when encountering health problems in general while 13 (16%) would not approach their employers with regard to family planning problems. This implies that the respondents might view family planning problems as very personal to discuss with their employers.

1. The work is very important and should be done as quickly as possible.

The applicant is a very experienced professional and has a strong background in the field of... (The text is very faint and difficult to read, but appears to be a cover letter or a formal statement.)

2. The work is very important and should be done as quickly as possible.

4. and 5. The work is very important and should be done as quickly as possible. The applicant is a very experienced professional and has a strong background in the field of...

The work is very important and should be done as quickly as possible. The applicant is a very experienced professional and has a strong background in the field of... (This block contains the majority of the text on the page, which is extremely faint and largely illegible.)

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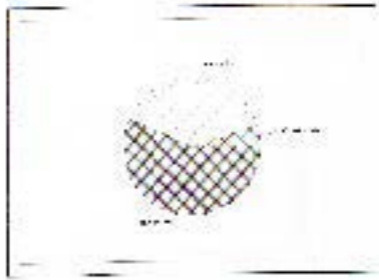
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Frage 5 - Inwiefern sind die folgenden Aussagen richtig, falsch oder nicht klar?
Beleg mit einem Wort?

Antwort: Nicht beantwortet, 0 von 5,0



Antwort: Die Aussage ist richtig. Die Korngröße eines Materials ist ein Maß für die Größe der Kristallite, die aus den Atomen des Materials bestehen. Die Korngröße beeinflusst die mechanischen Eigenschaften des Materials, wie die Festigkeit und die Duktilität. In der Regel führt eine Verringerung der Korngröße zu einer Erhöhung der Festigkeit und einer Verringerung der Duktilität.

Item 5 - Does the employer give you opportunity to visit health facilities during working hours?

Figure 8 Visit during working hours (N=81)

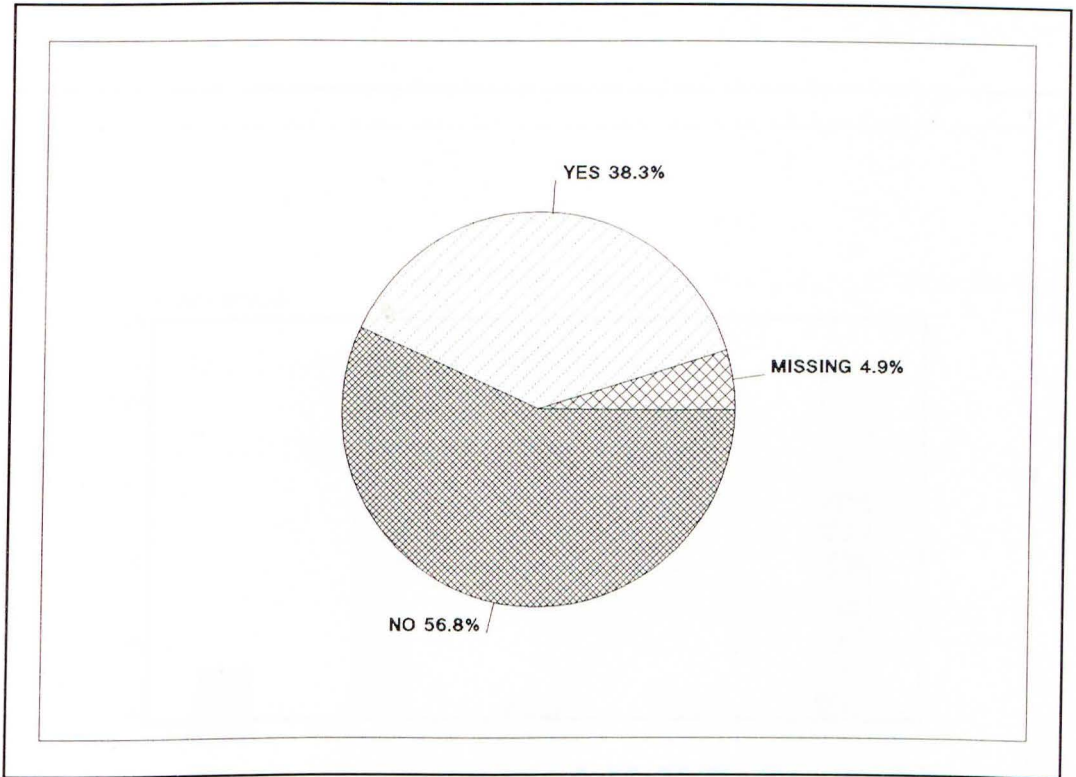
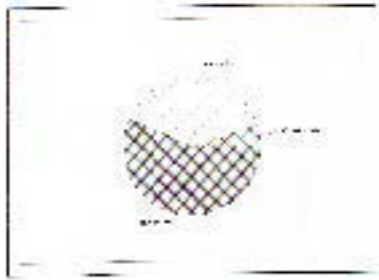


Figure 8 reveals that 31 (38.3%) of the respondents are allowed to visit health facilities during working hours while 46 (56.8%) of the respondents indicated that they are not allowed to visit health facilities during working hours, 4 (4.9%) did not respond.

Frage 5 - Inwiefern sind die folgenden Aussagen richtig, falsch oder nicht klar?
Beleg mit einem Wort?

Antwort: Nicht beantwortet, 0 von 5,0



Antwort: Die Aussage ist richtig. Die Korngröße beeinflusst die mechanischen Eigenschaften eines Materials. Eine kleinere Korngröße führt zu einer Erhöhung der Festigkeit und Zähigkeit des Materials. Dies ist durch die Hall-Petch-Beziehung beschrieben, die besagt, dass die Streckgrenze mit der Umkehrwurzel der Korngröße ansteigt.

Item 5 - Does the employer give you opportunity to visit health facilities during working hours?

Figure 8 Visit during working hours (N=81)

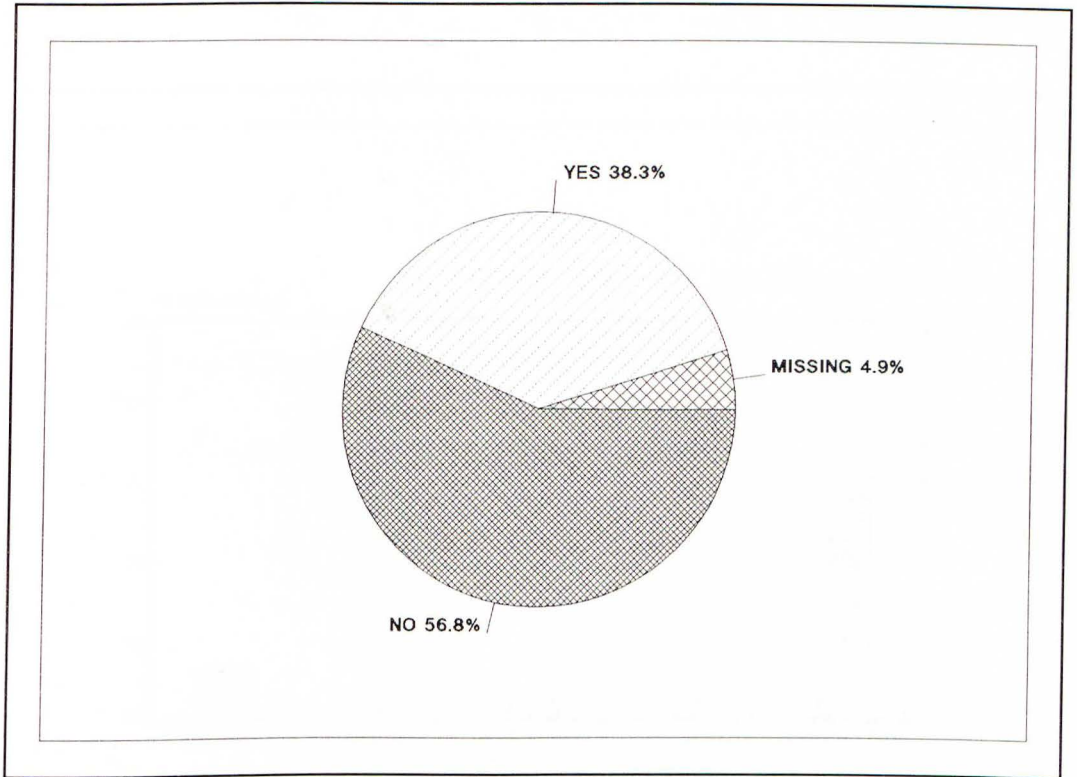


Figure 8 reveals that 31 (38.3%) of the respondents are allowed to visit health facilities during working hours while 46 (56.8%) of the respondents indicated that they are not allowed to visit health facilities during working hours, 4 (4.9%) did not respond.

Figure 2: The plot of the total energy E_{tot} versus the time t for the system with $N=10$ particles.

Figure 3: The plot of the total energy E_{tot} versus the time t for the system with $N=100$ particles.

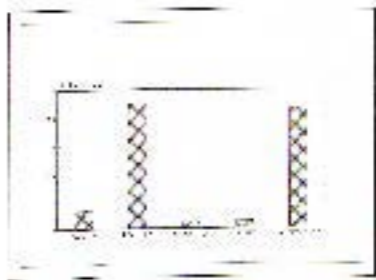


Figure 4: The plot of the total energy E_{tot} versus the time t for the system with $N=1000$ particles. The plot shows a series of sharp peaks and troughs, indicating oscillatory behavior. The energy values range from approximately 0 to 1.5, and the time ranges from 0 to 10. The peaks occur at regular intervals, suggesting a periodic motion.

Item 6 - How often are you allowed to visit health facilities during working hours?

Figure 9 Number of visits allowed to health facilities during working hours (N=81)

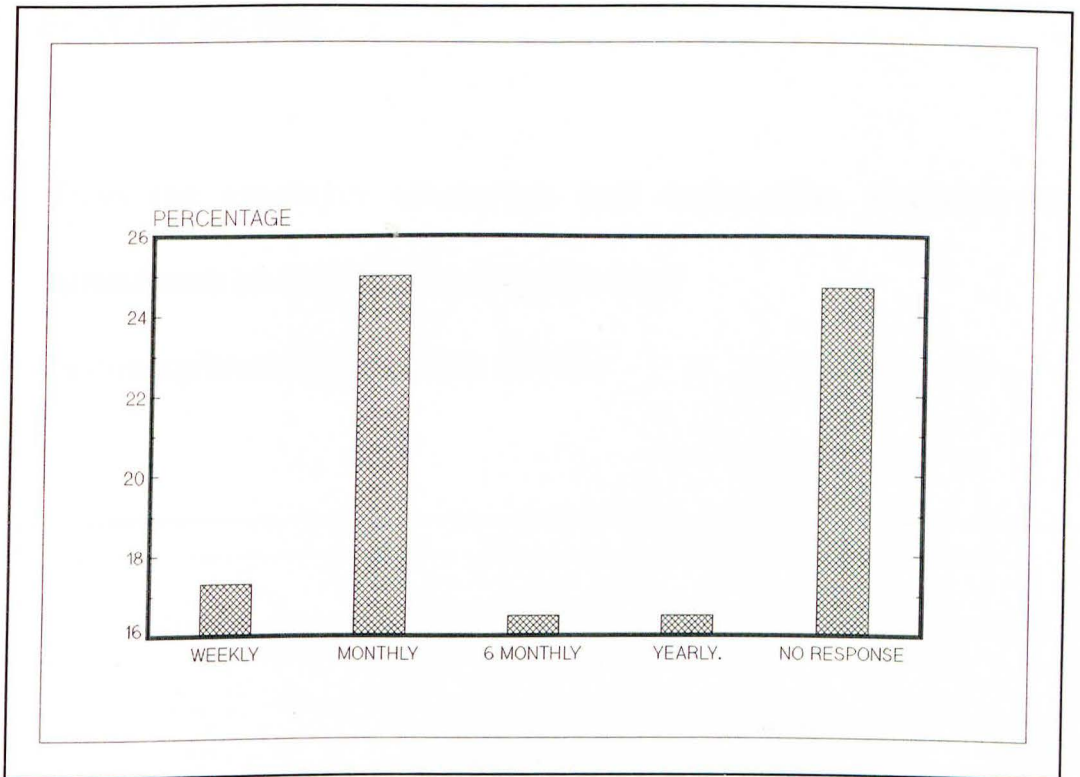


Figure 9 displays a graphic presentation of visits allowed to health facilities. When encountering problems employers have different periods on which employees are due to visit such facilities.

Figure 2: The plot of the total energy E_{tot} versus the time t for the case $\alpha = 0.5$.

Figure 3: The plot of the total energy E_{tot} versus the time t for the case $\alpha = 0.5$.

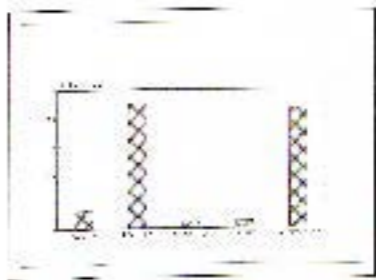


Figure 4: The plot of the total energy E_{tot} versus the time t for the case $\alpha = 0.5$. The plot shows three different cases of energy distribution over time. The first case shows a single peak at $t=0$. The second case shows a series of peaks at regular intervals. The third case shows a series of peaks at regular intervals, similar to the second case but with a different amplitude.

Item 6 - How often are you allowed to visit health facilities during working hours?

Figure 9 Number of visits allowed to health facilities during working hours (N=81)

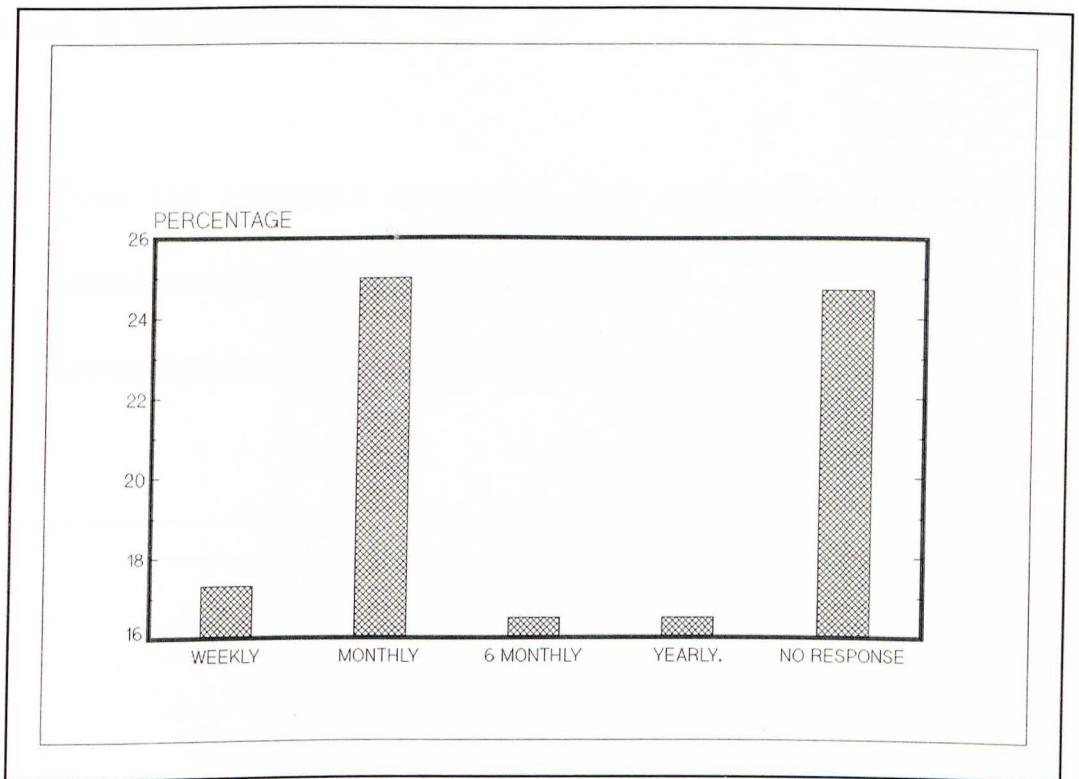


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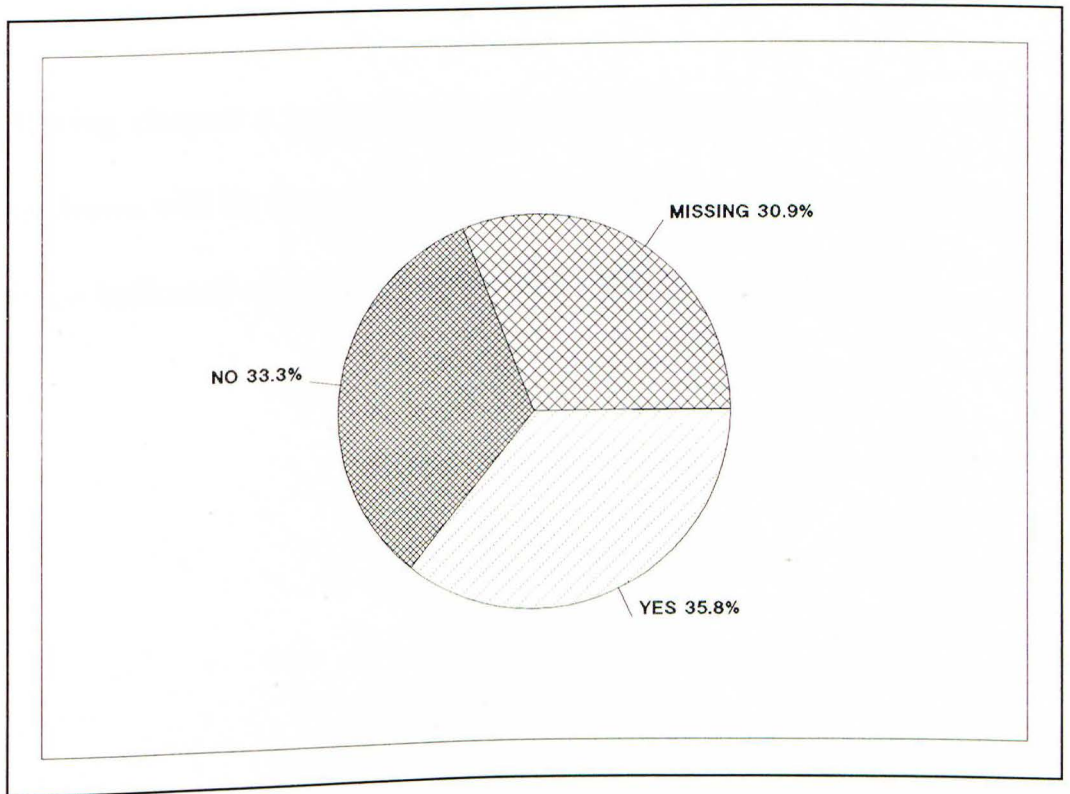
Fig. 1. Diagram illustrating the method of determining the critical angle of incidence for a wave incident on a surface.



Fourteen (17.3%) of the respondents indicated that they can visit health facilities on a weekly basis, 21 (25.0%) on a monthly basis, 13 (16.5%) on a six monthly basis and 13 (16.5%) on a yearly basis. Twenty (24.7%) did not respond possibly because they do not feel free to approach the employer with health problems especially those concerned with family planning or because they do not make use of the facilities.

Item 7 - Does the employer encourage and make time available for attendance at family planning services?

Figure 10 Encouragement by employer (N=81)



... (The text is extremely faint and largely illegible, appearing to be a list of items or a table of contents.)

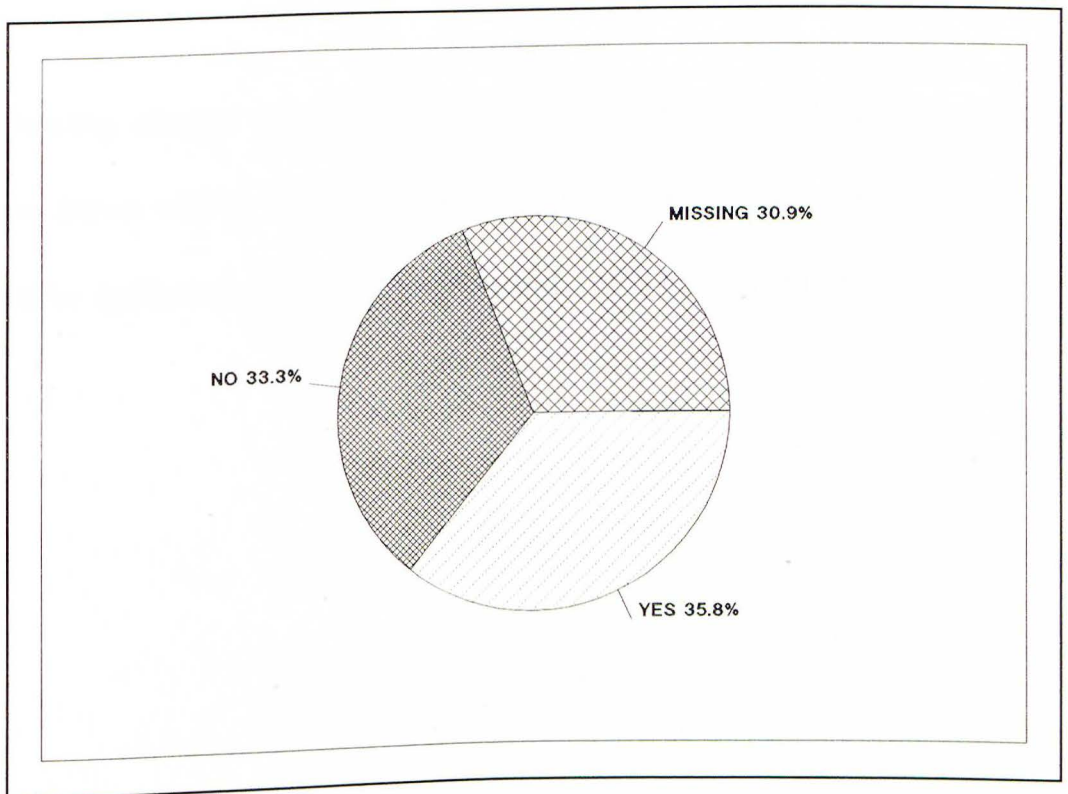
Fig. 1. Diagram illustrating the method of determining the critical angle of incidence for a wave passing through a medium with a varying refractive index.



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1950-1951

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They are a little different from the first one. They are a little
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 size.

1844-1845

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Figure 10 reveals that 29 (35.8%) of the respondents indicated that their employers do encourage and make time available for them to visit family planning services, 27 (33.3%) indicated that they are not encouraged or given time for attendance of family planning services while 25 (30.9%) did not respond.

4.3 CONCLUSION

By using different techniques for statistical analysis information regarding utilization of family planning services by working women was processed.

In the following chapter a summary of the most significant findings and the conclusions drawn will be discussed. Limitations identified during the research project will be indicated and recommendations will be presented.

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CHAPTER 5

SUMMARY OF FINDINGS,
CONCLUSIONS, LIMITATIONS AND
RECOMMENDATIONS

5. INTRODUCTION

This study was conducted in an attempt to determine the effect of the use of the following methods on the results of the study. The study was conducted in a laboratory setting and the results of the study are presented in the following sections.

5.1. STATEMENT OF THE PROBLEM

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CHAPTER 5

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CONCLUSIONS, LIMITATIONS AND
RECOMMENDATIONS

5.1. INTRODUCTION

This study was conducted to determine the effect of temperature on the rate of reaction between hydrogen peroxide and potassium iodide. The study was carried out by measuring the rate of reaction between the two substances.

5.2. AIMS AND OBJECTIVES OF THE STUDY

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CHAPTER 5

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5.1 INTRODUCTION

In this chapter research questions are answered by summarising the most significant findings and conclusions of this study. Limitations which were identified during the study will be discussed and recommendations will be made.

5.2 AIM AND METHOD OF THE STUDY

The aim of the study was to determine and describe the facilities and arrangements available at different industries for working women of child bearing age in Windhoek. The study was also aimed at determining factors that influence the utilization of these facilities.

In the analysis of the research problem certain aspects are identified which could be important in the utilization of family planning services. The study is, thus, aimed at the following:

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where α is the angle between the normal to the surface Γ and the direction of the flow. The angle α is defined by the relation $\cos \alpha = \mathbf{n} \cdot \mathbf{e}_x$, where \mathbf{n} is the normal vector to the surface Γ and \mathbf{e}_x is the unit vector in the direction of the flow. The angle α is defined by the relation $\cos \alpha = \mathbf{n} \cdot \mathbf{e}_x$, where \mathbf{n} is the normal vector to the surface Γ and \mathbf{e}_x is the unit vector in the direction of the flow.

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selected registered industries;

- to determine the attitudes of employers towards the health of their employees;
- to determine the knowledge of working women concerning the use of family planning and also to determine the number of working women of child bearing age who utilize family planning services as well as reasons for non-utilization.

In order to achieve this aim the researcher delivered questionnaires at different industries in Windhoek. The questionnaire consisted of four sections. The first section of questions concerned personal data of the respondents. The second section comprised of questions regarding data on knowledge and utilization of family planning services. The third section of the questionnaire consisted of questions regarding data on available family planning services while the fourth section was concerned with questions on the employer's attitude as experienced by the employee.

5.3 LIMITATIONS IDENTIFIED DURING THE STUDY

Almost one third (27.2%) of the respondents indicated that they did not have children yet and did not respond to most of the questions asked in sections 2 and 3. Some respondents considered some of the questions too private and were, thus, reluctant to respond. By implication it is difficult to generalise some of the findings.

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CELLULOSE POLYMERIZATION AND DEGRADATION OF THE SILICO

The first step in the synthesis of cellulose is the polymerization of glucose
and pentose units into chains. The structural formulae are shown
below:

- Glucose polymerized to cellulose
- Pentose polymerized to hemicellulose and lignin. The resulting
cellulose is a polymer.

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THE EFFECTS OF THE INTRODUCTION OF THE NEW

The following is a summary of the main points raised in the
report and the conclusions reached. The structure of the report is as
follows:

- 1. Introduction
- 2. The background to the study
- 3. The objectives of the study
- 4. The methodology
- 5. The results
- 6. The conclusions

1. INTRODUCTION

The

The purpose of this study was to investigate the effects of the
introduction of the new

on

the following aspects of the organization's performance:
1. The quality of the products produced
2. The cost of the products produced
3. The time taken to produce the products
4. The customer satisfaction with the products
5. The employee satisfaction with the new system
6. The overall organizational performance
The study was conducted over a period of 12 months, from
January 1998 to December 1999. The data was collected
through a combination of interviews, questionnaires, and
documentary analysis. The results of the study are discussed
in the following sections.

5.4 FINDINGS, CONCLUSIONS AND RECOMMENDATIONS OF THE STUDY

The findings and conclusions of the survey are summarized according to the research questions asked in chapter one. The discussions will be presented as follows:

- General findings and conclusions
- Findings, conclusions and recommendations with regard to the research questions and objectives

5.4.1 SECTION ONE - **General findings and conclusions**

Aim

To describe all the respondents with special emphasis on their biographic profile.

Age

Approximately 80.2% of the respondents fell in the age group 15-29 years while the age group 30-45 years was represented by 19.8% (Item 1 Table 5). The fact that 80.2% of the respondents fell into the 15-29 year age category, which is normally a period of active sexual drive with a further 19.8% still in the child bearing category indicates the need for available family planning education and the availability of affordable, accessible and acceptable family planning services.

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Introduction

The following information is provided for the purpose of providing you with a general overview of the information contained in this document. It is not intended to constitute an offer or a recommendation to buy or sell any securities or to engage in any investment strategy.

As with any product, there are risks involved in using it.

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Investment objectives and risks

The investment objectives and risks of the investment strategy are described in the following table. The investment objectives and risks of the investment strategy are described in the following table. The investment objectives and risks of the investment strategy are described in the following table. The investment objectives and risks of the investment strategy are described in the following table.

Discussion

It is a common view that the modern world is a product of the industrial revolution, and that the modern world is a product of the industrial revolution. This view is based on the idea that the modern world is a product of the industrial revolution, and that the modern world is a product of the industrial revolution.

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Occupation

Since only working women were considered for this study, it can be concluded that all respondents were occupied for at least eight hours per day (Item 2, Table 6).

Period in present occupation, qualification and salary

The majority of respondents 64 (79%) had held their posts for less than five years, which means that they were in most circumstances inexperienced workers in the specific job, with limited possibilities for promotion (Item 3). Promotion possibilities are also influenced by the highest school qualification which in this study seems to be very low as 70 (86.4%) have only grade 10 or lower (Item 4). The above-mentioned factors contribute to the low salary scales that most of the respondents received. Only 11.1% were on salary scales higher than N\$1000-00 (Item 7, Table 8).

Marital status and housing

Sixty two (76.5%) of the respondents were single women who could not afford to have more children. Considering the fact that they were on minimum wages it is obvious that these women would not financially be able to support a larger household and suitable housing (Item 6, Table 7).

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Type of Study:

A descriptive study that involves the use of data to describe the characteristics of a population. The data are collected through a survey or other method of data collection.

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4. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS WITH REGARD TO THE STUDY OF THE EFFECTS OF THE STUDY

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Type of family

Although extended families are widely found in Namibia, most of the urban families have taken on a more westernized style of living. The majority, 32 (39.5%) of respondents came from nuclear families (Item 9, Table 10).

Hours away from home and child care arrangements

Although 93.9% of the respondents are away for eight hours or more, only 38,2% (Item 10) arranged for their children to be cared for.

One could arrive at the conclusion that those others who have children did not arrange for child care during their absence (Item 10).

5.4.2 FINDINGS, CONCLUSIONS AND RECOMMENDATIONS WITH REGARD TO THE STUDY QUESTIONS AND OBJECTIVES

5.4.2.1 SECTION TWO - **Findings, conclusions and recommendations**

Items covered in this section of the questionnaire were aimed at answering the following questions:

HOW MUCH KNOWLEDGE DO THE WORKING MOTHERS OF CHILD BEARING AGE HAVE ON THE METHODS OF FAMILY PLANNING?

Discussion of family planning, pregnancy and with whom

Only 30 (37%) of the respondents indicated that they were informed about family planning and pregnancy by their parents, nurses and other sources.

Types of Cards:

Address cards are for business use; they should contain the name of the person, the name of the organization, the organization's address, the telephone number, and the e-mail address. They should be printed on one side of the card.

Business cards are used to identify the person and the organization. They should contain the name of the person, the name of the organization, the person's title, the organization's address, the telephone number, and the e-mail address.

Order cards are used to identify the person and the organization. They should contain the name of the person, the name of the organization, the person's title, the organization's address, the telephone number, and the e-mail address.

4. FINANCIAL INSTITUTIONS AND OTHER ORGANIZATIONS SHOULD BE KEPT UP TO DATE WITH THE CURRENT INFORMATION.

It is important to keep your contact information up to date. This includes your name, address, telephone number, and e-mail address. It is also important to keep your contact information up to date with the organization you are contacting.

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The majority (63%) (Table 12) indicated that they did not have information of modern family planning methods and pregnancy. This implies information on pregnancy and family planning methods is not conveyed to the community, whether it be by parents, health care personnel or other sources.

Number of children

Twenty two of the respondents indicated before answering the questionnaire that they did not have children and did not see the necessity for answering these questions. They were later convinced by the researcher that the questionnaire was not only meant for those respondents with children. They then agreed to participate. Fifty nine (72.5%) of the respondents had children ranging from one to more than six. This information shows that since only 16 (19.8%) (Item 1, Section 1) of the respondents were above the age of 29 years most of the women with children were still in their most fertile years, of life and need to know more about family planning methods and the utilization thereof (Item 3, Section 2).

Given birth to child who died later and how many

A very low percentage of respondents had live children who died later that is, 6 (7.3%). This factor needs further investigation in the light of the general infant mortality rate (Item 4, Section 2).

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Students are asked to use a variety of finding patterns methods to solve the top. Unfolded flat. A Diagram.

Students are given a set of instructions to follow in order to create a flat net for a cube. The instructions are: 1. Draw a square with side length 1 unit. 2. Draw a second square of the same side length, attached to the right side of the first square. 3. Draw a third square of the same side length, attached to the top side of the second square. 4. Draw a fourth square of the same side length, attached to the bottom side of the second square. 5. Draw a fifth square of the same side length, attached to the left side of the second square. 6. Draw a sixth square of the same side length, attached to the top side of the fifth square. 7. Cut out the net. 8. Fold the net to form a cube. 9. Glue the cube together. 10. Measure the surface area of the cube.

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Previous use and current use of family planning methods and the type preferred (Item 8, Figure 1)

Since the majority of respondents did not respond to this item it can be concluded that only a limited number of women of child bearing age use contraceptives in Windhoek. From those who have indicated that they use or intend to use contraceptive methods, most of them preferred injectable methods, probably because of its effectiveness or because this particular method is widely known in Namibia. Since 22 respondents have indicated that they do not have children yet one could conclude that they are part of those 25 (30.9%) who still intend to have children (Item 13, Section 2).

Partners approval of using family planning methods (Item 13)

From the answers to this item it is obvious that the partners of those who have indicated the use of family planning methods do approve of the use thereof. Twenty two (27.2%) of the partners still do not approve of the use of family planning methods probably because of cultural factors or because of limited knowledge on contraceptive methods. On the other hand, the already high population growth of Namibia, could be increased.

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The -1.4 is the slope of the regression line. It is calculated with the following formula:

$$b = \frac{\sum(XY) - \frac{\sum X \sum Y}{n}}{\sum X^2 - \frac{(\sum X)^2}{n}}$$

where b is the slope of the regression line, $\sum(XY)$ is the sum of the products of the scores, $\sum X$ is the sum of the scores, $\sum Y$ is the sum of the scores, n is the number of scores, $\sum X^2$ is the sum of the squares of the scores, and $(\sum X)^2$ is the square of the sum of the scores.

The intercept is the point where the regression line crosses the Y-axis. It is calculated with the following formula:

$$a = \frac{\sum Y - b \sum X}{n}$$

where a is the intercept, $\sum Y$ is the sum of the scores, b is the slope of the regression line, and n is the number of scores.

The regression equation is then written as follows:

$$Y = a + bX$$

where Y is the predicted score, a is the intercept, b is the slope of the regression line, and X is the actual score.

For example, if the regression equation is $Y = 1.4X + 10$, and the actual score is 5, the predicted score is 17.

The regression equation can be used to predict the score on a test, given the score on a previous test.

This will add to the burden of scarce natural resources which attributes to malnutrition, unemployment and housing problems. Excessive reproduction also carries risks for both mother and child as rising parity increases maternal and child mortality. It is a well known fact that the larger the family size the greater the ill health.

The final conclusion to this section is that the working women of child bearing age do not have enough knowledge on family planning methods.

Recommendations arising from section two of the study

The most important recommendations for this section are given below.

Firstly, there is a need to develop educational programmes on family planning. These programmes should be provided in the context of felt health needs rather than population education because it will then be likely to be more understandable and acceptable.

Secondly, everything that is possible should be done to help women to raise their literacy levels. The result will be that the constraints of poverty will be improved and mothers will be enabled to fulfil their important role in motherhood.

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Thirdly, there is need to sensitize the population at large. The population needs to be made aware of the resulting problems of high population growth like malnutrition, unemployment, teenage pregnancies causing high school drop-outs, high maternal and child mortality and morbidity rates caused by unplanned and unwanted pregnancies.

Fourthly, it is important to get the involvement and participation of non-governmental organizations and private practitioners in the distribution of information on contraceptive use and the availability thereof.

Fifthly, there is need to increase the choice of modern family planning methods of all health facilities in Namibia as well as to ensure that the message of how, when and what to use gets across to the population, especially to those members who are employed and do not always have the opportunity to visit health facilities very often. The functioning hours of community health services should be adjusted by the Ministry of Health and Social Services to accommodate those mothers who are not able to attend family planning services during working hours.

5.4.2.2 SECTION THREE - **Findings, conclusions and recommendations**

This section is divided into two parts since questions asked were directed at gathering data on:

Part one (Items 1 to 5)

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Part one (Items 1 to 5)

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Supplemental Page 2

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*WHETHER THE FAMILY PLANNING SERVICES ARE SUFFICIENT FOR
WORKING WOMEN OF CHILD BEARING AGE*

AND

Part two (Items 6 to 14)

*THE ATTITUDE OF HEALTH PERSONNEL TO THE DELIVERY OF
FAMILY PLANNING SERVICES*

Findings and conclusions - Part One

Supplies (Item 1 Figure 3)

From those respondents who use family planning methods the majority receive their supplies from the Ministry of Health and Social Services, though the percentage of users remain low. Other services like private practitioners contribute very little, if at all, while occupational health services are non-existent.

Accessibility of services (Item 2)

It has been shown that those respondents who make use of family planning services have easy access to these services. It could possibly be that those who do not make use of available services experience some problems with accessibility.

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1. The first step in the process of the scientific method is to identify a problem or question that you want to investigate.

2. Next, you need to do some background research.

3. Then, you need to come up with a hypothesis, which is a statement that you think is true about the problem you are investigating. You should also think about what you expect to happen if your hypothesis is correct.

4. After that, you need to design an experiment to test your hypothesis.

5. You should also think about how you will collect and analyze your data. You should also think about how you will communicate your results to others.

6. Finally, you need to draw a conclusion based on your results. You should also think about how you will communicate your results to others.

7. The last step in the process of the scientific method is to communicate your results.

8. You should also think about how you will communicate your results to others. You should also think about how you will communicate your results to others.

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2. Next, you need to do some background research.

3. Then, you need to come up with a hypothesis, which is a statement that you think is true, but you need to test it. You can write your hypothesis in the form of an "if-then" statement. For example, "If I water a plant every day, then it will grow taller than if I water it once a week."

4. After that, you need to design an experiment to test your hypothesis.

5. You should make sure that your experiment is fair and that you are only testing one variable at a time. You should also make sure that you have a control group, which is a group that you do not test, so you can compare your results to it.

6. Once you have done your experiment, you need to collect and analyze your data. You should look for patterns in your data and see if they support your hypothesis.

7. Finally, you need to write up your results and conclusions.

8. You should also share your results with others, so they can see if your findings are valid. This is often done by publishing your results in a journal or presenting them at a conference.

Some industries are situated some distance from the city centre where public transport is not regularly enroute.

Functioning hours (Item 3 and 4)

The possibility of visiting health facilities during working hours does exist for some workers, 31 (38.3%) but does not for the majority, 50 (61.7%). Some female workers do experience problems in utilizing family planning services during working hours.

Occupational health services (Item 5 Table 16)

It was found that occupational health services do not exist at the majority of industries in and around Windhoek. By implication it means that people have to leave the work place during working hours to visit health facilities.

The final conclusion to this section is that family planning services for working women of child bearing age must be made available more readily.

Recommendations arising from part one

The following recommendations are made with regard to the availability and accessibility of family planning services:

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The development of a program is a process that involves a number of steps, including:

- Analyzing the requirements and the environment of the system.
- Designing the system architecture and the data structures.
- Implementing the system and testing it thoroughly.

The main goal of a program is to solve a problem or to perform a task. The program is designed to be efficient and reliable.

- The program is designed to be easy to use and to maintain.
- The program is designed to be secure and to protect the data.
- The program is designed to be flexible and to adapt to changes.

The program is designed to be efficient and to perform the task in the shortest possible time. The program is designed to be reliable and to work correctly every time.

1.1. Introduction to the Program

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The development of a program is a process that involves the selection of a problem, the design of a solution, and the implementation of that solution.

The first step in the development of a program is the selection of a problem. This involves identifying a specific task that needs to be solved and determining the requirements for the solution.

The second step is the design of a solution. This involves developing a plan for how the problem will be solved, including the selection of data structures and algorithms.

The third step is the implementation of the solution. This involves writing the code that implements the design, testing the code to ensure it works correctly, and debugging any errors that arise.

The final step is the evaluation of the solution. This involves comparing the results of the program to the requirements and determining whether the solution is acceptable.

1.1.1. The Development Process

The development process is a series of steps that lead to the creation of a program. It begins with the selection of a problem, followed by the design of a solution, the implementation of that solution, and finally the evaluation of the results. Each step is essential for the successful completion of the program.

- * The identification of strategic places where services could be made more accessible and user-friendly to clients;
- * Modern family planning methods and the outlet thereof should be increased;
- * Individuals should be made aware of their rights with regard to family planning issues;
- * The training of health care providers in family planning should be reinforced and made compulsory in all health curriculae;
- * Information on modern contraceptive methods should be made available at all major industries, especially where female workers are employed by the Ministry of Health and Social Services; and
- * The delivery of family planning services should not be restricted to medical practices and governmental health facilities but should go beyond that to private health sectors and employer-supported services.

Findings and conclusions - Part Two

Almost one third of the respondents did not respond to items 7 to 14 of section three, probably because they do not make use of family planning services as indicated already while another third of the respondents gave negative responses on the attitude, guidance and problem-solving abilities of health care providers. It was also found that the respondents were not satisfied with the manner in which their individual needs were dealt with.

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Reasons for client dissatisfaction could be due to ignorance of health care providers or because health care providers are not always well prepared and skilled to fulfil their role in the provision of family planning services. Another reason could be staff shortage as most health facilities do not have sufficient professional personnel to meet the demands of an ever growing society.

The conclusion reached for section two is that the attitude of health care providers are not satisfactory in the delivery of family planning services.

Recommendations arising from part two

- * Much stronger interest and motivation is needed from health care personnel towards family planning services.
- * The importance of skills and knowledge with regard to family planning matters should be observed by all health care providers who are directly involved in rendering family planning services.
- * Health care providers should realize that acceptance and utilization of health services are greatly influenced by interpersonal relationships.
- * The family planning policy of Namibia should be adhered to in all circumstances and clients should be given due respect.

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THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY

PHYSICAL CHEMISTRY
APPLIED PHYSICS

Final examination

Date: Thursday, June 10, 1964

1. The rate of reaction of a certain substance with oxygen is measured at various temperatures. The following data were obtained:

Temperature (°C)	Rate of reaction (mol/l-hr)
10	0.001
20	0.002
30	0.004
40	0.008
50	0.016

Plot the logarithm of the rate of reaction against the reciprocal of the absolute temperature. From the slope of the line, determine the activation energy of the reaction.

2. The equilibrium constant for the reaction $2SO_2 + O_2 \rightleftharpoons 2SO_3$ is 100 at 25°C. Calculate the standard free energy of formation of SO_3 at 25°C. Assume that the standard free energy of formation of SO_2 is -70,000 cal/mole.

5.4.5 SECTION FOUR - **Findings, conclusions and recommendations**

Questions in this section were aimed at

<p><i>DETERMINING THE ATTITUDE OF THE EMPLOYER TOWARDS THE HEALTH OF THE EMPLOYEE/WORKER</i></p>
--

Findings and conclusions

Medical Insurance Scheme (Items 1 and 2)

It was found that only 20 (24.7%) of the respondents belong to medical insurance schemes from which 10 (12.3%) were private medical insurance schemes to which the respondents belong by personal choice and only 10 (12.3%) were compulsory medical schemes from the industry. This implies that some working women have to make use of the health services offered by the Ministry of Health and Social Services since occupational health services are almost non-existent.

Some employers also do not allow personnel from the Ministry of Health and Social Services to give health education sessions at the workplace. Neither do they give the workers time off to visit health facilities. That means that working mothers forfeit the opportunity to benefit from available health services.

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This violates the Principles of Women's Right to Health of the World Health Organization which states that:

"obstruction of available health services and non-provision of reasonable access to otherwise unavailable health services deny women the right to health care...." (Cook, R. 1993: 44)

It is thus concluded that the attitude of some employers are not satisfactory and encouraging towards the health of their employees.

Recommendations arising from Section four

Although maternal and child health services are not included in the Labour Code as compulsory occupational health services to employees, comprehensive health and safety programmes are needed at the workplace to change the focus from illness care to health promotion and risk reduction. It is, thus, important to ensure a healthy and safe working environment. Employers should become more sensitive to the health needs of working women, as healthy, well informed workers can only be beneficial to the company in a number of ways. There is a need to develop guidelines for the legal promotion of women's health, particularly at the workplace.

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12. BEWERTUNG DER VERTEILUNG

Die Verteilung der Zufallsvariable X ist durch die Wahrscheinlichkeitsfunktion $f(x)$ und die Verteilungsfunktion $F(x)$ beschrieben.

- Die Wahrscheinlichkeitsfunktion $f(x)$ ist die Funktion, die die Wahrscheinlichkeit $P(X=x)$ für jeden Wert x der Zufallsvariable X angibt.
- Die Verteilungsfunktion $F(x)$ ist die Funktion, die die Wahrscheinlichkeit $P(X \leq x)$ für jeden Wert x der Zufallsvariable X angibt.

13. Erwartungswert

Der Erwartungswert $E(X)$ einer Zufallsvariable X ist die durchschnittliche Ausprägung der Zufallsvariable X . Er ist durch die Formel $E(X) = \sum_{i=1}^n x_i \cdot f(x_i)$ gegeben, wobei x_i die Ausprägungen der Zufallsvariable X und $f(x_i)$ die Wahrscheinlichkeiten sind.

Die Varianz $V(X)$ einer Zufallsvariable X ist ein Maß für die Streuung der Zufallsvariable X um den Erwartungswert $E(X)$. Sie ist durch die Formel $V(X) = \sum_{i=1}^n (x_i - E(X))^2 \cdot f(x_i)$ gegeben.

5.5 RECOMMENDATIONS FOR FURTHER RESEARCH

This study has proved that research in the following areas would contribute to improve the delivery of maternal and child health services and the utilization of family planning services in Namibia:

- * An investigation of Women's Right to health care within the occupational milieu
- * A survey to determine how the use of family planning services can reduce maternal and child mortality and morbidity

5.6 CONCLUSION

The study has shown that the real focus of integration of family planning services should occur at the level of the individual. Every contact of the mother/woman with the health care provider should be an opportunity to be utilized to promote all priority components of maternal and child health care and family planning.

For family planning to make a meaningful impact on maternal mortality in Namibia, it must be integrated into maternal and child health services at all levels of health care.

12. BEHAVIOUR OF THE ACTING PRESIDENT

The acting president has to exercise his powers in accordance with the provisions of the Constitution. He is not bound by the Council of Ministers.

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13. CONSTITUTION

The Constitution of India is the supreme law of the country. It is the basic law of the country. It is the source of all powers and authority in the country. It is the framework of the government. It is the foundation of the state.

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- 1. Explain the role of the following in the life cycle of a plant:
 a. Roots - absorb water and minerals from the soil and anchor the plant.
- b. Stems - support the plant and transport water and nutrients between roots and leaves.
- c. Leaves - perform photosynthesis to produce food for the plant.
- d. Flowers - produce reproductive organs (stamens and carpels) for pollination.
- e. Seeds - contain the embryo and nutrients for the young plant.
- f. Spores - reproduce asexually in some plants.
- g. Cones - produce and protect seeds in gymnosperms.
- h. Fruit - protect the seeds and aid in their dispersal.
- i. Root nodules - form in some plants to fix atmospheric nitrogen.
- j. Stomata - regulate gas exchange and water loss in leaves.
- k. Chloroplasts - site of photosynthesis in leaves.
- l. Xylem - transport water and minerals from roots to leaves.
- m. Phloem - transport food produced in leaves to other parts of the plant.
- n. Guard cells - control the opening and closing of stomata.
- o. Waxy cuticle - reduce water loss from the surface of leaves and stems.
- p. Secondary growth - increase the thickness of stems and roots.
- q. Apical meristems - regions of active cell division at the tips of roots and stems.
- r. Intercalary meristems - regions of active cell division in some stems.
- s. Terminal meristems - regions of active cell division at the ends of stems.
- t. Lateral meristems - regions of active cell division along the sides of stems and roots.
- u. Primary growth - increase the length of stems and roots.
- v. Secondary growth - increase the thickness of stems and roots.
- w. Primary xylem - first formed xylem tissue.
- x. Secondary xylem - later formed xylem tissue.
- y. Primary phloem - first formed phloem tissue.
- z. Secondary phloem - later formed phloem tissue.

- 1. Define the term 'Lactone' and give an example with structure.
- 2. Write the structure of the following lactone: γ -butyrolactone.
- 3. Write the structure of the following lactone: ϵ -caprolactone.
- 4. Write the structure of the following lactone: δ -valerolactone.
- 5. Write the structure of the following lactone: α -methyl- γ -butyrolactone.
- 6. Write the structure of the following lactone: β -methyl- γ -butyrolactone.
- 7. Write the structure of the following lactone: γ -methyl- γ -butyrolactone.
- 8. Write the structure of the following lactone: δ -methyl- δ -valerolactone.
- 9. Write the structure of the following lactone: ϵ -methyl- ϵ -caprolactone.
- 10. Write the structure of the following lactone: ζ -methyl- ζ -octalactone.

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16. Kotze, A.J. 1992: Occupational Health for the Nurse and other Health Workers. Johannesburg: Juta & Co Ltd.

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19. MckNorrie, K. 1985: Family Planning and the Law: Other Peoples Rights. The British Journal of Family Planning. Volume 10 No. 3: 102-107.
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19. MckNorrie, K. 1985: Family Planning and the Law: Other Peoples Rights. The British Journal of Family Planning. Volume 10 No. 3: 102-107.
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25. N.I.S.E.R., 1991: A Study of the Prospect for Training of Young Unemployed Women in Katutura Windhoek: University of Namibia.



- 1. A. D. 1911 - 1912: ...
- 2. ...
- 3. ...
- 4. ...
- 5. ...
- 6. ...
- 7. ...
- 8. ...

26. N.I.S.E.R., 1992: A Study of Attitudes Towards the Use of Contraceptives in Namibia Windhoek: University of Namibia.
27. Omran, A.R. and Standley, C.G. 1981: Family Formation Patterns and Health. Further Studies: An International Collaborative Study in Columbia, Egypt, Pakistan, and the Syrian Arab Republic Geneva: W.H.O.
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- 1. $\sin^{-1}(\sin \frac{5\pi}{6}) = \frac{5\pi}{6}$ because $\frac{5\pi}{6}$ is in the principal range $[-\frac{\pi}{2}, \frac{\pi}{2}]$.
- 2. $\sin^{-1}(\sin \frac{7\pi}{6}) = -\frac{5\pi}{6}$ because $\frac{7\pi}{6}$ is not in the principal range, but $\frac{7\pi}{6} - \pi = -\frac{5\pi}{6}$ is.
- 3. $\sin^{-1}(\sin \frac{11\pi}{6}) = -\frac{\pi}{6}$ because $\frac{11\pi}{6}$ is not in the principal range, but $\frac{11\pi}{6} - 2\pi = -\frac{\pi}{6}$ is.
- 4. $\sin^{-1}(\sin \frac{2\pi}{3}) = \frac{2\pi}{3}$ because $\frac{2\pi}{3}$ is in the principal range.
- 5. $\sin^{-1}(\sin \frac{4\pi}{3}) = -\frac{2\pi}{3}$ because $\frac{4\pi}{3}$ is not in the principal range, but $\frac{4\pi}{3} - \pi = -\frac{2\pi}{3}$ is.
- 6. $\sin^{-1}(\sin \frac{5\pi}{4}) = -\frac{3\pi}{4}$ because $\frac{5\pi}{4}$ is not in the principal range, but $\frac{5\pi}{4} - \pi = -\frac{3\pi}{4}$ is.
- 7. $\sin^{-1}(\sin \frac{7\pi}{4}) = -\frac{\pi}{4}$ because $\frac{7\pi}{4}$ is not in the principal range, but $\frac{7\pi}{4} - 2\pi = -\frac{\pi}{4}$ is.
- 8. $\sin^{-1}(\sin \frac{3\pi}{2}) = -\frac{\pi}{2}$ because $\frac{3\pi}{2}$ is not in the principal range, but $\frac{3\pi}{2} - \pi = -\frac{\pi}{2}$ is.

26. N.I.S.E.R., 1992: A Study of Attitudes Towards the Use of Contraceptives in Namibia Windhoek: University of Namibia.

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30. Rall, H.J.S. 1988: Depo Provera Monograph
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42. Uys, H.H.M. and Basson, A.A. 1985: Research Methodology in Nursing.
Pretoria: HAUM-Tersier.

1. $\int \frac{1}{x^2} dx = \int x^{-2} dx = \frac{x^{-1}}{-1} + C = -\frac{1}{x} + C$

2. $\int \frac{1}{x^3} dx = \int x^{-3} dx = \frac{x^{-2}}{-2} + C = -\frac{1}{2x^2} + C$

3. $\int \frac{1}{x^4} dx = \int x^{-4} dx = \frac{x^{-3}}{-3} + C = -\frac{1}{3x^3} + C$

4. $\int \frac{1}{x^5} dx = \int x^{-5} dx = \frac{x^{-4}}{-4} + C = -\frac{1}{4x^4} + C$

5. $\int \frac{1}{x^6} dx = \int x^{-6} dx = \frac{x^{-5}}{-5} + C = -\frac{1}{5x^5} + C$

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44. Wallace, H.M. and Ebrahim, G.J. 1981: Maternal and Child Health Around the World. London: The MacMillan Press Ltd.
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47. W.H.O. 1990: Injectable Contraceptives . Their Role in Family Planning Care Geneva.

1. The number of ways to choose 2 numbers from 1 to 100 is $\binom{100}{2} = 4950$.

2. The number of ways to choose 3 numbers from 1 to 100 is $\binom{100}{3} = 161700$.

3. The number of ways to choose 4 numbers from 1 to 100 is $\binom{100}{4} = 3771600$.

4. The number of ways to choose 5 numbers from 1 to 100 is $\binom{100}{5} = 75287520$.

5. The number of ways to choose 6 numbers from 1 to 100 is $\binom{100}{6} = 1388415600$.

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1918

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

CHICAGO, ILL.

APPENDIX A

LETTER TO ASK PERSONNEL MANAGER FOR

PERMISSION TO DISTRIBUTE

QUESTIONNAIRE

REVISED

THE HISTORY OF THE UNITED STATES

BY JOHN B. HENNING

© 1900

APPENDIX A

LETTER TO ASK PERSONNEL MANAGER FOR

PERMISSION TO DISTRIBUTE

QUESTIONNAIRE

अथवा 3

27. (B) $\frac{1}{2} \times 10 \times 10 = 50$

2788. 10 घंटे
 10 घंटे में 10 घंटे का समय
 10 घंटे में 10 घंटे

2789. 10 घंटे - 10

2790. 10 घंटे में 10 घंटे का समय
 10 घंटे में 10 घंटे का समय
 10 घंटे में 10 घंटे का समय
 10 घंटे में 10 घंटे का समय
 10 घंटे में 10 घंटे का समय

2791. 10 घंटे में 10 घंटे का समय
 10 घंटे में 10 घंटे का समय

2792. 10 घंटे में 10 घंटे का समय

2793. 10 घंटे में 10 घंटे का समय

2794

2795. 10 घंटे में 10 घंटे का समय

2796. 10 घंटे में 10 घंटे का समय
 10 घंटे में 10 घंटे का समय

2797

2798

Answer: 5

27. The number of terms

2788. 10 terms
 10 terms of an A.P. are given.
 10 terms of an A.P.

2789. 10 terms of an A.P.

2790. 10 terms of an A.P. are given. The sum of the first 10 terms is 100. The sum of the last 10 terms is 1000. Find the sum of the first 20 terms.

2791. The sum of the first 10 terms of an A.P. is 100. The sum of the last 10 terms is 1000. Find the sum of the first 20 terms.

2792. The sum of the first 10 terms of an A.P. is 100.

2793. The sum of the first 10 terms of an A.P. is 100. The sum of the last 10 terms is 1000.

2794.

2795. The sum of the first 10 terms of an A.P. is 100.

2796. The sum of the first 10 terms of an A.P. is 100. The sum of the last 10 terms is 1000. Find the sum of the first 20 terms.

2797.

2798.

Annexure A

TO: The Personnel Manager

FROM: Ms S Black
Faculty of Medical and Health Sciences
University of Namibia

DATE: April/May 1994

RE: M. NSc: A SURVEY TO DETERMINE FACTORS THAT INFLUENCE THE UTILIZATION OF MATERNAL AND CHILD HEALTH FACILITIES/SERVICES BY WORKING WOMEN OF CHILD BEARING AGE (15-45 YEARS) WITH SPECIFIC REFERENCE TO FAMILY PLANNING

With regard to the high population growth rate in Namibia, I have considered to undertake a study to determine the following factors:

- What employees know about family planning methods
- Whether employees know about existing facilities with regard to family planning
- Whether the existing family planning services are utilized satisfactorily

I would thus appreciate if permission could be granted by your industry to distribute my questionnaires among your employees.

Thank you

.....
MS S BLACK

Annexure A

TO: The Personnel Manager

FROM: Ms S Black
Faculty of Medical and Health Sciences
University of Namibia

DATE: April/May 1994

RE: M. NSc: A SURVEY TO DETERMINE FACTORS THAT INFLUENCE THE UTILIZATION OF MATERNAL AND CHILD HEALTH FACILITIES/SERVICES BY WORKING WOMEN OF CHILD BEARING AGE (15-45 YEARS) WITH SPECIFIC REFERENCE TO FAMILY PLANNING

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- Whether employees know about existing facilities with regard to family planning
- Whether the existing family planning services are utilized satisfactorily

I would thus appreciate if permission could be granted by your industry to distribute my questionnaires among your employees.

Thank you

.....
MS S BLACK

APPENDIX II

U. S. T. O. N. S. I. O. N.

1775-1780

U 1573-1781

APPENDIX B

QUESTIONNAIRE

APPENDIX B

QUESTIONNAIRE

QUESTION 4

1-10. $W = 200 \text{ N}$

1-11. $W = 200 \text{ N}$
 $F = 100 \text{ N}$
 $L = 100 \text{ N}$

1-12. $F = 100 \text{ N}$

1-13. $W = 200 \text{ N}$ (weight of the block) $F = 100 \text{ N}$ (force applied to the block) $L = 100 \text{ N}$ (force applied to the block) $F = 100 \text{ N}$ (force applied to the block) $L = 100 \text{ N}$ (force applied to the block)

1-14. $W = 200 \text{ N}$ (weight of the block) $F = 100 \text{ N}$ (force applied to the block) $L = 100 \text{ N}$ (force applied to the block)

1-15. $W = 200 \text{ N}$ (weight of the block) $F = 100 \text{ N}$ (force applied to the block) $L = 100 \text{ N}$ (force applied to the block)

1-16. $W = 200 \text{ N}$ (weight of the block) $F = 100 \text{ N}$ (force applied to the block) $L = 100 \text{ N}$ (force applied to the block)

1-17. $W = 200 \text{ N}$

1-18. $W = 200 \text{ N}$

ANSWERS

QUESTION 4

1. The following is a

2. The following is a
 3. The following is a
 4. The following is a

5. The following is a

6. The following is a
 7. The following is a
 8. The following is a
 9. The following is a
 10. The following is a

11. The following is a
 12. The following is a

13. The following is a
 14. The following is a

15. The following is a
 16. The following is a

17. The following is a

18. The following is a

19. The following is a

Annexure B

TO: The Employee

FROM: Ms S Black
P O Box 10322
KHOMASDAL

DATE: April/May 1994

RE: M. NSc: A SURVEY TO DETERMINE FACTORS THAT INFLUENCE THE UTILIZATION OF MATERNAL AND CHILD HEALTH FACILITIES/SERVICES BY WORKING WOMEN OF CHILD BEARING AGE (15-45 YEARS) WITH SPECIFIC REFERENCE TO FAMILY PLANNING

The employee has an important contribution to make in the determination of factors which hamper the utilization of existing family planning services.

It would, thus, be appreciated if you could complete the attached questionnaire as soon as possible.

Please note that all information will be kept confidential and also that no name or address needs to be submitted to me.

Your co-operation is appreciated.

Thank you

.....
MS S BLACK

Annexure B

TO: The Employee

FROM: Ms S Black
P O Box 10322
KHOMASDAL

DATE: April/May 1994

RE: M. NSc: A SURVEY TO DETERMINE FACTORS THAT INFLUENCE THE UTILIZATION OF MATERNAL AND CHILD HEALTH FACILITIES/SERVICES BY WORKING WOMEN OF CHILD BEARING AGE (15-45 YEARS) WITH SPECIFIC REFERENCE TO FAMILY PLANNING

The employee has an important contribution to make in the determination of factors which hamper the utilization of existing family planning services.

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Please note that all information will be kept confidential and also that no name or address needs to be submitted to me.

Your co-operation is appreciated.

Thank you

.....
MS S BLACK

QUESTION 11

THE UNIT TANGENT VECTOR TO THE CURVE $\mathbf{r}(t) = \cos t \mathbf{i} + \sin t \mathbf{j} + t \mathbf{k}$ AT $t = \frac{\pi}{2}$ IS

(A) $-\sin t \mathbf{i} + \cos t \mathbf{j} + \mathbf{k}$

(B) $-\sin t \mathbf{i} + \cos t \mathbf{j} + \mathbf{k}$

(C) $-\sin t \mathbf{i} + \cos t \mathbf{j} + \mathbf{k}$

$$\text{ANSWER: (C) } \frac{d}{dt} \left(\cos t \mathbf{i} + \sin t \mathbf{j} + t \mathbf{k} \right) \Big|_{t=\frac{\pi}{2}} = -\sin t \mathbf{i} + \cos t \mathbf{j} + \mathbf{k}$$

QUESTION 12

$$\begin{bmatrix} 1 & 2 & 3 \\ 2 & 3 & 4 \\ 3 & 4 & 5 \end{bmatrix}$$

THE DETERMINANT OF THE MATRIX IS

$$\begin{bmatrix} 1 & 2 & 3 \\ 2 & 3 & 4 \\ 3 & 4 & 5 \end{bmatrix}$$

ANSWER: (C) 0

$$\begin{bmatrix} 1 & 2 & 3 \\ 2 & 3 & 4 \\ 3 & 4 & 5 \end{bmatrix}$$

QUESTION 11

THEORY OF FINANCIAL STATEMENTS: THEORETICAL ASPECTS OF FINANCIAL STATEMENTS

QUESTION 11: FINANCIAL STATEMENTS

QUESTION 11: FINANCIAL STATEMENTS

QUESTION 11: FINANCIAL STATEMENTS

QUESTION 11: FINANCIAL STATEMENTS

QUESTION 11: FINANCIAL STATEMENTS

QUESTION 11: FINANCIAL STATEMENTS

QUESTION 11: FINANCIAL STATEMENTS

QUESTION 11: FINANCIAL STATEMENTS

QUESTION 11: FINANCIAL STATEMENTS

QUESTIONNAIRE**THIS QUESTIONNAIRE SHOULD BE COMPLETED BY THE EMPLOYEE****SECTION 1****PERSONAL DATA (Biographical data)**

Your personal data is important to determine whether all respondents have the same personal/biographic characteristics.

Please indicate your answer with a cross x .

Example:	15-25 yrs	x
Indicate your age	26-35 yrs	

1. Indicate you age.

15-25 yrs	<input type="checkbox"/>
26-35 yrs	<input type="checkbox"/>
36-45 yrs	<input type="checkbox"/>

2. Indicate your present occupation.

Professional	<input type="checkbox"/>
Clerical	<input type="checkbox"/>
Supervisor	<input type="checkbox"/>
Cleaner	<input type="checkbox"/>
Other	<input type="checkbox"/>

3. How long have you held your present job?

0-5 yrs	<input type="checkbox"/>
5-10 yrs	<input type="checkbox"/>
10 yrs and more	<input type="checkbox"/>

QUESTIONNAIRE**THIS QUESTIONNAIRE SHOULD BE COMPLETED BY THE EMPLOYEE****SECTION 1****PERSONAL DATA (Biographical data)**

Your personal data is important to determine whether all respondents have the same personal/biographic characteristics.

Please indicate your answer with a cross x .

Example:	15-25 yrs	x
Indicate your age	26-35 yrs	

1. Indicate you age.

15-25 yrs	<input type="checkbox"/>
26-35 yrs	<input type="checkbox"/>
36-45 yrs	<input type="checkbox"/>

2. Indicate your present occupation.

Professional	<input type="checkbox"/>
Clerical	<input type="checkbox"/>
Supervisor	<input type="checkbox"/>
Cleaner	<input type="checkbox"/>
Other	<input type="checkbox"/>

3. How long have you held your present job?

0-5 yrs	<input type="checkbox"/>
5-10 yrs	<input type="checkbox"/>
10 yrs and more	<input type="checkbox"/>

Figure 1: A diagram showing a rectangular area divided into several smaller rectangular sections, possibly representing a floor plan or a layout of components.

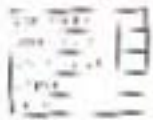


Figure 2: A diagram showing a rectangular area divided into several smaller rectangular sections, possibly representing a floor plan or a layout of components.



Figure 3: A diagram showing a rectangular area divided into several smaller rectangular sections, possibly representing a floor plan or a layout of components.

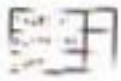


Figure 4: A diagram showing a rectangular area divided into several smaller rectangular sections, possibly representing a floor plan or a layout of components.



4. Your highest Academic qualification is:

Standard 6	
Standard 8	
Standard 10	
Degree	
Other	

5. Can you read and write?

Yes	
No	

6. Indicate your marital status.

Married	
Divorced	
Single	

7. What is your income per month?

N\$ 200-399	
N\$ 400-599	
N\$ 600-799	
N\$ 800-999	
N\$1000-1199	
N\$1200-1399	

4. Your highest Academic qualification is:

Standard 6	
Standard 8	
Standard 10	
Degree	
Other	

5. Can you read and write?

Yes	
No	

6. Indicate your marital status.

Married	
Divorced	
Single	

7. What is your income per month?

N\$ 200-399	
N\$ 400-599	
N\$ 600-799	
N\$ 800-999	
N\$1000-1199	
N\$1200-1399	

2. After part three of the...

3. After a 10... 20... 30...

4. The... 50... 60... 70...

5. The... 80... 90... 100...

15.

1. After part three of the exam...

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15

2. After the 10th day of the exam...

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50

3. After the 20th day of the exam...

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20

4. After the 30th day of the exam...

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30

8. Indicate your place of residence.

Katutura	
Khomasdal	
Other	

9. Indicate the type of family within your home.

Mother, father and their children	
Parents, children, aunt uncle, grandmother, grandfather	
Single parent with children	
Other	

10. Indicate how many hours you are away each working day.

8 hours	
More than 8 hrs	
Less than 8 hrs	

11. Indicate whether you have any day care arrangements for your children while you are at work.

Yes	
No	

8. Indicate your place of residence.

Katutura	
Khomasdal	
Other	

9. Indicate the type of family within your home.

Mother, father and their children	
Parents, children, aunt uncle, grandmother, grandfather	
Single parent with children	
Other	

10. Indicate how many hours you are away each working day.

8 hours	
More than 8 hrs	
Less than 8 hrs	

11. Indicate whether you have any day care arrangements for your children while you are at work.

Yes	
No	

QUESTION 1

1. The following table shows the results of a survey of 100 people regarding their preferred mode of transport to work.

Mode of Transport: Car, Bus, Train, Bicycle, Walking, Other.

Car	45
Bus	20
Train	15
Bicycle	10
Walking	5
Other	5

2. The following table shows the results of a survey of 100 people regarding their preferred mode of transport to work.

Car	30
Bus	25
Train	15
Bicycle	10
Walking	5
Other	15

3. The following table shows the results of a survey of 100 people regarding their preferred mode of transport to work.

Car	40
Bus	20
Train	15
Bicycle	10
Walking	5
Other	10

4. The following table shows the results of a survey of 100 people regarding their preferred mode of transport to work.

Car	35
Bus	20
Train	15
Bicycle	10
Walking	5
Other	15

QUESTION 1

1. The following table shows the number of students who took part in a school sports day.

Complete the table by calculating the number of students who took part in each sport.

Swimming	15
Football	20
Tennis	10
Badminton	5
Table Tennis	3
Other	2
Total	55

2. The following table shows the number of students who took part in a school sports day.

Swimming	15
Football	20
Tennis	10
Badminton	5
Table Tennis	3
Other	2
Total	55

Complete the table by calculating the number of students who took part in each sport.

Swimming	15
Football	20
Tennis	10
Badminton	5
Table Tennis	3
Other	2
Total	55

3. The following table shows the number of students who took part in a school sports day.

Swimming	15
Football	20
Tennis	10
Badminton	5
Table Tennis	3
Other	2
Total	55

SECTION 2DATA ON KNOWLEDGE AND UTILIZATION OF FAMILY PLANNING SERVICES

1. Before you became pregnant for the first time, did your parents or anybody else discuss pregnancy and family planning with you?

Yes	
No	

2. If "yes" who discussed family planning with you for the first time?

Parents	
Nurse	
Other	

3. Indicate how many children you have.

- to 0	
1 to 3	
4 to 6	
7 to 10	
More	

4. Have you ever given birth to a child who was born alive but died later.

Yes	
No	

SECTION 2DATA ON KNOWLEDGE AND UTILIZATION OF FAMILY PLANNING SERVICES

1. Before you became pregnant for the first time, did your parents or anybody else discuss pregnancy and family planning with you?

Yes	
No	

2. If "yes" who discussed family planning with you for the first time?

Parents	
Nurse	
Other	

3. Indicate how many children you have.

- to 0	
1 to 3	
4 to 6	
7 to 10	
More	

4. Have you ever given birth to a child who was born alive but died later.

Yes	
No	

1. $2 \times 10^4 \times 10^4 = 2 \times 10^8$



2. $10^4 \times 10^4 = 10^8$



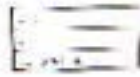
3. $10^4 \times 10^4 = 10^8$ (same as above)



4. $10^4 \times 10^4 = 10^8$



5. $10^4 \times 10^4 = 10^8$ (same as above)



1. $\int_0^1 (x^2 + 1) dx$



2. $\int_0^1 (x^2 + 1) dx$



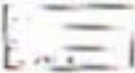
3. $\int_0^1 (x^2 + 1) dx$



4. $\int_0^1 (x^2 + 1) dx$



5. $\int_0^1 (x^2 + 1) dx$



5. If "yes" how many?

1	
2	
3	
4	
more	

6. Are you pregnant presently?

Yes	
No	

7. Have you ever used any method to avoid/delay pregnancy?

Yes	
No	

8. What have you used?

Injection	
Pill	
Other	

9. How many living children did you have when you first started to use family planning methods?

1-4	
5-9	
10 and more	

5. If "yes" how many?

1	
2	
3	
4	
more	

6. Are you pregnant presently?

Yes	
No	

7. Have you ever used any method to avoid/delay pregnancy?

Yes	
No	

8. What have you used?

Injection	
Pill	
Other	

9. How many living children did you have when you first started to use family planning methods?

1-4	
5-9	
10 and more	

1. The following table shows the number of students who took part in various sports during the school sports day.

Football	15
Netball	10
Table Tennis	5
Badminton	8
Table Tennis	5
Badminton	8

2. The following table shows the number of students who took part in various sports during the school sports day.

Football	15
Netball	10
Table Tennis	5
Badminton	8
Table Tennis	5
Badminton	8

3. The following table shows the number of students who took part in various sports during the school sports day.

Football	15
Netball	10
Table Tennis	5
Badminton	8
Table Tennis	5
Badminton	8

4. The following table shows the number of students who took part in various sports during the school sports day.

Football	15
Netball	10
Table Tennis	5
Badminton	8
Table Tennis	5
Badminton	8

5. The following table shows the number of students who took part in various sports during the school sports day.

6. The following table shows the number of students who took part in various sports during the school sports day.

1. The following table shows the number of students who took part in various sports during the school sports day.
2. The following table shows the number of students who took part in various sports during the school sports day.
3. The following table shows the number of students who took part in various sports during the school sports day.
4. The following table shows the number of students who took part in various sports during the school sports day.
5. The following table shows the number of students who took part in various sports during the school sports day.
6. The following table shows the number of students who took part in various sports during the school sports day.

2. $\frac{1}{x^2} = x^{-2}$ $\frac{d}{dx} x^{-2} = -2x^{-3} = -\frac{2}{x^3}$



3. $\frac{d}{dx} \ln(x^2) = \frac{1}{x^2} \cdot 2x = \frac{2}{x}$



4. $\frac{d}{dx} \ln(x^2 + 1) = \frac{1}{x^2 + 1} \cdot 2x = \frac{2x}{x^2 + 1}$



5. $\frac{d}{dx} \ln(x^2 + 1) = \frac{1}{x^2 + 1} \cdot 2x = \frac{2x}{x^2 + 1}$



6. $\frac{d}{dx} \ln(x^2 + 1) = \frac{1}{x^2 + 1} \cdot 2x = \frac{2x}{x^2 + 1}$

7. $\frac{d}{dx} \ln(x^2 + 1) = \frac{1}{x^2 + 1} \cdot 2x = \frac{2x}{x^2 + 1}$

8. $\frac{d}{dx} \ln(x^2 + 1) = \frac{1}{x^2 + 1} \cdot 2x = \frac{2x}{x^2 + 1}$



10. Are you currently using any method to avoid pregnancy?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

11. Which method are you currently using?

Injection	<input type="checkbox"/>
Pill	<input type="checkbox"/>
Other	<input type="checkbox"/>

12. Would you like to have more children?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

13. Does your husband/partner approve of couples using contraceptives?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

QUESTION 14

ANSWER BY WRITING SENTENCES IN THE SPACE GIVEN BELOW

14. Indicate in not more than (3) three sentences why you are not using family planning methods.

- 1.
- 2.
- 3.

10. Are you currently using any method to avoid pregnancy?

Yes	
No	

11. Which method are you currently using?

Injection	
Pill	
Other	

12. Would you like to have more children?

Yes	
No	

13. Does your husband/partner approve of couples using contraceptives?

Yes	
No	

QUESTION 14

ANSWER BY WRITING SENTENCES IN THE SPACE GIVEN BELOW

14. Indicate in not more than (3) three sentences why you are not using family planning methods.

- 1.
- 2.
- 3.

QUESTION 1

Consider the following system of linear equations:

$$\begin{cases} x + 2y + 3z = 1 \\ 2x + 4y + 6z = 2 \\ 3x + 6y + 9z = 3 \end{cases}$$

1. Write down the augmented matrix for this system.

$x + 2y + 3z = 1$	
$2x + 4y + 6z = 2$	
$3x + 6y + 9z = 3$	

2. Use row operations to reduce the augmented matrix to row echelon form.

3. Use the row echelon form to solve the system of linear equations.

4. Write down the general solution of the system.

$x =$	
$y =$	
$z =$	

SECTION 3**AVAILABILITY OF FAMILY PLANNING SERVICES**

This information is important to determine whether there are family planning services available within easy reach and also to find out whether the services rendered are to the satisfaction of its consumers.

1. Indicate from where you receive your family planning supplies.

Hospital	
Community health nurse	
Occupational health services	
Private doctor	

2. Indicate whether the services used are easy to reach.

Yes	
No	

3. Indicate whether there is regular transport available to health services.

Yes	
No	

4. At what times does the service function?

During working hours	
After working hours	

SECTION 3**AVAILABILITY OF FAMILY PLANNING SERVICES**

This information is important to determine whether there are family planning services available within easy reach and also to find out whether the services rendered are to the satisfaction of its consumers.

1. Indicate from where you receive your family planning supplies.

Hospital	
Community health nurse	
Occupational health services	
Private doctor	

2. Indicate whether the services used are easy to reach.

Yes	
No	

3. Indicate whether there is regular transport available to health services.

Yes	
No	

4. At what times does the service function?

During working hours	
After working hours	

Let $f(x) = x^2 + 2x + 1$ and $g(x) = x^2 - 2x + 1$. Compute $(f+g)(x)$.



Let $f(x) = x^2 + 2x + 1$ and $g(x) = x^2 - 2x + 1$. Compute $(f-g)(x)$.



Let $f(x) = x^2 + 2x + 1$ and $g(x) = x^2 - 2x + 1$. Compute $(fg)(x)$.



Let $f(x) = x^2 + 2x + 1$ and $g(x) = x^2 - 2x + 1$. Compute $(f/g)(x)$.



Let $f(x) = x^2 + 2x + 1$ and $g(x) = x^2 - 2x + 1$. Compute $(f \circ g)(x)$.



Use the following information to answer questions 1-3.



1. The number of students who are in the first row of the grid is 100.



2. The number of students who are in the second row of the grid is 100.



3. The number of students who are in the first row of the grid is 100.



4. The number of students who are in the first row of the grid is 100.



5. Are there any occupational health services available at your working place?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

6. Indicate whether there is anything you particularly disliked about these services.

Waiting too long	<input type="checkbox"/>
Personnel unfriendly	<input type="checkbox"/>
Method you want to use not available	<input type="checkbox"/>
Privacy not observed	<input type="checkbox"/>
Other	<input type="checkbox"/>

7. Indicate whether there is information available on family planning methods at the service.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

8. Is there good interpersonal relationship between you and the health care provider?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

9. Do you feel free to ask the health care provider for help when needed?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

5. Are there any occupational health services available at your working place?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

6. Indicate whether there is anything you particularly disliked about these services.

Waiting too long	<input type="checkbox"/>
Personnel unfriendly	<input type="checkbox"/>
Method you want to use not available	<input type="checkbox"/>
Privacy not observed	<input type="checkbox"/>
Other	<input type="checkbox"/>

7. Indicate whether there is information available on family planning methods at the service.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

8. Is there good interpersonal relationship between you and the health care provider?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

9. Do you feel free to ask the health care provider for help when needed?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

16. The function $f(x) = \frac{1}{x^2}$ is defined for $x > 0$. Find the value of $f(2)$.

16

17. The graph of the function $f(x) = \frac{1}{x}$ is shown. Find the value of $f(3)$.

17

18. The function $f(x) = \frac{1}{x}$ is defined for $x > 0$. Find the value of $f(4)$.

18

19. The function $f(x) = \frac{1}{x}$ is defined for $x > 0$. Find the value of $f(5)$.

19

20. Find $f(6)$.

THE ANSWERS TO THE PRACTICE PROBLEMS ARE GIVEN AT THE END OF THE BOOK.

1. $f(2) = \frac{1}{2^2} = \frac{1}{4}$
 2. $f(3) = \frac{1}{3^2} = \frac{1}{9}$
 3. $f(4) = \frac{1}{4^2} = \frac{1}{16}$

1. The following table shows the number of students who took part in a school sports day.

Activity	Number of students
Football	15
Netball	10
Table Tennis	8
Badminton	12
Table Tennis	8
Badminton	12

2. The following table shows the number of students who took part in a school sports day.

Activity	Number of students
Football	15
Netball	10
Table Tennis	8
Badminton	12

3. The following table shows the number of students who took part in a school sports day.

Activity	Number of students
Football	15
Netball	10
Table Tennis	8
Badminton	12

4. The following table shows the number of students who took part in a school sports day.

Activity	Number of students
Football	15
Netball	10
Table Tennis	8
Badminton	12

5. The following table shows the number of students who took part in a school sports day.

THE FOLLOWING TABLE SHOWS THE NUMBER OF STUDENTS WHO TOOK PART IN A SCHOOL SPORTS DAY.

6. The following table shows the number of students who took part in a school sports day.

7. The following table shows the number of students who took part in a school sports day.

10. Are you satisfied with the attitude of the health care provider towards you?

Yes	
No	

11. Are your problems with regard to family planning dealt with by the health care provider/s?

Yes	
No	

12. Are you aware of new developments in family planning?

Yes	
No	

13. Does the health care provider give you opportunity to take your own decisions with regard to family planing?

Yes	
No	

SECTION 4

THE ATTITUDE OF THE EMPLOYER TOWARDS THE HEALTH OF THE EMPLOYEE/WORKER

Information in this section is important to determine the attitude of the employer towards the health of the employee/worker.

10. Are you satisfied with the attitude of the health care provider towards you?

Yes	
No	

11. Are your problems with regard to family planning dealt with by the health care provider/s?

Yes	
No	

12. Are you aware of new developments in family planning?

Yes	
No	

13. Does the health care provider give you opportunity to take your own decisions with regard to family planing?

Yes	
No	

SECTION 4

THE ATTITUDE OF THE EMPLOYER TOWARDS THE HEALTH OF THE EMPLOYEE/WORKER

Information in this section is important to determine the attitude of the employer towards the health of the employee/worker.

1. The first part of the document is a list of names and addresses.

101	101
102	102

2. The second part of the document is a list of names and addresses.

103	103
104	104
105	105

3. The third part of the document is a list of names and addresses.

106	106
107	107

4. The fourth part of the document is a list of names and addresses.

108 108

109	109
110	110

5. The fifth part of the document is a list of names and addresses.

111	111
112	112

1. 1992年12月31日，某公司资产总额为1000万元，负债总额为400万元。

资产	1000
负债	400

2. 1993年1月1日，该公司发生下列经济业务：(1) 购入固定资产500万元，款项已付。

资产	1500
负债	400

(2) 收回应收账款200万元，存入银行。(3) 计提折旧100万元。(4) 摊销无形资产50万元。

资产	1500
负债	400

3. 1993年12月31日，该公司资产总额为1500万元，负债总额为400万元。

资产	1500
负债	400

4. 1994年1月1日，该公司发生下列经济业务：(1) 购入固定资产500万元，款项已付。

资产	2000
负债	400

1. Indicate whether you belong to a medical insurance scheme.

Yes	
No	

2. If your answer is "yes". Indicate the type of medical insurance.

Private	
Compulsory for all workers	

3. Does the employer allow personnel from the Ministry of Health and Social Services to give health education sessions at the workplace?

Yes	
No	

4. Do you feel free to approach the employer when encountering health problems?

4.1 In general

Yes	
No	

4.2 Specifically related to family planning

Yes	
No	

1. Indicate whether you belong to a medical insurance scheme.

Yes	
No	

2. If your answer is "yes". Indicate the type of medical insurance.

Private	
Compulsory for all workers	

3. Does the employer allow personnel from the Ministry of Health and Social Services to give health education sessions at the workplace?

Yes	
No	

4. Do you feel free to approach the employer when encountering health problems?

4.1 In general

Yes	
No	

4.2 Specifically related to family planning

Yes	
No	

Let $f(x) = x^2 + 2x + 1$. Find $f(3)$.

Let $f(x) = x^2 + 2x + 1$. Find $f(3)$.

Let $f(x) = x^2 + 2x + 1$. Find $f(3)$.

5. Does the employer give you opportunity to visit health facilities during working hours?

Yes	
No	

6. How often are you allowed to visit health facilities during working hours?

Weekly	
Monthly	
Every 6 months	
Yearly	

7. Does the employer encourage and make time available for attendance at family planning services?

Yes	
No	

5. Does the employer give you opportunity to visit health facilities during working hours?

Yes	
No	

6. How often are you allowed to visit health facilities during working hours?

Weekly	
Monthly	
Every 6 months	
Yearly	

7. Does the employer encourage and make time available for attendance at family planning services?

Yes	
No	

